

**Shaping the Family;
Anti-Obesity Discourses and Family Life**

Submitted by Louise Karen MacAllister to the University of Exeter
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Abstract

This thesis examines the effects of anti-obesity discourses on parenting practices. While academics have paid attention to the political dimensions of anti-obesity policy and related discourses (for example Colls and Evans, 2009, Evans, 2006, 2010, McPhail, 2009, Rawlins, 2009), and others have considered the experiences of feeding and caring for families (for example Curtis and Fisher, 2007, DeVault, 1991 Warin et al, 2008, Valentine, 1999), the way in which anti-obesity policies become enrolled in, and possibly contested through, parenting practices remains largely uncovered. In response to this, the thesis explores the ways in which these anti-obesity policies and discourses are brought into family life, lived, experienced, and made meaningful, contributing to critical obesity geographies and broader literature on bodies, parenting, care, and consumption.

The thesis draws on research interviews and focus groups with parents, in which accounts of parenting practices and understandings around body size were explored in light of contemporary UK anti-obesity discourse. Using this research to explore the everyday enaction of parenting knowledges around body size, these parenting enactions are investigated alongside the governance of body size and parenting, developing an account of the ways in which we can see the aims of the state enacted in everyday practices of care (Dyck et al, 2007). By paying attention to everyday practices, this thesis argues that anti-obesity discourse emerges not only through top-down practices of governance, but through mundane and personal relationships of care and engagement with bodies, food, and fat.

However, caring practices are demonstrated as existing in multiplicity and the excesses of everyday life in relation to parenting and body size are given space in the thesis to challenge narrow accounts of what it means to be a 'good' parent or have a 'good' body size; it is argued that we need to take seriously the situated lay knowledges that are developed through everyday practices of care. The thesis contends that such notions of 'good' parenting, bodies, and size are enacted through anti-obesity discourse as a particular classed discourse of parenting knowledge and body size, which furthermore, reinforce gendered versions of bodies, parenting, and everyday life.

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Contents

Abstract	2
Acknowledgements	4
Table of Contents	6
List of Figures	11
List of Tables	12
Author's Declaration	13
<u>Chapter one. Introducing anti-obesity discourses and family life</u>	14
<u>Exceeding discourse</u>	14
2. <u>Parenting and body size: the UK context</u>	16
3. <u>Research aims</u>	23
4. <u>Thesis structure</u>	25
<u>Chapter two. Literature review</u>	30
1. <u>Introduction</u>	30
2. <u>Theorising multiplicity and excess</u>	30
3. <u>Theorising governance, power and discourse</u>	35
3.1. <u>Power and the emergence of discourse: risk and responsibility in public health</u>	36
3.2. <u>Health Geographies and Public Health</u>	39
3.3. <u>Nudging, choice architecture and libertarian paternalism</u>	42
3.4. <u>Governing the Future</u>	48
3.5. <u>Governing size: schools</u>	53
3.6. <u>Governing Size: The National Child Measurement Programme, Change4life, and supermarket initiatives</u>	56
4. <u>Theorising the home: relationships and identity</u>	61
4.1. <u>Reproducing gendered relations</u>	62
4.2. <u>Class identity</u>	65
4.3. <u>Caring for others</u>	67
4.4. <u>Families, food and relationships</u>	70
4.4.1. <u>Family narratives and parenting practices</u>	70
4.4.2. <u>Governing families and food</u>	73
4.4.3. <u>Gender and foodwork</u>	77

4.4.4. <u>Food and identity</u>	80
5. <u>Theorising Bodies</u>	83
5.1. <u>Theorising embodiment: materiality</u>	84
5.2. <u>Theorising embodiment: emotion and affect</u>	88
5.3. <u>Volatile bodies: surfaces, abjection, and disgust</u>	89
6. <u>Literature review conclusion</u>	94
Chapter three. <u>Methodology</u>	95
1. <u>Approaching the research aims</u>	95
2. <u>Approaching everyday life: multiplicity and feminist methodological frameworks</u>	96
3. <u>Research in practice</u>	98
3.1. <u>Recruiting participants</u>	98
3.2. <u>Parent participant demographics</u>	104
3.3. <u>Focus groups and interviews</u>	111
3.4. <u>Bloggng: from participation to self-reflection</u>	115
4. <u>Ethics</u>	116
4.1. <u>Access, ethics and consent</u>	117
4.2. <u>Sensitive topics: body size and parenting</u>	118
4.3 <u>Power relations: reflexivity and performativity</u>	120
4.4. <u>Focus group dynamics</u>	123
4.5. <u>Settings</u>	128
4.5.1. <u>Relational actants in research encounters</u>	132
4.5.2. <u>Material encounters in research</u>	136
5. <u>Approaches to data analysis</u>	137
6. <u>Conclusion</u>	140
Chapter four. <u>Governance: Power and discourse</u>	141
1. <u>Introducing power and discourse</u>	141
2. <u>Power and the emergence of discourse: risk and responsibility in public health</u>	144
2.1. <u>Change4Life</u>	146
2.2. <u>The National Child Measurement Programme</u>	151
2.3. <u>5-a-day and traffic light labelling</u>	156
3. <u>Space and power</u>	158
3.1. <u>Schools</u>	159

3.2. Media spaces.....	164
3.2.1. Jamie Oliver and parental failings.....	166
3.3. Consumer spaces	171
4. <u>Obesity and the Nation: The national responsibility of a parent</u>	174
5. <u>Governance, affect, and the future</u>	178
6. <u>Body size and governing identity</u>	183
6.1. Class identity and anti-obesity initiatives.....	184
6.2. Racial discourses of size in anti-obesity initiatives.....	186
6.3. Gender in anti-obesity initiatives	189
7. <u>The Crisp Debate</u>	193
7.1 Contested responsibilities, contested crisps	194
7.2. Crisps versus chocolate beetroot cake: contested knowledges, contested food	197
8. <u>Concluding power and discourse</u>	202
Chapter five. Home: Practices and Relationships	204
1. <u>Introducing practices and relationships</u>	204
2. <u>Relational knowledges of parenting, health, and body size</u>	207
2.1. Multiple parenting ontologies and an ethic of care.....	213
3. Parenting practices	216
3.1. Food-work.....	218
3.1.1. Shopping and planning.....	219
3.1.2. Cooking.....	221
3.1.3. Feeding and caring.....	225
3.2 Juggling acts	229
3.3 'The flip side of obesity'.....	231
4. <u>Power, expertise and class</u>	234
4.1 Spaces of encounter and the distant classed 'other'.....	238
5. <u>Gender, body size, and familial relations</u>	244
5.1. Gendered understandings of body size: relational regulations	245
5.2. Creating the gendered child through practices of size	249
5.3. Gendered responsibility for parenting practices of body size.....	253
5.3.1. Gendered responsibility; food-work.....	253
5.3.2. Gendered responsibility; caring for, and sculpting, children's bodies.....	256

<u>5.4. Challenging gender and body size,</u>	258
6. <u>Conclusion</u>	261
<u>Chapter six. Bodies; materiality and emotion</u>	263
1. <u>Introducing materiality and emotion</u>	263
2. <u>Knowing surfaces and boundaries</u>	266
2.1. <u>Perceiving the surface</u>	266
2.2. <u>Bodies as balanced machines</u>	270
2.3 <u>Bodies, objects, and actions</u>	273
3. <u>Materiality, emotions and affect</u>	277
3.1. <u>The future felt in the present: affect and pre-emptive biopolitics of size</u>	279
3.2. <u>Mind, body, and body-control</u>	282
3.3. <u>Shame and disgust</u>	285
3.4. <u>Abject fat, abject families</u>	290
4. <u>Consuming bodies</u>	297
4.1. <u>Consumption and disgust</u>	297
4.2. <u>The agency of food</u>	303
4.3. <u>Knowing through eating: self and food</u>	306
5. <u>Conclusion</u>	311
<u>Chapter seven. Conclusion</u>	313
1. <u>Introduction</u>	313
2. <u>Returning to the aims</u>	314
2.1. <u>Aim one: to explore the power of anti-obesity discourses in influencing parenting practices.</u>	315
2.1.1. <u>Framing discourse through the research process</u>	315
2.1.2. <u>Delineating the ‘norm’: normative parenting and maintaining the ‘other’</u>	316
2.1.3. <u>Parent-citizens: minimising risk through the ‘healthy choice’</u>	318
2.1.4. <u>Gendered effects</u>	320
2.2. <u>Aim two: to understand other discourses that parents may draw on to complement or contest anti-obesity discourses</u>	321
2.2.1. <u>Excess</u>	322
2.2.2. <u>Discursive tensions</u>	323
2.2.3. <u>Structural constraints</u>	325
2.2.4. <u>Discursive support</u>	326

<u>2.3. Aim three: to understand the embodied experiences of parenting in light of parent's understandings of obesity</u>	328
<u>2.3.1. Mechanistic bodies and mind over matter</u>	328
<u>2.3.2. Embodied consumption</u>	329
<u>2.3.3. Material bodies</u>	331
<u>2.3.4. Embodied relational care</u>	333
<u>3. The contributions of this thesis to contemporary academic debates</u>	334
<u>3.1. Contributing to critical geographies of obesity</u>	334
<u>3.2. Contributing to debates on care ethics</u>	335
<u>3.3. Contributing to understandings of parenting and the state</u>	336
<u>4. Addressing limitations and suggesting future directions</u>	338
<u>4.1. Methodological</u>	338
<u>4.2. Self and other; performative practices and citizenship in the contemporary UK</u>	339
<u>4.3. Material agency, consumption and care</u>	341
<u>4.4. Eating disorders</u>	342
<u>5. Final thoughts; positive bodies, parenting and size.</u>	344
<u>Bibliography</u>	345
<u>Appendices</u>	378
<u>Appendix 1 Sample email sent to headteachers</u>	378
<u>Appendix 2 Text from sample recruitment letter sent to parents and carers</u> ...	380
<u>Appendix 3 Parent interview schedule</u>	382
<u>Appendix 4 Sample professional interview schedule</u>	386
<u>Appendix 5 Coding categories and sample coding trees</u>	388

List of Figures

Figure 1. 'Headless fatty'.....Page 17

Source: The Sun Online, available from

<http://www.thesun.co.uk/sol/homepage/news/2087657/Britain-launches-fitness-drive-to-stave-off-obesity.html>

first accessed 04/12/2009

Figure 2. 'Freedom through exercise?'.....Page 18

Source: Cross Governmental Obesity Unit (2008)

Figure 3. 'Your children are too fat so you will never see them again'.....Page 19

Source: The Daily Mail Online, available from

<http://www.dailymail.co.uk/news/article-2033486/Your-children-fat-again.html>

first accessed 10/11/2012

Figure 4. 'Change4life'.....Page 21

Source: National Archives, available from

<http://webarchive.nationalarchives.gov.uk/+/dh.gov.uk/en/mediacentre/currentcampaigns/change4life/index.htm>

first accessed 04/07/2015

Figure 5. 'Sinner Ladies Sell Kids Junk Food'.....Page 158

Source: The Sun Online, available from

<http://www.thesun.co.uk/sol/homepage/news/63611/Sinner-ladies-sell-kids-junk-food.html>

first accessed 31/11/2012

Figure 6. 'Rawmarsh mothers caricatured'.....Page 159

Source: The Sun, September 2006

Figure 7. 'Fish and chips on Fridays'.....Page 180

Source: Change4Life, available from

<http://www.nhs.uk/change4life/Pages/facts-about-fat.aspx>

first accessed 05/01/2015

Figure 8. 'The snack swapper wheel'.....Page 227

Source: Change4Life, available from

<http://change4lifeleeds.blogspot.co.uk/2009/10/change4life-campaign-update.html>

first accessed 22/02/2015

List of Tables

Table 1. Research interview participants.....Page 108

Table 2. Research focus group participants.....Page 109

Author's Declaration

I have published two papers which use material generated in the course of this research project. I am the sole author of both papers.

Paper 1. MacAllister, L. (2016). Feeling, Caring, Measuring, Knowing: the Relational Co-construction of Parenting Knowledges. *Children's Geographies*, 1-13.

Paper 1 expands upon the material discussed in Chapter five, section 2.

Paper 2. MacAllister, L. (2016). Intervention – Taxing Sugar, Sweetening Inequality: Disrupting George Osborne's 'Sugar Tax' with the Agential Properties of Sugar Itself. *Antipode* (2016). <http://wp.me/p16RPC-110>

Paper 2 applies and extends the material discussed in Chapter six, section 4.2.

Chapter one

Introducing anti-obesity discourses and family life

1. Exceeding discourse

Recent claims of an obesity epidemic in the UK have fuelled a sense of a potential health 'time bomb', with the health and body size of children coming under particularly intense scrutiny within an anti-obesity discourse that seeks to prevent today's children from becoming obese adults (Evans, 2010). The regulation of parenting practices in relation to health and body size exists in an assemblage (Haggerty and Ericson, 2000) of surveillance which includes schools, (Rich, 2010), media (Saguy and Almeling, 2008), and the pervasive discourse of normative size and lifestyles. Those parents who deviate from a particular set of classed practices may be deemed in need of intervention (Rawlins, 2009).

The inspiration for this thesis came from an initial engagement with critical obesity geographies literature, which prompted a recognition that the relationship between body size, health and conceptualizations of 'good' and 'bad' parenting practices exists in far more complexity than is recognised within dominant discourses, and that there are other, equally valid, ways in which we can know bodies. Additionally, as a parent myself I have always been aware of a pressure on parents to manage their children's health and body size in line with dominant discourses of good parenting, health, and size. I realised however that there was a gap in understanding the effects of these pressures and this thesis therefore makes an original contribution to knowledge by exploring the effects of anti-obesity discourses on the practices of parents.

Specifically the nature of parenting as an ongoing relational performance of care is brought into dialogue with regulatory discourses of body size that affect this relationship. In this thesis everyday knowledges of parenting are understood as performative (Butler, 1990), with knowledges, practices, and discourses coming into being through the enactions of parenting.

Combining parenting practices and regulation, with practices and regulation of body size in particular, this is a thesis about excess. It seeks to go beyond the narrow versions of bodies that are encapsulated within anti-obesity discourses in order to demonstrate that there is no singular correct body size, or parenting knowledge, but a number of practice orientated, relational, and situated framings through which parenting, bodies, and health become known. Jupp and Gallagher's special issue of *Children's Geographies* (2013) usefully demonstrates the ways in which the messiness and complexities of life exceed policies that act upon parenting practices. The ways in which life exceeds policy can be seen in the 'gap' between understandings of good parenting practice in policy, and understandings of good parenting practice amongst many parents themselves (Newell, 2013). This thesis is an attempt to understand the effects of these multiple framings of good parenting and bodies, with the particular example of anti-obesity discourse.

Throughout this thesis the term fat is used to refer to both the material substance that is fat, and to describe individuals who consider themselves to be overweight. The term 'obesity' is used when talking about the medical category of body size, that is an individual with a body mass index (BMI) between 30 and 39.9 (but is in fact generically used as a term to include both the categories of obesity and of morbid obesity, which is a BMI of 40+), and when discussing

interventions that aim to tackle bodies that fall within these BMI boundaries. It will emerge within this thesis that for many participants, the use of the term fat has negative connotations in everyday usage. This is discussed in detail in an example within chapter six, section 3.2. However following the critical attention paid to using the arbitrary medical category of obesity as a meaningful descriptor (Evans et al, 2008, Gard and Wright, 2005), and the efforts to reclaim the term 'fat' as a descriptor free from negative associations (see for example, Cooper, 2008, Longhurst, 2005, Rothblum, 2012), this thesis contributes to the linguistic reclamation of the term 'fat' as a description rather than an inherently negative attribute.

2. Parenting and body size: the UK context

This thesis is not just of relevance to academic debates around parenting, health, size, and regulation. Obesity is a current headline topic. The claim of The Foresight Report (2007), that obesity is as big a threat to humanity as climate change, has fuelled further panic (White, 2009). For the media, a key tool in the representation of the 'obesity epidemic' is the use of 'the headless fatty' (Cooper, 2009, Evans, 2006, Tomrley 2009, Fife, 2010) (Figure 1), to remove the face removes the self and allows only the fat body, rather than the fat subject, to be considered (Evans, 2006).



Figure 1 'Headless fatty'

The Sun Online, available from:

<http://www.thesun.co.uk/sol/homepage/news/2087657/Britain-launches-fitness-drive-to-stave-off-obesity.html> first accessed 04/12/2009

The media often refer to the cost to us all of obesity. The Daily Mail (7/10/2008) claims that the 'obesity crisis' will force up council tax as schools are required to be "made larger", and new larger cremation furnaces will need to be built (Martin, 2008). The British press have reported extensively on the use of the fire brigade to move obese people and the cost of this (for example, Harley, 2016, Layton, 2015, Warren, 2012). Throughout these stories is the implicit suggestion of obesity as a problem to us all, and that fat individuals are passive in the face of this.

"Healthy Weight, Healthy Lives: A Cross-Governmental Strategy for England" was published in January 2008 (Cross-Governmental Obesity Unit, 2008). This strategy targets the 'epidemic of obesity gripping Britain', with its cause lying in a simple equation of too much food consumed and too little exercise. The key to halting the obesity epidemic according to the strategy is pinned on individual behaviour and responsibility, with the government enabling 'healthy choices'. The 'Healthy Weight, Healthy Lives' report has a large visual element containing

photographs of individuals taking part in exercise with suggestions in the photographs of having found some kind of new freedom (figure 2). This is a frequent representation within anti-obesity discourse and suggests that following the guidance of Healthy Weight, Healthy Lives, will result in happiness and a freedom from a large body.



Figure 2 – Freedom through exercise?

Cross Governmental Obesity Unit (2008)

This thesis builds an argument that these representations of body size and health within the so called 'obesity epidemic' affect parents beyond their own bodies. Such representations serve to assert a need for parents to remain vigilant and act 'responsibly' for the health of their children. Those who do not act in line with dominant classed models of good parenting in order to maintain

health and acceptable body size face targeting within public health policies and broader social discourses of surveillance (Evans and Rich, 2011)



Figure 3 – ‘Your children are too fat so you will never see them again’

The Daily Mail Online, available from <http://www.dailymail.co.uk/news/article-2033486/Your-children-fat-again.html> first accessed 10/11/2012

Figure 3 is taken from a Daily Mail article published in 2011, and is an extreme example of the regulation of parents who are deemed to have failed to maintain acceptable parenting practices, size, and potentially, health. Not only have this family been shamed in national media, represented without subjectivity, and existing only as a weight and a rearward image of unruly bodies, but the Daily Mail article reported that the children of this family have also since been placed in foster care with no contact on account of the family’s continued failure to lose weight (Simpson, 2011). The article this was taken from goes on to describe the family in entirely negative terms, such as a ‘drain on the national purse’ and as

bad parents', reasserting the notion of obesity and parenting being the concern of us all.

The focus on children and parenting is reflected in UK anti-obesity initiatives. These initiatives are explored in depth in chapter four, here the key policies and initiatives that affected parents within this research will be introduced by way of setting the context in which this research has taken place.

The National Child Measurement Programme (NCMP) was established in the UK in 2006 as a surveillance programme which aims to monitor the body size of primary school aged children at a population level (Evans and Colls, 2009). The programme measures the height and weight of UK children in primary school Reception class (age 4/5) and Year 6 (age 10/11), and uses this to calculate the child's body mass index (BMI). All children are measured unless a parent or guardian chooses to opt them out. This data is used in order "to inform local planning and delivery of services for children; and gather population-level surveillance data to allow analysis of trends in growth patterns and obesity" (Public Health England, 2014a).

In addition to the surveillance of the NCMP, the Change4Life programme was launched in 2009 in response to the findings of The Foresight Report (2007). Change4Life aimed to 'stop Britain sleepwalking into a crisis' (BBC, 02.01.2009 <http://news.bbc.co.uk/1/hi/health/7791820.stm>) and is directed specifically at parents

(NHS, <http://www.nhs.uk/change4life/pages/overviewpolicybackground.aspx?filter=OverviewAndPolicyBackground>). The initiative was initially commissioned for three years but has since been extended and is still running at the time of

writing (05/2016). The campaign uses social marketing techniques to reach the widest possible audience in order to create a “societal movement in which everyone has an interest in preventing obesity’ (Evans et al, 2011, p333). Change4life uses a variety of techniques. Initially focussed around a television advertising campaign using cartoon imagery to suggest small lifestyle changes, the campaign now includes material resources, both electronic and in ‘paper’ format, which are distributed through schools and by signing up as a Change4life supporter. There is also an extensive website. Central to Change4life is clearly recognisable branding which uses bold colours, faceless cartoon characters, and a language centred around ‘simple lifestyle changes’ (figure 3).

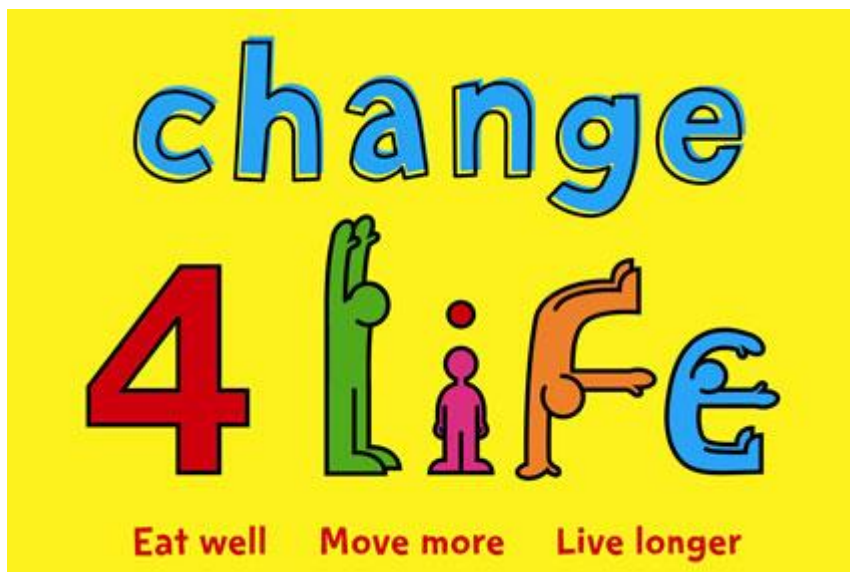


Figure 4, Change4life

National Archives, available from

<http://webarchive.nationalarchives.gov.uk/+/dh.gov.uk/en/mediacentre/currentcampaigns/change4life/index.htm> first accessed 04/07/15

A number of other initiatives designed to tackle the perceived problem of obesity also exist, and in some cases work within Change4Life. For example the '5-a-day' campaign which has been running since 2002 aims to get everyone to eat at least five portions of fruit or vegetables every day in order to 'lower the risk of serious health problems' (NHS, 2013). <http://www.nhs.uk/Livewell/5ADAY/Pages/Why5ADAY.aspx>), and a voluntary food labelling system was introduced in 2007 in order to 'help you make healthier choices quickly and easily' (Food Standards Agency, 2007).

Despite negative stories in the media about the effects of obesity, and policy concerns with an 'obesity epidemic', critical obesity geographers have highlighted the contingent nature of constructions of size, and drawn attention to wider political debates within which these discourses are situated. For example Evans et al (2011) discuss the classed, gendered and raced aspects of the Change4Life campaign, and McPhail (2009) situates Canadian cold war literature aimed at slimming down the nation's men within broader anxieties in the specific spatial and temporal context which contributed to the rendering of particular bodies as abject. Others have considered how anti-obesity messages are delivered and the impact they have, such as Evans et al (2003, 2004, 2005, 2012), who consider the impact on children in school, and Rawlins (2009), who describes family lives within the classed discourse of health under the New Labour government. Literature within critical obesity geography and fat studies has also taken a materialist approach to the framing of obesity. For example Colls (2007) focusses on the material qualities of fat embodiment, Forth (2014) on the role of material properties of fat within discursive constrictions of fat and the fat subject, and Warin (2014) on the need to recognise and move beyond

the limits of an epistemological divide between material, biological 'obesity', and discursive social constrictions of 'flawed' bodies within fat studies and feminist literature more broadly. This literature will be taken up and expanded on within the literature review and throughout this thesis; here I am highlighting the relevance of these arguments for the conceptual framing of the research aims.

3. Research aims

This research has sought to address three main aims. Firstly, to explore the power of anti-obesity discourses in influencing parenting practices. This aim is concerned with how UK policies and discourses relating to obesity are understood, made meaningful and practiced, and was explored through a focus on day to day parenting practices in which anti-obesity discourses were drawn upon. It became clear that in line with the overarching claim within anti-obesity discourse that obesity is the result of an energy imbalance between calories consumed and calories expended on activity, that diet and exercise were similarly central to parents' understandings of obesity. The extent to which body size was understood and parenting was performed in line with anti-obesity discourses is explored. Furthermore, this aim also considered the extent to which performances of 'good' parenting, health, and body size reproduce and support anti-obesity discourses.

The second aim explored other discourses that parents may draw on to complement or contest anti-obesity discourses. This aim has been about exceeding narrow versions of life that may be evoked by simply thinking about what parents do in light of anti-obesity discourse. This aim sought to go beyond simplistic versions of parenting and body size, to instead consider the multiplicity of stories, knowledges and practices that parents may draw upon to

both complement and contest anti-obesity policies. These may be biological, cultural, social and embodied. The intersectional identities of class, race and gender have pervaded much of the critical obesity geographies literature, highlighting the ways in which class, race, and gender interact with each other and with bodies. I have likewise remained aware of the influences of class, race and gender identities, assumptions and power relations and the effects of these on how anti-obesity discourses are experienced.

It became clear while exploring this aim, that the strength of relational agency shapes parenting practices and knowledges. Most pertinently for this thesis, this includes the relationship between parent and child. In this way, this thesis builds upon Holloway's (2014) assertion, that a focus on parenting within children's geographies enables an exploration of "the ways adults' lives are shaped by the presence of children" (2014, p384). The relational negotiation of parenting also included a range of proximate individual and institutional others and the power of these relational knowledges and practices within parenting, health and size is explored.

The third and final aim sought to explore the embodied experiences of parenting, in light of parents' understandings of obesity. This aim is based in the corporeal realm; how bodies are thought about in light of these discourses and experiences, how the bodily boundaries and interiors of family members may be experienced and imagined by parents, and how bodies may be tied to affective responses to anti-obesity discourses such as disgust, and shame. This aim shaped exploration of both the materiality of flesh and the emotion of parenting experiences, and seeks to develop an account of parent's understandings of

obesity that integrates both a discursive framing of fat, and the fleshy materiality of fat itself.

Just as I recognised the importance of relational agency in exploring the second aim, it also became clear that the embodied experiences of parenting cannot be adequately accounted for without paying close attention to the human and non-human encounters which produce that experience. While this was explored within the second aim with attention to the relational encounters between humans, here the role of material encounters in the practice of everyday life was acknowledged. In particular, understanding the role of food itself and the relationship between food, consumption, and practices of the self and parenting became a central component of this aim. Additionally this aim explored material encounters with embodied fat, paying attention to its material entanglements in its discursive representation, and how it is experienced through the body of both the self, and proximate other.

4. Thesis structure

This thesis is structured as three empirical chapters, preceded by a literature review and methodology. Chapter two forms the literature review, which introduces the theoretical approaches drawn upon within the thesis and reviews the relevant empirical literature which it builds upon. The literature review begins by discussing approaches to theorising excess and multiplicity, a theme which runs throughout this thesis. The approaches taken within the thesis to governance, knowledge and discourse are discussed and applied to literature which engages with public health, in particular the governance of body size. Following this, the chapter then proceeds to cover theoretical approaches to the home, relationships, and identity, paying particular attention to class and gender

and to the particular strength of these axes of identity in relation to body size, as it emerged during the course of this research. Empirical literature is then discussed in relation to families, food, and relationships in order to build upon work in this area. Finally, the literature review turns to the body, with attention to theories of embodiment, with particular focus on approaches to materiality, emotion and affect, and surfaces, abjection, and disgust. Throughout this review, literature is drawn from a variety of academic areas but specifically within critical obesity geographies as the academic sub-discipline in which this thesis is situated, and contributes towards.

Chapter three sets out the methodological approach used within this research. Firstly, engaging with feminist methodological frameworks as a way in which to enable an exploration of multiplicity in practice, this chapter then covers the research in practice, from recruitment, to carrying out research through interviews and focus groups with parents and health professionals.

Attention is given within chapter three to the ethical issues that were raised within the course of this research. This includes practical ethical issues of consent, managing the recruitment of parents while remaining committed to the research ethics of allowing for multiplicity, and ethical engagement with participants while discussing potentially sensitive topics. The focus on ethics within this chapter also extends to a wider methodological engagement with power relations in the research encounter. The particular examples of recruitment issues, and focus group dynamics, are used to explore these wider questions of power, knowledge, and expertise within an ethical approach to research, which further informs the understanding of anti-obesity discourse which is taken in the thesis. Chapter three finishes with a discussion of the

approaches used to analysing research data within a feminist methodological framework, wherein what counts as knowledge and the subjective framing of knowledge is interrogated.

Chapter four, 'Governance, Power and Discourse', explores the workings of anti-obesity discourses, and how they are continually performed within health and parenting policies targeted at the perceived 'obesity problem'. The performativity and emergence of anti-obesity discourse is explored through anti-obesity policies and their enactment within initiatives and discourses of national citizenship and future health. Here the governance of body size is situated within wider discourses of governance relating to normative social class, race and gender. The effects on parents of this framing and regulation of identity alongside discourses of size are explored. Chapter four concludes with a specific example of the translation of anti-obesity discourses into a local level initiative, the banning of crisps from school packed lunches. This initiative is analysed in terms of contested knowledges, contested practices, and the location of responsibility. This example emphasises the ways in which life always exceeds and complicates initiatives that seek to impose particular versions of good parenting, bodies, and practices of the self upon them.

Chapter five, 'Home, Practices and Relationships', is about the creation of knowledges of size, health and parenting in the home, how everyday parenting practices are shaped by both the needs of proximate others, and by discourses that circulate and mould what comes to be known as 'good' and 'bad' parenting practices. This chapter frames parenting practices as enactions, following Mol (2002) in order to better account for knowledge and practice as intra-actively emerging within specific relational assemblages of parenting life. Through

descriptions and analysis of parents' discussions of everyday practices, the myriad of forces that shape these practices are drawn out. Practices that may seem to go against 'good parenting' are explored through the logics and forces of everyday life and lay knowledge ontologies, that constantly exceed narrow definitions of good parenting, bodies, and size. This chapter also focuses on class, expertise, and gender in the framing of 'obesity' as a problem, and how the enactment of parenting in relation to this perceived problem is shaped by class and gender.

Chapter six, 'Bodies, Materiality and Emotion', turns to the scale of the body itself through a focus on body image and the ontological framing of our own, and our children's bodies as bounded entities, and how this affects our relationship with our own bodies and bodies of those for whom we care for. This chapter begins with theorisations of bodily boundaries, surfaces and flows, framing bodily boundaries as a performative enactment of bodies that can be 'known', before turning to bodily interiority, specifically materiality and emotion. Following the emphasis within research participants' narratives on the particular emotional responses of shame and disgust, these emotions are used to explore the abject materiality of bodily and dietary fat as it is understood within the lives of research participants. Chapter six also makes space for a focus on consumption as a particular embodied practice through which the relational body becomes known. The meanings given to consumption practices and experiences are discussed with attention to both viscerally consuming matter, and the socio-cultural meanings that become attached to that matter, and its incorporation into our bodies. Reversing the focus from the agency of humans to the agency of consumed matter, food is framed as an actant in the human

assemblage, and this is used to propose a distributive agency of body size, which destabilises the dominant model of body size within anti-obesity discourse as an outcome of an energy imbalance, that can be resolved through changing practices.

Chapter seven, the conclusion, is the final chapter and focuses on the key messages of importance which have emerged within the thesis, returning to the research aims in order to discuss these key messages. Finally, the chapter concludes by providing suggestions for future directions in research to build upon the thesis findings.

This introductory chapter has set the scene for the thesis, making clear my personal interest in the topic, the academic area in which this thesis contributes, and the context of UK anti-obesity discourse. I argue that to understand body size and parenting practices we need to attend to situated, embodied and multiple practices, and that is what this thesis will now do, beginning with a review of the relevant academic literature.

Chapter two

Literature review

1. Introduction

This review will set out the literature of relevance to this thesis, engaging with current debates and demonstrating the areas in which the thesis adds to these. It will clarify the theoretical arguments that are developed within the thesis and locates the thesis in the existing literature within human geography in the areas of governance, families and food, geographies of the body, and critical obesity geographies. This review highlights the contribution of these areas to informing this thesis, and the ways in which this thesis acts to synthesise and build upon this existing literature.

This chapter will proceed in four main sections. The first section will address two related themes that run throughout the thesis and are therefore of primary importance; excess and multiplicity, and the enactment of knowledge. This first section will set out the theoretical concept of empirical ontology which is used throughout the thesis to explore the enaction of knowledges through practice. The following three sections address the theoretical and empirical literature of relevance to each of the empirical chapters within this thesis; section two will engage with relevant theories of governance and the related literature, before moving on to section three on the home and relationality, and section four on the body and food.

2. Theorising multiplicity and excess

Critical obesity geographers have interrogated the singularity of the evocation of the 'obesity epidemic' (Colls and Evans, 2009). Throughout this thesis it is similarly demonstrated that everyday life constantly exceeds narrow versions of what particular bodies can do, or what it means to parent well. Rather than construct the multiplicity of parenting knowledges that are encountered as a range of differing perspectives, the thesis will draw upon Mol (2002), Law and Mol (2011) and Mol and Law's (2004), empirical ontology to argue that these are enactions of ontological realities. Empirical ontology challenges the paradigm in which different ways of knowing the body have been attributed to different perspectives of the body. Instead, it is proposed that there are differing ontological realities through which we come to know phenomena, and that it is through the practices that we enact that we can access differing ontological realities of the body. Mol and Law have drawn on a range of empirical research to illustrate this argument through medical and veterinary examples such as atherosclerosis (Mol, 2002), hypoglycaemia (Mol and Law, 2004), and foot and mouth disease (Law and Mol, 2011). Mol and Law (2004) describe how the dominant way in which we know our bodies is as an object which we measure and see, and as a subject which experiences our modes of living. They seek to shift the grounds in which questions about the reality of bodies are known, and state that if the body we have is the one known by pathologists, the body we are is the one known by ourselves, then what about the body we do, and how will privileging action over knowledge shift our understandings about the reality of bodies? The argument built by Mol and Law (2002, 2004, 2011) in support of a focus on empirical ontology is particularly useful in providing a framework to

understand relational parenting knowledges. It became clear in my research that it was in the course of practices and enactions that particular ways in which children's body size, health, abilities and potentialities are known and become realities for parents. The literature explored in this subsection provides a way of comprehending the enaction of parenting knowledge through a multiplicity of parenting practices around sized bodies.

Law (2011) asserts that exposing the world as a multiplicity of practice based ontological realities is of political importance, because it acts to expose the normative construction of a stable reality. The notion of a normative and singular 'real' creates categories of 'good' and 'bad' practices (Woolgar and Lezaun, 2013), and places particular groups of people in the category of 'bad', in which their knowledge is deemed mythical or false, and therefore requires correction in line with the normative, dominant reality. To understand the reality of parenting knowledges as multiple and situated is to give credibility to practices that do not fit within white, middle class dominant norms. Despite the largely 'middle class', 'white' sample of parents within this research, an issue discussed in the methodology chapter, and participant's general alignment with dominant discourses of parenting, research with these parents and their practices form a point of departure from which to think about the practice based and relational constitution of parenting knowledge. As will be demonstrated throughout this thesis, parenting knowledges exceed quantifiable knowledges through their immersion in infinite relations with human and non-human others in situated everyday parenting practices. Mol and Law's (2004) example of hypoglycaemia, and Mol's (2002) example of atherosclerosis both provide useful examples of this.

Mol and Law (2004) demonstrate the multiple enactions of a phenomenon that is known singularly as hypoglycaemia. Pathologically, hypoglycaemia is characterised by a blood glucose level below 3.5. Blood glucose measurements are enacted through a number of practices. The skin on the top of a finger is pricked, blood is squeezed from the finger, and the sample is measured outside of the body in a machine. For Mol and Law, a blood sugar level of less than 3.5 mmol/l is just one enaction of a phenomenon that comes to be known singularly as hypoglycaemia, yet hypoglycaemia is enacted in multiplicities.

For example it can be enacted as self-awareness, when one feels a hypoglycaemic state coming on. A diabetes nurse in Mol and Law's research described how some patients will never feel this; they rely on having measurements controlled by a machine and ensuring that there are plenty of moments in which to take measurements. For others, the nurse describes how they only need to measure on one or two control days, yet they never report the occurrence of hypoglycaemic events, she puts this down to an ability for these patients to somehow feel the onset of hypoglycaemia and be able to act to rectify their blood sugar level. When speaking with a diabetes sufferer about what hypoglycaemia is, a different story (enaction) was given. For Mol and Law's participant Miriam, hypoglycaemia is shivering, sweating, and a need to counteract this by the action of eating something. Miriam relates to hypoglycaemia in terms of the actions she must perform to prevent hypoglycaemia, the foods she must eat and how and when they are eaten. So hypoglycaemia can be measured, felt, avoided, and acted upon through practices of the body. Within all this the diabetic body and its meanings are re-enacted and made meaningful by the practices that constitute it.

Mol (2002) uses the example of arterial atherosclerosis to illustrate the multiple ways in which a phenomenon that is presented singularly can be known. Importantly Mol argues that these different ways of knowing are not different perspectives but different ontologies that are no less 'correct' than each other. That is to say these are performative ontologies of bodies, in which it is through practical enactions that bodies are known. For the parents who participated in the research for this thesis, the ways in which their own body size and health, and that of those that they care for becomes known, emerges through everyday practical enactions of the body. Therefore I suggest that akin to the multiple ontologies of arterial atherosclerosis that Mol describes, these are not a number of different perspectives through which the relational child/parent bodies are understood, but multiple realities which are created through specific practices. I will further argue that realities are not stable, but subject to shifts, and can be disturbed and renewed within a relational network of meaning. I posit that these practices can be better understood by moving away from a narrow version of what it means to parent correctly, and instead utilising an ethic of care which enables these practices to be conceptualised as relational and situated approaches to meeting the needs of the child. A review of literature on the ethic of care is the subject of section 4.3 within this chapter. An ethic of care complements the approach of empirical ontology as it does not privilege one reality over another. Instead, by foregrounding practices, an ethic of care enables a consideration of the classed, race, gendered, sexed and age based dimensions of these practices, in order to argue that parenting practices which fulfil an ethic of care (Gilligan, 1982), are multiple and diverse.

It will be demonstrated throughout this thesis that enactions of parenting, health and size allow the accessing of a reality of parenting, what healthy is, and how this relates (or not) to size. This further informs the ways that parenting and size are enacted but it is not fixed; with new relational intra-actions the practical enactions may shift and new realities become accessed, this will be explored with reference to parenting practices in chapter five, section 2.

3. Theorising governance, power and discourse

This thesis is centred on the excessive enactions of everyday life that are performed in light of anti-obesity discourses. Anti-obesity discourses are governing in the sense that they are enrolled in technologies of governance through anti-obesity policies and initiatives, and in the Foucauldian sense that they act to create self-regulatory citizens. This section on theorising governance explores the literature that informs the approach to governance that is taken in the thesis, beginning by situating public health discourses within their emergence as a way in which to clarify the use of the term discourse throughout this thesis, and the performative understanding of discourse that is taken within this thesis. The section will then proceed to describe academic engagements with contemporary public health from the area of health geographies and wider academic disciplines in order to situate the topic of this thesis within contemporary public health debates.

Next, the section will focus on the relevant theories around particular modes of governance that can be identified within anti-obesity policies. This allows for an exploration of the ways in which particular modes of governance influence family life beyond the reiteration of anti-obesity discourse. Here the nudge

tactics of libertarian paternalism will be discussed, and the ways in which this method of governance has been explored within contemporary academic debates which are of direct relevance to the governing of body size and parenting practices. This will be followed by a focus on the theories that attempt to shed light on the ways in which the future comes to be governed and known. This is illustrated through Evans' (2010) example of anticipating future fatness, which is of particular relevance to the topic of childhood obesity, with its focus on the shaping of the bodies of children as adults-in-the-making. This section will finally turn to empirical engagements with the governance of body size, to address the ways in which techniques of the governance of body size have been addressed in existing literature.

3.1. Power and the emergence of discourse: risk and responsibility in public health

The framing of certain bodies as risky, and of an individual responsibility to ensure bodies do not become risky, will be described here with a dual purpose. Firstly to set out this discourse of risk and responsibility which pervades anti-obesity policies and is therefore of central consideration in the interrogation of the effects of such discourse in this thesis; and secondly to clarify the use of the term 'discourse' as it is used in this thesis, as that of a performative act which delineates what is considered the norm, and create truth effects.

For Foucault, discourses are a manifestation of power and knowledge which cannot be reduced to individual intentionality. Foucauldian discourses make it possible to speak of some things but not of others, they delineate what constitutes a legitimate perspective on the world, and fix norms and particular

regimes of truth (Foucault, 1977). Foucault's description of discourse as a structuring force is usefully extended following Butler (1990) and Barad (2003) to emphasise discourses as performative, that is to foreground an understanding of discourses as constituting the objects of which they speak (Bialasiewicz et al, 2007). This is an understanding of discourse that recognises that objects and phenomena exist externally to the thought of agents, but that it is through discursive practices that we come to comprehend external objects and phenomena over time as stable and fixed (Barad, 2007). Bialasiewicz et al use the example of the effect of a fixed and bounded nation state which is created through numerous discursive practices such as immigration policies, political speeches, and economic investments. Each discursive practice acts performatively to crystallise the effect of a fixed and stable whole. In this thesis the 'anti-obesity discourse' of the contemporary UK is the subject of interrogation. This anti-obesity discourse is one which following a Foucauldian notion of discourse, can be seen to make it possible to speak of some things but not of others. A biomedical notion of body size and what size means for the individual has become a fixed discourse cemented through performative discursive practices such as anti-obesity policies, media stories, advertising, and gendered social relations.

Discourse acts to bring things into the realm of knowledge, it creates that which we can speak of. McPhail (2009) adds to this with a topically relevant case study, to highlight the importance of the context of the emergence of a particular discourse. She uses the example of the way in which male body fat became understood as problematic for the nation. Using the example of post-cold war Canada, McPhail links the emergence of a discourse of problematic male body

fat to the wider political context of the time, in which there was an anxiety about masculinity and the fitness of the male population which was brought about by the collapsing of the public and private spheres. In this thesis the emphasis on risk management and individual responsibility, in approaching the perceived obesity epidemic in the UK, reflects the neoliberal aims of individuals taking personal responsibility to act to minimise risk, both to themselves and to the nation. Therefore McPhail provides an example of the discursive connection between national citizenship and body size, which is similarly seen within UK anti-obesity discourse and is taken up in chapter four, section 4.

Recognising the role of language used in anti-obesity policy, as a discursive practice which reproduces the dominant discourse of biomedical obesity, Evans (2006) highlights the framing of obese bodies in the House of Commons Health Select Committee's 2004 report on obesity. The language of the report, poses a simplified explanation for overweight and obese bodies, which is rooted in the failure of the individual to manage their body. This creates a sense of a risk to us all through reference to costs of obesity such as those that may be generated through healthcare.

Moving from anti-obesity policy documents, to national and local initiatives and interventions, the responsibility of the individual can be clearly seen through the often used phrase 'healthy choices'. The term 'healthy choices' can be understood as a discursive performance which creates, establishes, and maintains an anti-obesity discourse in which it is possible to talk of overweight bodies as an individual failing. This obscures the possibility of talking of overweight bodies as a relational outcome of structural, environmental, and social factors (Guthman 2012), therefore reducing body size to simplistic causal

categories. With the contingency of the construction of the discourse of individual responsibility and risk management at the forefront of thought I will move on now to focus on health geography's engagement with 'new' public health.

3.2. Health Geographies and Public Health

Because anti-obesity initiatives come under the heading of 'public health' (DoH, 2011a), a broad overview of discursive themes within contemporary UK public health helps to situate the anti-obesity discourses discussed in this thesis within their wider context. Contemporary public health in the UK can be described as 'new public health' which is characterised by the promotion of health and enabling the population to make, what are framed as, well educated, healthy choices (Awofesco, 2004) as set out in the Ottawa Charter of 1986 (WHO, 1986).

Lupton's (1995) analysis of public health draws on Foucault's (1978) concept of biopower, and in particular the bipolar nature of biopower in which power operates on two poles; on one side it operates on the detail of the individual body, which Foucault calls anatomo-politics, and at the opposite pole on the level of the species body, the population which is being governed. Thinking through the 'pole' of anatomo-politics in relation to public health, Lupton draws attention to the ways in which public health incorporates practices of the self and regulatory surveillance over the body. Expertise is used to compare individual bodies and their relative 'normality' (Lupton, 1995, p10). Moving from the 'pole' of the body to that of the species, population level data abstracts bodies and enables the labelling of normal, healthy and deviant bodies.

(Foucault, 1978). Lupton (1995) applies these processes to public health, with the result being that those that fall outside of the category of normal are considered within public health discourse to require assistance from health promoting experts. This includes those who fall outside of the 'normal' BMI range, or those parents whose children fall outside the 'normal' BMI range.

Lupton (1995) argues that not only does public health serve to regulate 'normality', 'risk', and 'health', but that at the centre of this regulation are a series of moral judgements and distinctions between 'good' and 'bad' patients. Within this thesis, the distinctions created between 'good' and 'bad' in public health discourse, and anti-obesity discourse in particular, are applied to parenting practices and citizenship. This moral regulation of what it means to be good focuses on practices of the self, and in doing so valorises some groups and marginalises others. Some groups are interpellated into public health discourse, and others are not. Lupton questions what discursive processes support public health. Applying these insights to this thesis draws attention to the construction of assumptions that are made within anti-obesity discourses, that certain groups are understood to be already acting in the correct, healthy way, and that others need to act similarly. For example that middle class parenting and eating practices are valorised as aspirational goals for those who do not make 'healthy choices'. In order to further interpellate the population considered at risk, specific strategies are used, such as Change4Life's selection of recipes which are written by mums in order to avoid what may be deemed as an 'alienating middle class overtone' (Evans et al, 2011).

Turning attention to the body as the site of medical and health geography, Parr (2002) reviews medical and health geography's situated accounts of the

construction of bodies and their place in society. For example Craddock and Brown (2009) demonstrated how medical knowledge helped to construct Chinese bodies and places as more diseased than the rest of San Francisco in the context of nineteenth century smallpox and syphilis. As discussed above in McPhail's example of male body fat in post-cold-war Canada, this illuminates the ways in which medical theory and knowledge can work as a political tool. Reflections on the socialisation of 'the medical' destabilise it as a 'pure' form of knowledge by placing it in its socio-political context. This is a powerful approach for highlighting the constructed nature of knowledge which may have since become considered an immutable fact.

Whilst contextual analysis of public health helps to expose the context of the construction of health discourse, disability theorists have argued that this should not be to the detriment of attention to the "blood, brains and bones" (Hall, 2000), the very matter that can be healthy/unhealthy or impaired. Hall draws upon personal stories of bodily impairment to argue that the social model excludes experience as it does not allow for claims of weakness and bodily determination. For as Crow (1996) describes, some of the problems she encounters as a visually impaired person are due to bodily (visual) impairment, not social oppression.

This tension between a focus on discursive and structural constraints, and the body itself, can also be seen within critical obesity geographies. Through in depth research interviews and focus groups with participants this thesis works to overcome an approach that privileges the body or society and seeks instead to pay close attention to practices of the material body, how this interrelates with the situated and specific context of their family life, and the wider context of anti-

obesity discourse. Having set out the academic engagements with public health and medicine of relevance to this thesis the next section will cover a particular contemporary approach to governance within the UK, which directly informs the approaches taken to the perceived problem of obesity in the UK.

3.3. Nudging, choice architecture and libertarian paternalism

Libertarian paternalism is a system of governance which draws on insights from psychology and behavioural economics to 'nudge' individuals into desirable behaviours. The tactics of libertarian paternalism that are described in this section, are drawn upon within anti-obesity policy initiatives, and therefore an understanding of the development of libertarian paternalism, and academic work on its use in practice, contextualises some of the methods of governance and participant responses that are discussed in the thesis.

Thaler and Sunstein (2008) argue that human judgement and behaviour is unpredictable and often follows a course that may not result in what is seen as the best outcome. They proposed a system of governance described as libertarian paternalism, libertarian in the sense that the freedom of the individual to decide on a course of action remains, and paternalistic in the sense that specific strategies are put in place that nudge people's behaviour towards what are deemed positive outcomes. In 'Nudge' Thaler and Sunstein (2008) focus on the areas of retirement saving and healthcare suggesting that work based pension programmes and organ donation lists should operate on an 'opt in' basis to make it easier to make what Thaler and Sunstein describe as the 'correct choices'.

In the UK libertarian paternalism was taken up by the New Labour government, who described it as the real third way, a balance between a free market and an interventionist state. The paradigm of libertarian paternalism has since been adopted by the 2010-2015 UK coalition government under which research for this thesis was undertaken. With an emphasis on libertarian paternalistic approaches within public health, it is in the context of these nudge tactics and choice architectures that the policies and discourses around obesity currently arise. Jones et al (2011), and Pykett et al (2011) describe libertarian paternalism as navigating the narrow ideological lines between free choice and caring governance through a series of choice architectures, prompts, and nudges ranging from spatial design to psychological prompts in order to bring about 'good citizenly' behaviour. The discourse of the good citizen who acts in the national interest, who is enrolled within anti-obesity discourse and the obese individual who is framed as un-citizenly and a drain on the nation, will be discussed in chapter four, section 4.

Considering how libertarian paternalism works in practice, Jones et al (2011) identify four particular mechanisms which are used; choice architectures, temporal ordering, rationalising the brain, and prompting social norms.

Choice architectures can be thought of as spaces which orient people towards certain behaviours, for example removing opportunities to gamble, or redesigning stairwells to make them appear more inviting in order to encourage walking. Within anti-obesity policies these measures form a spatial approach that seeks to design out environments that are thought to cause obesity. Such environments have been deemed 'obesogenic', and the introduction of specific forms or urban design have sought to promote 'healthy practices' from those

that live in, or move through these spaces (Evans et al, 2012, Colls and Evans, 2014).

Temporal ordering makes use of timing in the shaping of behaviours, so targeting during 'windows of opportunity'; important life events such as early parenting whereby individuals are understood as particularly receptive to receiving new information and shaping their skills. Another use of temporal ordering can be seen in the gambling 'count me out scheme' whereby problem gamblers make themselves subject to a self-imposed ban from gambling establishments, which is then enforced by the institution.

Through the mechanism of rationalising the brain, the aim is to overcome the irrationality of human behaviour. This is undertaken not by taking away choice, but by making what the government believes should be the best choice as the default position, so for example the move to free school meals for all children in Reception class, year one, and year two in the UK in September 2014. In this way it is seen as easier to do what is considered the right thing (having a school meal), and effort is required by the individual to do what is considered the wrong thing, in this case making a packed lunch.

The final mechanism of promoting social norms uses social marketing and communications technology to cultivate a social motivation and to target particular audiences. For example, through the Change4Life social marketing campaign, and the 5-a-day campaign, the latter has become a largely unquestioned norm. Such initiatives may be targeting specific social groups which have been selected in policy for their behavioural and social characteristics.

Libertarian paternalism marks a change on the exercise of power over the population, and has therefore attracted academic attention which has sought to theorise and critically explore this change. This is useful to explore here to better understand the context of governance in which contemporary anti-obesity discourse arises. Huxley (2011) considers nudge approaches from a Foucauldian perspective which she argues posits nudging as a form of governmentality not confined to the state, but always inextricably bound up in tensions between fostering free subjects, and managing behaviours that are incompatible with the 'proper' exercise of this freedom (p303). It is an attempt to conduct the conducts (actions) of those who need 'assistance' in the 'correct' way in which to act in the context. Drawing further on a Foucauldian perspective, Jones et al (2011) utilise Foucault's 'power knowledge nexus' in which power and knowledge are understood as mutually supportive. Jones et al apply the power knowledge nexus to chart the knowledge shifts which have enabled the libertarian paternalist mode of governance. For example new knowledges of molecular life and neuroscience make possible knowledge of, and power over, molecular life (Rose, 2009).

Jones et al (2011, 2013) argue that it is libertarian paternalism's strong leaning on behavioural psychology and neuroscience that marks it clearly apart from neoliberalism. This use of psychology suggests that 'human action is driven by discernible psychological patterns and that state policy is most likely to be cost effective if it exploits related psychological techniques' (p489). Policies may be aimed at assisting rational thought but they may also be directed at the subconscious, work through social tendencies, and capitalise on our 'psychological or neural' predispositions (p489). For example the Department

for Transport's Manual for Streets (2007) uses a range of psychological techniques to change street behaviours. Sustrans (2010) describe these techniques as 'mental speed bumps', these involve the specific spatial organisation of psychological prompts which remind drivers that the area in which they are driving is a lived in space rather than a place of transit (Jones et al, 2011).

Gill (2011) focuses on a possible outcome of libertarian paternalist models of government which is of particular relevance to population level anti-obesity policies. Gill argues that as libertarian paternalist policies are difficult to target and may impact as much on those who do not 'need' them as those who do (p305) that this may act to produce anxiety around the campaign, an intense awareness of worst case scenarios and produce neurosis, stress, and fear. Gill questions whether the costs of imposing some psychological burdens upon 'innocent' parties is worth the gains of the reining in of the over exuberance of those that are 'sinful', the targets of the policies. Within the research that was carried out for this thesis, participants tended not to be obese themselves, however in line with Gill's argument here, anti-obesity policies did impact upon them and these various impacts are discussed throughout chapters four, five, and six. For Gill, the mechanisms of libertarian paternalism can be seen as twin trajectories, with one being the setting of default choices to nudge behaviour without explicit knowledge, awareness or consent, and the other being the loud and explicit distribution of narratives of possible harm through public advertising campaigns. Such strategies of loud proclamations of potential immediate and personal risks are understood by libertarian paternalist policy makers to be especially effective in behaviour change and that they work best if they engage

people's emotions (Gill, 2011, p305). Examples of loud proclamations that have been used in libertarian paternalist strategies to engage emotions include descriptions of the risk of lost fertility for obese individuals, and an inability to play football amongst smokers.

Gill argues that there is a risk that government advertising may work too well, contra to the assumption that only the minority in need of 'correcting' will be affected and those who do not need 'correcting' will remain unaffected entirely by hard hitting government advertising campaigns. Despite this there are a number of reasons to doubt that these campaigns do not affect those who are not 'in need of correction'. He argues that if these campaigns are accurate in moving over exuberant behaviours towards more modest behaviours then there is no reason to suppose that they may move already measured behaviours towards over caution. In overlooking this, libertarian paternalist policies seem to assume that those they define as rational actually know themselves to be rational, and that these adverts do not apply to them. Gill asks whether in a society of increasing mental health costs it is really prudent to employ anxiety producing advertising campaigns that are often not intended for those who experience them, and whether it will be those vulnerable to the anxiety producing effects of such programmes that incur the greatest costs of anxiety and fear? (2011, p306). Within this thesis these affective components, including anxieties, that are produced within such policies, are explored within chapters four, five and six through attention to the practices and logics that anti-obesity policies motivate.

To summarise, libertarian paternalism assumes a citizen's (ir)rationality can be bypassed through the creation of 'smart' environments, temporal ordering, opt

in policies, and social marketing which are created with insights from behavioural psychology and neuroscience to supposedly induce particular forms of behaviour, without the citizen ever needing to really think about it and therefore make an (ir)rational decision. The popularity of the libertarian paternalist model within the current UK government means that this approach underpins many of the policies designed to tackle obesity and therefore an understanding of the theoretical approaches to libertarian paternalism is essential in adequately addressing the effects of these policies on parents.

3.4. Governing the Future

Evans (2010) points out, that in contemporary anti-obesity discourse the 'obesity time bomb' is deferred and this allows for a pre-emptive politics of obesity prevention. While Evans focuses on the pre-emptive language of anti-obesity policies, in chapter four, section 5, this thesis turns to the ways in which the pre-emptive language of policy, is folded into an everyday discourse of the ongoing parenting work of preventing, or reversing obesity in their children's future. Here I focus on Anderson's (2012) 'conceptual vocabulary' to address the ways in which future geographies are felt as present realities, before returning to Evans (2010) to relate this directly to anti-obesity policies. Not only is the governance of the future particularly pertinent in the discourse of obesity as a future threat, but children have become central to this process of governance by 'social investment' (Lister, 2006). Lister explains that the social investment model of governance acts upon the future with a focus on children in the present, in order to secure the potential for today's children to become citizens of the future, and to negate the risk that they may become an economic burden (Lister, 2006).

The first part of the assemblage is 'styles', which are statements about how future threats are described and related to. These statements may describe very different domains of future life but they share common strategies for evoking future threats in the present, including potentially catastrophic future scenarios, a source of the threat as a vague and spectral presence, and the immanence of the disaster in which, without action, a threshold may be crossed, and the disastrous future may become realised. Because of the constant immanence of the threat, disaster becomes understood as 'incubating' within the present, and therefore life in the present remains tensed against the threat in the future that may, or may not, be realised. One particular element of these statements is that the bad, (that which may bring about disaster), exists heterogeneously with the good, (that which is valued and must be protected). In relation to anti-obesity policy, media reports warn that the risk of reaching a critical threshold of obesity exists within society through individual bodies and their behaviours. The governance of unspecified threats existing within life can be understood as a process of affective contagion in the engineering of anxiety for political ends (Thrift, 2007). However in translating this engineering of affective futures into individual responses to everyday parenting as this thesis seeks to do, Milne et al (2011) remind us that the ways in which individual affective bodies respond to the presence of affectively engineered futures is unpredictable. For some, this may involve an intensification of anxiety as they feel pressure to avoid undesirable outcomes such as having an obese child, while others may respond with a diminution of anxiety, perhaps by feeling reassured that their enactment of parenting falls in line with official advice, and they therefore feel they are doing 'the right thing'.

The second part of Anderson's assemblage that brings about future risks being felt as present realities, is 'practices'. These practices perform, calculate and imagine the future and render it present in affects, such as fear and hope, materialities, such as reports and images, and objects, such as trends or stories (Anderson, 2012, p783). The calculation of the future can be seen through examples in anti-obesity discourse such as the predicted rise in obesity prevalence in the UK, forecast by the National Obesity Observatory (http://www.noo.org.uk/NOO_about_obesity/trends). These techniques take a measure of the world through the domain of numbers, which are then visualised, for example in graphs and charts. In this way, argues Anderson, future possibilities are made present through numbers.

A further way in which Anderson describes the future as felt in the present is through creative practices of imagination. Anderson uses the examples of the UK Foresight directorate on climate change, which visualised scenarios of how the future may look and feel in the event of extreme climatic change. Such techniques have also been brought into the realm of anti-obesity discourse, with the possible future of an obese population being imagined in scenarios of prevalent poor health and spiralling healthcare costs (NHS Choices, <http://www.nhs.uk/news/2011/08August/Pages/half-of-uk-predicted-to-be-obese-by-2030.aspx>). Such scenarios offer a tool for thinking with the future, and being able to act in the present to intervene on these imagined future scenarios.

The final part of the assemblage that Anderson describes, relates to the logics through which we act in the present in order to intervene upon, or prepare for, specific futures. The logics of precaution and pre-emption, which aim to care for

valued life by neutralising the threats to that life, are of relevance to within anti-obesity discourse and the effects of such upon parenting practices. Precautionary logics act on a scientifically uncertain but identified threat, pre-emption meanwhile acts over those threats that are not yet determinate, it acts in advance of threat to pre-empt its emergence. Anderson describes pre-emptive logics as immersed in the conditions of the emergence of a threat. Anti-obesity policies act on the future through a precautionary logic, the threat of a possible 'obesity time bomb' motivating precautionary acts. However some aspects of the logics of anti-obesity policies have pre-emptive elements, the emergence of predicted but yet-to-emerge society wide health problems for example.

Evans (2010) highlights the relevance of applying theories of future governance to the ways in which contemporary UK anti-obesity discourses evoke an 'obesity time bomb' (DoH, 2002). Evans carried out discourse analysis on a number of anti-obesity policy documents and related newspapers articles, and argues that policy documents and media stories are pervaded by dystopian future outcomes should action in the present not be taken. One feature of obesity that makes it particularly relevant to this kind of governance, is that it is framed as a risk factor for potential health problems, which are made to feel present by means of their possibility of future occurrence. There are two points that Evans makes that will be covered here; firstly the focus on the matter of bodies and governing the future, and secondly the role of affect. Of relevance to this thesis throughout Evans' discussion is the centring of the government's focus on the prevention of childhood obesity as a way to act on a future of potential adult obesity.

The physical matter of bodies and fat, matters to pre-emptive anti-obesity policies because of both what bodies are, and what they may become (Evans, 2010, Dixon, 2014). Evans notes that although fatness is often framed as a threat through population level data, in explaining the threat of obesity in the future, the body becomes reduced to biological matter, and fat people are denied any subjectivity. This biological reductionism can also be seen in explanations for the focus of anti-obesity policy on children. Children are identified in the Foresight Committee Review (2007) as targets of size based interventions, as childhood is understood as a time of 'metabolic plasticity' (2007, p62), in comparison to adult bodies which are described as fixed. These understandings of the metabolism as plastic in childhood, and fixed in adulthood, fails to account for the ongoing performative enaction of matter (Barad, 2014), and aligns the bodies of children with linear trajectories of biological time. Evans (2010) seeks to challenge this by asserting the contingency of bodies, and the construction and representation of childhood as a fixed temporality (Evans, 2008).

Evans (2010) draws on Massumi (2007) to assert that affect is essential to pre-emption. Through affective capacities such as fear and hope the future becomes felt and present in the here and now. According to Evans, this affective potential has been harnessed within anti-obesity campaigns and media stories so effectively, that reports about possible obese futures are translated into felt certainties about the world (2007). In campaigns that target childhood obesity, affective states of guilt, shame and altruistic fear are harnessed. These affects are generated around a concern for children, but are intended to be felt by the parents and caregivers who are targeted. Children are constructed as

innocent victims, with childhood obesity being attributed to either parental ignorance, or parental care-gone-wrong (Evans, 2010). These affective dimensions were echoed and extended throughout my own research with parents and are discussed further in chapter four, section 5, and chapter six, section 3.

Having discussed literature related to those broad technologies of governance that are of relevance to the governing of body size, this review now turns to specific strategies for the governance of body size in the UK, exploring literature that has largely arisen from within the sub discipline of critical obesity geographies.

3.5. Governing size: schools

Schools are a key site where anti-obesity initiatives are enacted, and have been explored as such through the literature that will be drawn upon in this subsection. The National Child Measurement Programme involves taking the BMI measurements of all children in Reception and Year 6 within school, the Change4Life social marketing campaign disseminates information through schools, and a range of local initiatives are also based within schools. For example the Food for Life Partnership in Southwest England seeks to improve school meals and educate parents and children to eat well. Chapter four, section 3.1, foregrounds schools as a key space in the enactment of anti-obesity discourse and its transfer to the lives of families, and as such, this subsection reviews the existing literature on the space of schools as they are enrolled in the dissemination of anti-obesity policy and initiatives. With all participants in this research project having at least one child of primary school age, the

influence of schools in the ways that anti-obesity discourse affected parenting practice was particularly significant for many participants.

The role of schools and body size has been investigated through a series of papers produced from the three year project which was led by John Evans and Emma Rich, and which focussed on the relationship between obesity discourse, education, and disordered eating. Evans et al (2002) urge a more critical position from pedagogues on the ways in which notions of ill health are constructed, and on how health can be achieved beyond weight focus and food moralising. Evans et al (2003) build upon the arguments in Evans et al (2002) with a case study of a secondary comprehensive school in England to further argue that government anti-obesity policies pathologise the body. Evans et al (2003) draw attention to the power manifest in obesity discourse, and how through the power of language this discourse may contribute to unhealthy extremes of eating behaviours. Here, eating disorders and obesity are not framed as the result of individual pathology, but are relational within social practice and language systems, specifically those used in the school curriculum.

Evans et al (2003) argue that pupils being taught health education within the discourses of obesity embody these discourses, which leads to them practicing self-surveillance behaviours. There is no escaping the gaze of the teachers, health educators and school cooks, for whom the discourse of obesity pervades the curriculum and school practices, and the only body suitable to be seen in school is the body in control. There are few places in the school environment for the abnormal body to avoid surveillance and escape diagnosis and intervention. Eating 'bad food' is seen as characteristic of certain population groups, for example the working class, poor, and ethnic minorities. A child who is given

these message at school, but at home eats what is considered 'bad food', is left confused, knowing they are unavoidably eating 'bad food'. Their choice is to either eat it, with associated guilt, or possibly not eat at all (Evans et al, 2003).

Evans et al (2004) extend this argument to suggest middle class pressures, combined with the UK education system, can particularly give rise to eating disorders. This claim is based on a number of interviews with school aged eating disorder centre patients who situate their eating disorders in the language of teachers in PE and health education. The respondents in this study talked about the specific nature of school, as a place where certain bodily behaviours were implicitly and explicitly praised. When combined with a sense of insecurity, this led to school becoming a particularly negative place in terms of eating behaviours. While this is clearly not the intention of the teachers and policy makers, Evans et al assert that we need to pay attention to these unintended outcomes of policy delivery within the school system. While this thesis focuses on obesity, what was seen as the 'opposite problem' of eating disorders was an issue that concerned participants, and shaped their parenting in order to mitigate the risk they perceived from the threat of eating disorders. This is discussed in chapter five, section 3.3.

Evans et al (2004) further assert that academic literature on class tends to focus on working class suffering, and remind us that middle class children also suffer in various ways. They suggest that given the symbolic value attributed to education in middle class households, middle class children may be particularly vulnerable to adverse educational conditions. This is an important claim in light of this thesis as the government anti-obesity policies and initiatives are implicitly classed (Colls, and Evans, 2009, Colls, Evans, and Horschelmann, 2011).

While the classing of anti-obesity policy presents middle class practices around food and the body as the ideal standard and that which the working class should aspire to, it similarly presents a standard of what it is to be middle class. I consider in chapter five, section 4, the extent to which this classed presentation of food and body practices creates anxieties for all classes, including the middle class, considering how the middle class may be interpellated into anti-obesity discourses, and compelled to act in certain ways, in order to maintain the ideal family and bodies as presented as in anti-obesity policy and related discourses.

The work arising from the three year research project by Evans and Rich highlights the power of anti-obesity messages within the health system, and begins to suggest some of the ways that these messages may conflict with home and family based practices around eating and activity. Their series of papers shows a clear way to conceptualise the tripartite relationship between anti-obesity discourse, schools, and disordered eating. Within this thesis these themes are developed with an emphasis on the perspectives of parents, and in the example of 'the crisp ban' in chapter four, section 7, the views of the school head teacher and kitchen manager are added.

3.6. Governing Size: The National Child Measurement Programme, Change4life, and supermarket initiatives

Critical obesity geographers have described the way that anti-obesity policies and initiatives are not neutral health programmes, but act to produce particular understandings of bodies. This literature locates some of the policies and initiatives engaged with in the thesis, within a geographical analysis. This sub-

section will focus on engagements from critical obesity geographies and fat studies with Change4Life, the National Child Measurement Programme, and supermarket healthy eating initiatives.

Change4Life has been the subject of academic engagement by Evans et al (2011) and White (2012). These authors provide not only an overview of one of the leading UK anti-obesity interventions, but also situate this within broader cultural narratives, and deconstruct the language used within Change4Life to expose inherent assumptions. Change4Life aims to reduce the percentage of obese children by 2020, catalyse social change, and create a society where everybody plays a part. However despite Change4Life's claims of a 'society wide' campaign, the Department for Health claims it is not necessary to target the whole population but to focus on areas of greatest need. With its focus on families, Change4Life acts as an intergenerational agent. The Department for Health states that the focus will usually be on the mother as the gatekeeper of diet and activity. Particular emphasis is placed on the working class mother, with middle class and more affluent parents assumed to already be healthy and taking food seriously (Evans et al, 2011). Change4Life works to refigure familial relations to fit an ideal classed and gendered model while masking that intention, so while Change4Life recognises that class stereotypes are to be avoided, it is clear throughout the Change4Life literature and resources that those 'in need of intervention' are not middle class families.

Evans et al (2011) describe how Change4Life suggests that parental judgement is clouded by love, and therefore rationality and knowledge need to be brought home from school by the child. They illustrate this with the example of the 'Me Sized Meals' campaign. The campaign features videos narrated by a child who

is seen to be fed too much by their parent. The child explains this overfeeding by opening the narrative with “Mum loves me“, and then explains the problem, followed by the solution which begins with the statement “My teacher said”. The child goes on to describe how the knowledge of the teacher, was passed to the parent, by the child, in order for the child to receive correctly sized portions.

Evans et al argue that Change-4-Life dismisses structural constraints on healthy eating as myths, implying lack of knowledge or willpower rather than influences of culture, capital, access, or provisions influencing healthy eating. Additionally, by drawing on Mol (2002) and Mol and Law (2004), Change4Life’s ‘Me Sized Meals’ campaign can be framed as a discursive enactment of one ontological reality, in which the knowledge of the school is correct, and the knowledge, or love, of the mother is flawed. The contested knowledges, or realities, between parents and schools are discussed in particular in chapter four, section 7, through the example of ‘the crisp debate’.

White (2012) focuses his analysis on Change4Life’s 90 second advert entitled ‘What is Change4Life?’. White described the advert’s evolutionary narrative whereby its identity-less figures ‘Get-up-and-Gos’, are seen to move through history to accompanying commentary about modern life causing ‘dangerous fat’. White argues that Change4Life reanimates the Victorian fear of degeneracy, whereby a lack of conscious action will allow the death drive to triumph (White, 2012). Furthermore White argues that the framing of obesity as an evolutionary inevitability unless we act now, is very similar to how degeneracy was framed as an outcome of modern (Victorian) life. In both cases, ‘social progress’ was seen to have awakened an environment in which it is perceived it may bring about civilisation’s ultimate downfall.

White draws on the work of queer theorist Edelman (2004) who argues that social order is organised by reproductive futurism and disavowal of the death drive, which is an instinct towards extinction and nothingness. The value of reproductive futurism is figured as 'The Child', in whose name efforts are made, for example 'think of the children'. White links this to current obesity politics framing of obesity disrupting the future. Within obesity politics, as Evans (2010) points out, the 'obesity time bomb' is deferred and this allows for a pre-emptive politics of obesity prevention which is focussed on children.

Focusing on the National Child Measurement Programme (NCMP), Evans and Colls (2009) apply a Foucauldian interpretation to this initiative. The NCMP measures the BMI of all UK schoolchildren at age 5 (Reception class), and age 11 (Year 6). Evans and Colls (2009) carried out discourse analysis of official documents relating to the programme, questionnaires and interviews with key policy actors, and focus groups with children measured in the study. Firstly critiquing the use of the BMI as a regulatory technique to measure bodies, and inform population level interventions, Evans and Colls argue that the capacity of the BMI to define and categorise 'normal' and 'deviant' bodies resonates with Foucauldian theories of classificatory medicine and governmentality. Firstly, bodies are abstracted and classified according to measurements, and secondly, these abstract measurements of individual bodies are used to regulate the larger population. Despite the abstract numerical measurement of the BMI, the fleshy bodies measured within the programme transgress the classifications of bodies, and move through the measuring space in ways that are not accountable for within neat classifications, for example by refusing to be measured. Evans (2010) expands upon this to argue that the language of the

NCMP creates a linear narrative of overweight children growing into fat adults, which justifies the need for pre-emptive action.

Colls and Evans (2008) raise the question of responsibility and consider both who takes responsibility for children's healthy eating, and how responsibility is moved between actants. Specifically, they explore how responsibility for children's healthy eating comes to be placed with the parent, within the context of supermarket corporate social responsibility strategies. Colls and Evans argue that through corporate social responsibility strategies, supermarkets become intermediaries for the transmission of government concerns about healthy eating. This draws attention to the ways in which anti-obesity policy extends its reach, to pervade many aspects of everyday life. This is becoming a more explicit tactic within the anti-obesity arena as the most recent government document on obesity policy at the time of writing, 'Healthy Lives, Healthy People: A call to action on obesity in England (2011), implores businesses to sign up to the 'responsibility deal'. This initiative is very similar to 'in house' responsibility strategies such as the supermarket initiative described by Evans and Colls (2008). While the 'responsibility deal' receives direct support from the government, the supermarket initiatives described by Evans and Colls, at the time of their publication in 2008, were not directly supported by the government, but did still act to reinforce the same messages around size and eating that were being promoted by the government.

Through discourse analysis of a supermarket healthy eating initiative, Colls and Evans argue that the supermarket's responsibility comes to mean enabling the consumer to make healthy choices. This approach reflects one of the dominant strands of thought in public health which assumes that if consumers have the

right information they will inevitably choose the responsible, healthy, option. This is criticised by Colls and Evans for pathologising eating, and problematising the idea of eating for emotional or visceral pleasure.

These accounts of academic engagement with anti-obesity policies in human geography begin to unpack some of the discourses inherent in anti-obesity policies, and the classed and gendered aspects of these policies, which aim to shape the bodies of the population. Approaching these anti-obesity policies from the perspective of parents, this thesis provides an account of the ways in which anti-obesity policies act to shape both bodies themselves, and familial relations in the home.

4. Theorising the home: relationships and identity

This section explores literature of relevance to the focus of this thesis on homes and families, the 'private' sphere of life (Mallett, 2004). This section is concerned primarily with literature that discusses relations in the home, the home being the site at which parenting predominantly takes place, and the axes of identity that shape experiences of home and parenting. This thesis will argue that the effects of anti-obesity discourses on parenting are highly gendered and intensified for women; therefore this section will begin with theoretical frameworks for understanding the reproduction of gendered relations in the home. Next, I will set out theoretical concepts around class. Class is a theme that runs throughout this thesis from the government's idealising of middle class practice (Evans, Colls and Horschelmann, 2011), to research participants performing classed modes of parenting or discussing the 'other' of a different class. Class in this thesis is understood as a relational, performed and

embodied mode of identity, which is inextricable from everyday parenting practices. This section will then turn to theories of care in order to situate practices of parenting within logics of care, before finally focussing on the topic of food as a sub-section which bridges the focus of this section on the home, with the focus of the final section, on the body.

4.1. Reproducing gendered relations

In the thesis, gender is understood as performative, it is not a pre-given natural category, but one which comes to seem that way through everyday speech acts (Butler, 1990). Butler's theory of gender performativity is important within the thesis, not only in approaching gender, but to the performative constitution of reality in which phenomena become known to us through their performance, or enaction (Mol, 2002). The ongoing repetition of traditional categories of gender and parenting are extended within the thesis by drawing of McRobbie's (2009) concept of post-feminism as a way to explain the personal and social benefits that are experienced in performing a particularly revered version of gendered parenting.

Butler's (1990) theory of gender performativity describes gender as a corporeal style, rather than a biological difference. It is the persistent repetition of gender as a cultural performance that creates the effect of a natural gender, for Butler, gender has no ontological status other than the acts that constitute its reality (1990: p185). Butler locates 'the real' in language, the discursive production of gender actively brings into being the phenomena which it names, so it is not that gender is not 'real', rather it is a reality which is an effect of performativity. Butler sees the discursive construction as a constraint in which we act to

stabilise our gendered identity within the discursive category. Through acts, gestures and clothing we construct an identity that is manufactured, manifested and sustained through corporeal signs and other discursive means (McDowell, 1997:54-55). Owing to the power of language to install a feeling of naturalness to constructed categories, performative acts are part of unquestioned everyday life. It is the ongoing repetition of such acts that continually re-inscribe the discourse in which they exist. Butler specifically focusses on the importance of the sustained and repeated performance of gender roles, and emphasises that this allows for the possibilities of such performance to be deformed, performed in parody, or to fail to be repeated; all of which expose the constructed nature of essentialist corporeal categories, whether that is gender as emphasised by Butler, or the category of 'obesity'. These subversive performances have the ability to reconfigure the body outside of restrictive essentialist frames (Butler, 1990:193). The reproduction of gendered norms through practices of size acts to both re-inscribe gender categories as natural and create truth claims around categories of size

Drawing on Butler (1990), Fisher (2009) explains how gender is seen as a performance enacted in practices of everyday life. Fisher draws attention to emotional performance and the role of women being traditionally responsible for the creation of the home as an emotionally supportive environment for men, which enables the man to function in what is perceived as the emotionally colder work environment. Food related tasks conform to the feminine identity of emotional care towards others. Women have traditionally undertaken the vast majority of food work in the home, and despite feminist challenges to both lack

of male participation, and biological determination as an explanation for female domesticity, food work remains highly gendered.

Butler's theory of gender as a performance provides a way to theorise unquestioned gendered relations. Post-feminism adds to this by situating contemporary gender inequality, within specific dominant discourses on 'modern women'. Through the course of this research it became clear that the identity of the modern women was one that is desirable. Post-feminism, for McRobbie (2009), describes the ways in which certain elements of feminism have been completely incorporated into political life, they have been converted into an individualistic discourse, with an emphasis on empowerment and choice, and as such are disseminated as a discourse on what it means to be a modern women. A 'modern women' being the women who can do it all, and whose ability to do it all exists as an alternative to feminism. As a result, argues McRobbie, the notion of feminism becomes unattractive to those seeking the identity of a modern woman. This acts to suppress the (re)emergence of a coherent women's movement, through offering a series of equality compromises, which nonetheless perpetuate traditional gender inequality. In her example of working mothers, McRobbie draws upon Crompton (2002), and notes that 'young working mothers, it appears, draw back from entertaining any idea of debate on inequality in the household, in favour of finding ways, with help from the government, to manage their dual responsibility' (McRobbie, 2007:79). This quote ties McRobbie's concept of post-feminism to the topics of this thesis of parenting and governance. Following McRobbie's assertion, the lure of being able to ascend to the ideals of the modern women actually deter the seeking of equality in the home, for to be a 'modern women' one must both

take on primary responsibility for children and domestic life, while also maintaining a career. This resonates with some of the ways in which female participants in this research reflected upon their domestic life. While no participants spoke of a disavowal of feminism, many enacted a version of female life in which they both worked outside of the home, and maintained a high standard of domesticity according to set norms. Furthermore it was discussed that this is the way in which the life of a mother should be lived, and those who are assumed to not fulfil these dual roles were in need of correction. In this way, while living what can be seen as the lives of 'modern women', traditional gender roles were nonetheless maintained. McRobbie also notes the role that the government supports the creation of the post-feminist family, with policies to assist those women who take on the dual responsibilities of parenting and work. Meanwhile, notes McRobbie, popular culture glamorises the women-who-does-it-all through the lens of self-improvement, hyper-sexuality, and capacity (2007:80). In this way traditional gender discourses are stabilised against a backdrop of increased pressure on women.

4.2. Class identity

Despite Dowling (2009) stating that class is less likely than race or gender to come up in discussions of identity, within this research class came out as a central concept around which the notion of correct behaviours were situated. Bourdieu's (1984) theory of habitus offers a way to theoretically frame such enactments of class.

Maton (2008) describes Bourdieu's habitus beginning with the conundrum of free will, so while we often feel like we are free agents there are in fact certain

regularities within social practices that can be observed, especially around class. Bourdieu (1984) noted that despite no explicit rules governing class behaviours, patterns of behaviour can be observed. So for example, children from middle and upper class families are more likely to go to university, more likely to read specific literature, and more likely to take part in activities that are considered middle class. Bourdieu himself defines habitus as a 'structured and structuring structure', within an individual's life. This definition is not as vague as it may at first sound but refers to the way in which, through habitus, life is structured by past and present circumstances. Habitus is structuring in the sense that it continues to structure practices in the present and future, and habitus is a structure itself in that it is not a random occurrence. The habitus focuses our ways of acting, feeling, thinking and being, it is that which we have acquired as 'normal' dispositions of the self which are in fact expressions of one's own history.

Bourdieu's concept of 'the field' is a bounded social arena, the ongoing contexts in which we live and in which the habitus is structured. There is a two way relationship between the habitus and the field, so while our social context, or 'the field', acts to structure the habitus, in turn the habitus acts on the way in which we perceive the field. Maton (2008) describes the way in which the habitus acts on life in the present with the example of a social situation that leaves you with a feeling of being out of place or awkward. Here the habitus does not match the field. Conversely in a social situation in which you feel at ease, following Bourdieu, your habitus matches the field and you are attuned to the 'doxa', that being the unwritten rules of the situation. Habitus is not simply a synonym for social background; it is the structuring force that creates the

embodied dispositions and perceptions that we carry with us. To that end, this concept of habitus is useful in understanding the ways in which class acts to structure parenting practices, knowledges and assumptions, and this is discussed further in chapter five, section 4.

4.3. Caring for others

This thesis is centrally concerned with the ways in which the caring activity of parenting is affected by wider discourses. Here I will discuss some of the ways in which care theories have been integrated within wider political contexts, providing theoretical frameworks for linking caring practice, to the nation and governance. Dyck et al (2007) draw on examples from research with women to illustrate the household as process. The intersections of gender, race and class in care work, and the significance of care work for the nation state is drawn out of the accounts of these women, in order to link the spatial scales of the home, nation, and globe, through an attentiveness to everyday caring practices at home. By linking care work to neo-liberalism, Dyck et al argue that we can see the hegemonic power of neo-liberalism enacted and resisted through the minutiae of the everyday. Paying attention to everyday life in this thesis is not simply an abstract analysis of what anti-obesity discourses and practices mean to a few people; rather paying attention to the ways in which these practices are related to the goals of a nation state within neo-liberalism, such as building a fit population, caring being undertaken as the responsibility of citizens not state, and caring as a practice of maintaining fit bodies, the relations between spatial scales of body, home and nation can be recognised.

Dyck et al (2007) state two points which exemplify this relationship between care and the state with relevance to this thesis. The first point that Dyck et al make, is that issues of care provision are inextricably linked to issues of social justice, with those who do not fall within the 'fit' norm being marginalised. So care is carried out upon those who are deemed to be in need of care, this need is situated within neo-liberal ideals about what kind of bodies are desirable for the nation-state, and what kinds of bodies require care work to make them fit, or keep them contained and unable to pollute the aesthetic and productive neo-liberal ideals. Secondly they state that policies and expectations about who will carry out care work remind us how the normative nuclear family is still considered an aspirational ideal and the best unit of care. Here another plane of understanding care is brought into view; that of who is worthy to give care. The normalisation of nuclear families as the caring unit is a political structuring of where care happens and what care should be, which draws upon and reinforces traditional gender roles.

Engster (2005) attempts to define care in such a way that allows a critical interrogation of political and cultural context in which judgements about 'good' and 'bad' care are made. He argues that we should limit the definition of care to basic needs, as these are seen as the needs necessary for life and are not socially or culturally derived. Engster uses the example that parents who meet their child's basic needs would seem to be caring, and it would be wrong to judge parents who do not also foster religious or athletic capabilities as uncaring, as they are meeting their child's needs. Engster suggests that although parental caring practices are culturally varied, these variations in practice are different only in trivial ways as they still share common structural

elements of the virtues of caring, meeting these in ways that vary in practice only, not their moral structure. These virtues are that of attentiveness (noticing a need for care), responsiveness (monitoring and responding to the cared for's response to care), and respect (that others are worthy of attention and responsiveness).

However, the act of providing 'basic needs' is not straightforward. For example as can be seen in the examples within this thesis, children can be fed in different ways, and these set out a basis for judgement about good and bad parenting. Therefore parenting is not a neutral caring activity but one which is laden with moral and political judgements. An understanding of care as arising within contextually specific relationships can be further understood by engaging with Gilligan's (1982) ethic of care.

Gilligan (1982) described an ethic of care as a distinctive moral voice that was contra to Kohlberg's (1981) ethic of justice. Kohlberg's ethic of justice is grounded in an approach to care based on abstract rights and rules. Contra to this, an ethic of care arises out of responsibilities and relationships, it is located in the daily experiences and moral problems of real people as they carry out the activity of care in their everyday life (Tronto, 1987), and as such caring practices cannot be pre-defined as right or wrong. This is not to say that caring practices cannot be done badly, but that good care exceeds a simplistic following of health policy, and is instead located in everyday practices and responding to the specific needs of those who are being cared for. The experiences of the parents who participated in this research can be understood as caring practices that have evolved in response to the needs of those that they are caring for, a situated 'ethic of care'.

4.4. Families, food and relationships

Having located this thesis within theories of care, which can be used to explore the situated caring practices of participants within this research, this section now turns to the relevant literature around food, as it exists as a structuring force within such caring relationships, and as it intersects with identity, governance and bodies.

While this thesis does not focus solely on food, but on any day to day activities in which what is understood by 'obesity' is drawn upon, food is perhaps the most central area in thinking about obesity. It is certainly asserted as the most important area of relevance in 'combatting obesity' according to the Government publication, 'Healthy Lives, Healthy People' (DoH, 2011). NICE guidelines for improving childhood diet emphasise the role of parents and carers. Curtis and Fisher (2009) argue this is based on a restrictive view of family relationships, and that the child becomes a passive consumer of interventions directed predominantly at parents. While I do not wish to position children as passive, the focus of this thesis remains on parents. It is the parents (and most often the mother) who carries out the majority of work in the home related to food and care of bodies.

4.4.1 Family narratives and parenting practices

By looking at narratives and practices around food within families the focus is on the practices of everyday life and the stories and understandings that underpin what happens in everyday family life. Literature in this sub-section engages with the ways in which meanings are variously established, intergenerational and classed. Drawing on Geertz (1973) and Patton (1999),

Fisher (2009) asserts that much of family life is based on inherited tradition and practice, creating normative family lives and constituting identities against a backdrop of cultural values. Family myths, for example 'we tend to get heart disease' mean that family, even those who are be physically distant or even dead, maintain a continuing influence. These stories in family life contribute to dynamic narratives which link the family's history, and spatially distant family members, to the present and physically close family.

Research carried out by Curtis and Fisher (2009) looked at the ways in which childhood obesity is experienced in an everyday way within families, using the explanatory discourses that arose within the families in their research. Explanatory discourses are often shaped within family histories which emphasize the intergenerational nature of family members which are seen to share somatic traits. For example, one parent explained their child's size as being the same as their own, and as they were never thin as a child, they do not expect the child to be either. However, the stories that Curtis and Fisher's respondents evoke are more complex than simply "I am fat so my children will be too". Some respondents spoke of being fat children and losing the weight in adulthood, and so predicted that their children would follow the same route. These growth trajectories, argue Curtis and Fisher, help explain what has been described as parent's lack of concern over their child's weight. The child's 'bigness' not being seen as a problem, but as a family trait which becomes established over time and normalised within the individual and family biography (2009:8). The language and categories used to describe the children of respondents in Curtis and Fisher's study fell within the bounds of normality, with parents seeing no grounds for concern or intervention. As Wills et al, (2008)

point out, an understanding of the hereditary nature of being big within families, suggests that individual efforts to change are unlikely to be successful. This is despite a bombardment of messages which point to the necessity of change if you are overweight.

Curtis and Fisher (2008) argue that it is unhelpful to position parents, in the way that current policy has done, as rational individuals operating with help from expert guidance. For parents with obese children a range of competing discourses and practices can arise. For example giving treat food to maintain culturally normal food practices, while warning the child about obesity, or providing healthy food, but having concerns about emphasising it due to an awareness of the potential dangers of eating disorders and negative body image. Curtis and Fisher propose that the practices of the parents in their research better be understood as 'defensive rationalisation' (Hoggett, 2001, p 39) whereby individuals attempt to uphold personal beliefs. Therefore 'choices' are not singularly rational but are emotional and situated within messy and ambivalent contexts and identities. Curtis and Fisher's research provides some insights into the tensions between what families are told about obesity, and how they experience having an obese child. While Curtis and Fisher consider how parents of overweight or obese children situate their size within normalising discourses, this thesis considers how anti-obesity discourses affects, and is affected by, their own narratives, practices and understandings. Furthermore, unlike Curtis and Fisher (2009), my participants were not only parents of children in the BMI overweight and obese categories, but participants also had children with body sizes that according to BMI measurements were 'healthy' or 'underweight'. Obesity discourse create a sense of all at risk, now and in the

future (Evans, 2010), and therefore with a selection of participants with children of a range of sizes, this thesis seeks to understand how, and to what extent, obesity discourse acts to govern parents with family members of all sizes.

In her research on how bodies are linked to wider consumption spaces through food, Valentine (1999a) draws on a series of case studies to illustrate the ways in which food and home may work to produce identity, which is articulated and contested through food consumption in the home. These case studies provide a series of examples that demonstrate the meanings and contexts in which food is consumed. Their varied contexts, which included but were not limited to a busy working family, a Pakistani family living in England, and a family whose food habits changed as a result of their eight year old daughter's vegetarianism, illustrate the degree to which food and eating behaviours are influenced by the cultural context and family narratives which are developed relationally. Valentine's case studies acknowledge the diversity and dynamism of food practices, however while there are seemingly endless possibilities for family food practices, this thesis will show the extent to which particular discourses of 'good' parenting and food practices hold such discursive power that they become a standard many strive to enact, and judgement is inflicted on those who do not appear to adhere to the same standards. As such the next subsection will turn to the governance of families and food.

4.4.2. Governing families and food

In the first section of this literature review, I looked at some of the ways in which anti-obesity governance can be theorised, and I have also covered some of the ways in which critical obesity geographers have engaged with anti-obesity

policies as specific case studies. Here I demonstrate the ways in which geographers have analysed the specific ways in which families, food and the home have been targeted as an area for intervention. The governing of family meals is one of many items on the political agenda of national food policy and it occupies a crucial strategic position where interactions between individual acts and government interventions are clearly visible (Hiroko, 2009:165). Hiroko (2009) suggests food policy is intended to be practiced by individuals; it is a part of a food discourse that exerts disciplinary functions over individuals, and is prescribed and endorsed by institutional political powers.

Hiroko goes on to describe the UK's retailer led governance system of food provision, whereby the role of the family is one of fostering 'correct' values. 'Appropriately' chosen family meals play a vital role in the implementation of retailer led governance. For those families who tend to display 'problems' the government provides support measures such as Healthy Start. Hiroko argues that in this sense meals are organised by individuals in the family, and are expected to demonstrate a set of individual qualities which serves as a way of categorising those who need surveillance by the government. Compliance with professionally set criteria is one of the ways in which individuals are expected to demonstrate their ability to make the correct food choices. Examples might include reaching the target of eating '5-a-day', or mothers exclusively breastfeeding for 6 months. Those that do not follow the requirement that we meet these standards risk being deemed 'unfit', and according to Hiroko (2009), are excluded, with return to inclusion being through re-education.

Green et al (2009) draw on conversations with a Primary Care Trust manager and a community food worker to reveal assumptions about the eating practices

and food related knowledges of poorer families within specific neighbourhoods, assuming them to be ignorant and to make poor choices around food. They argue that the assumptions these health professionals hold about parenting and knowledges, illustrate the ways in which whole groups of people come to represent unfit food choices. Green et al further explore the ways in which these ideas about families have been understood and communicated through UK government food and health interventions through interviews with health professionals and family members, considering how family members' views accorded with understandings of 'healthy families', as is scripted into public health policies. The interviews with families were focussed directly or indirectly on the mother, and were based on family practices and processes in everyday lives.

Despite policy, media, and dominant discourses pointing to a lack of knowledge about healthy food choices amongst families in poorer neighbourhoods, parent participants in Green et al's (2009) study did not reflect this. They knew how to cook and what is healthy but were constrained financially. Financial constraints meant that parents were limited in the food that they could afford to buy, but they were also aware that in buying less healthy food that they knew their family would eat, costly waste was avoided. Green et al suggests that healthy eating interventions constitute a form of public kitchen, in which women's care and parenting practices come under particular scrutiny. Those women who deviate from undertaking what is seen as the correct food practices, face strong public censure, as in the case of the now famous 'Battle of Rawmarsh'.

Pike (2010) describes the case of the Rawmarsh mothers which exemplifies the argument that mothers who deviate from feeding healthy food face extreme

censure. The Rawmarsh mothers comprise of three parents who were seen taking orders for 'junk food' from children at the school gates, in response to changing school meals after the interventions of Jamie Oliver's healthy school dinners campaign. The photograph of these parents taking orders was published in national newspapers which reported that these parents were 'fat stupid mothers, fighting to raise fat stupid children' (Hattersley, 2006). Their food choices were criticised to the extent that one of the mothers, Julie Critchlow, was named by the Sun Newspaper as 'Britain's Worst Mother'. Within my research, particular participants illustrate this power of censure from the opposite side, that is, those parents who reproduce assumptions about parenting and in doing so, act to censure other parents. Interestingly this was also seen in action within the dynamics of research focus groups, and I will return to this in chapter three, section 4.4.

Metcalfe et al (2006) look at the power of school lunchboxes as a way in which parents' food practices are governed. In light of various reports on children eating unhealthily in schools, school lunchboxes become a source of anxiety for parents who may feel a tension between love and nutrition in the creation of a child's school packed-lunch. This anxiety was replicated in my own research, and is explored further through the example of 'the crisp ban', in chapter four, section 7. Metcalfe et al frame the lunchbox as a bridge between home and school, a potential sense of security as the child moves between home and school, private and public spheres. Meanwhile the state encourages the use of nutritional foods in lunchboxes; therefore outside influences can be seen in the construction of the lunchbox beyond that of the home and school.

The time and space constraints of the home (experienced predominantly by women) are an important limitation on individual household member's corporeal freedoms, for example times of meals, school, work, and children's bedtimes can lead to complex micro regulation of the activities of the bodies in the home. Valentine (1999b), like others in this review, notes that parents are judged on their children's bodies and what they feed them, and that judgements about children's eating habits easily slip into judgements about good and bad parents. For parents with older children, especially girls, this can become a careful negotiation of remaining vigilant that the child does not become overweight, whilst trying not to create a body conscious child, this particular tension arose within my own research and is explored further in chapter five, section 3.3

This literature on governing the family and food introduces the ways governance in this context may come from political governance, wider society, or from a form of reflexive self-governance. This thesis directly adds to these debates by specifically focusing on the ways in which parents make sense of and incorporate anti-obesity governance in the home.

4.4.3. Gender and foodwork

Stapleton and Keenan (2009) describe food work as 'an aspect of the maternal repertoire which is performed relationally, and as such reflects the gender/care interface' (2009:45). They suggest that it is when women become mothers, that the primary responsibility for food related needs is cemented. This is reflected in their interviews with new mothers, the majority who attested to feeling a greater degree of pressure to provide good food for the family. Female domestic work was accounted for pragmatically amongst their respondents, with men cast as

the breadwinners, therefore considered simply not able to help with domestic chores.

Not only are mothers responsible for the family's food argue Stapleton and Keenan (2009), but the gendered division of child rearing also holds mothers as primarily responsible for monitoring body size and weight, disciplining appetites, and providing a healthy balance. However some participants in Stapleton and Keenan's study did actively resist these 'maternal responsibilities'. Couples who did not replicate gendered norms described the disapproval of family members, especially female family members who expressed shock and suggested laziness if the new mother did not prepare an evening meal. Despite resistance to the norm of maternal responsibilities in Stapleton and Keenan's research, in the differentially situated context of the research for this thesis, while fathers often participated in foodwork, no participants resisted the normative idea of food work as the responsibility of the mother.

Female responsibility for providing food is not simply a practical job of feeding the family, but a way in which love and care are considered to be expressed. The flip side to this is that the giving of food also carries the risk of rejection. Charles and Kerr (1988), Murcott, (1982), and DeVault (1991) all identified the possibility that unpleasant responses can ensue upon receiving the gift of food. Murcott (1982) found this meant that women were more likely to accommodate the likes and dislikes of others in the family, rather than her own. Charles and Kerr (1988) describe women's food provisioning as therefore being a responsibility without control, with women bringing the fruits of their work to the table and offering then up for the approval of a (usually male) other. Approval can be withheld, and approval and enjoyment of the end product may be taken

as evidence of women's importance to the family (Charles and Kerr, 1988). However food disapproval, including violent rejection impacts upon how women plan the work of food provision (DeVault, 1991).

Drawing on this wealth of literature, I would argue that although food work falls primarily to women, how she carries out this work can be controlled by others through their approval or disapproval. Although these examples confine approval to the family, in this thesis the approval of wider society, friends, schools, government, can be seen as powerful coercive influences on the way in which food provision is undertaken. This is a theme that is taken up throughout chapter five, but here I emphasise that the coercive influences upon how foodwork is carried out, are not gender neutral, or merely imposed in a top-down way from government policies and initiatives.

Metcalfe et al (2009) approach the gendered division of foodwork with a focus on fathers, to explore the meanings they attach to their involvement in food related practices. They found men do continue to carry out less foodwork than their female partners, and that men acknowledge this, with reference to a range of reasons. While the men interviewed by Metcalfe et al were often involved in food shopping, the extent to which they did this varied by class and location. Food shopping was largely described as a negotiated activity between couples, however when it came to cooking; only a minority of fathers took the main, or shared, responsibility. The fathers in Metcalfe et al's study framed their lack of participation in cooking as a result of being less competent at cooking than their female partners. Many of the men did cook occasionally. In these instances it tended to be a particular special meal that they would make. Male cooking tended to be more experimental than women's cooking. Metcalfe et al suggest

this is because, for women, meals tend to be based on what they know works for their family. Some of the men in the study helped occasionally with food preparation under the instruction of their partner. For a minority of Metcalfe et al's respondents, fathers did take responsibility for cooking. However, this tended to be the direct result of female absence from the kitchen, for reasons such as having an evening job, or illness or disability limiting what she is able to do.

Metcalfe et al conclude that the gendered division of food work is not clear cut. Rather it is negotiated and for fathers in their study, food practices were meaningful in relation to fatherhood, family, and extended networks. This somewhat disrupts an understanding of foodwork as being entirely the responsibility of women, and without meaning for men. While the research for this thesis found a clear gender divide, it was also the case that, akin to Metcalfe et al's findings, foodwork was not without meaning for fathers, but that there was a gendered difference in the understanding of foodwork and parenting responsibility.

4.4.4. Food and Identity

Food is central to government anti-obesity policies, and as such it became a pivotal topic of conversation in research for this thesis. The positioning of this sub-section as the final part of the 'home, relationships and identity' section, and prior to the section on the body, locates food and eating as a practical and relational activity enacted in the home, which is simultaneously personal and embodied. This section will engage with literature that demonstrates the role of food in viscerally orienting our relational identity, and which informs the approach taken in this thesis. This literature provides a way in which to engage

with the complexity of our embodied engagements with food itself, and how this relates to our identity and political representation, providing a framework for chapter six.

Probyn (2000) describes how identity is rooted in food and eating as an 'alimentary identity'. The focus of the terminology on the alimentary canal is purposeful, for Probyn asserts that food is not only 'central to biological life, but that modes of living register most forcefully at the level of the gut' (2000:1). Here I am going to take up Probyn's writing about food and bodies, with a focus on the way in which food places us in relations with others at multiple scales. For Probyn, food and its relation to bodies is fundamentally about power. A power that is exercised at the macro level and felt at the individual level. Therefore an understanding of food within this thesis is central, not only because food is the focus of attention within anti-obesity discourse, but because through engaging with participant's consumption practices, thoughts and feelings, the relationship between the individual, and the powers that govern the individual can be explored. Probyn utilises the concept of the rhizome to capture the inextricable links that food and eating forge. Probyn argues that the rhizome, following Deleuze and Guattari (1988), spreads laterally and horizontally with multiple entryways and new roots sprouting off the old. This rhizomatic model allows us to think about the kind of connections that are formed in the complexity of culture and outward possibilities.

Thinking through the ways in which our identities are shaped at the level of the body, Probyn's focus turns inwards to the visceral, or gut reactions, both in the sense of an intuitive knowledge, and in the sense of ingestion. As we ingest, describes Probyn, 'we mutate, we expand and contract, we change –

sometimes subtly, sometimes violently' (2000:18). This recognition of the sensory capacities of the visceral is central to Probyn's understanding of connecting eating to bodies, power and relations. These connections only begin at the body, and their relational effects are spread further. When we eat we consume more than simply nutrients, Probyn uses many examples of how food connects us to wider relations and identities, (for example, class, advertising, social positions, gender, corporations and nations. One particular example that captures a number of these connections is Probyn's use of Halligan's (1990) description of oil. For Halligan olive oil evokes personal connections to her upbringing, and a connection to class and nation. Olive oil was used by Halligan's father to create a taste that is described as typically English. However the organisational power of food and the eating body to create and maintain fixed social identities is challenged by Probyn. Here Probyn draws on Chatelet (1977) who sought to explore eating bodies beyond a simple description of bodies that are colonised by food. Chatelet notes that in such simplistic descriptions bodies are either placed before food, and the process of eating confirms the status of the body, or eating is understood as a separate structure imposed upon the body. For Chatelet, there are instead multiple possible bodies, and multiple possible culinary objects, and these are entwined and inextricable. Probyn uses this to frame her argument that we are alimentary assemblages, 'bodies that eat with vigorous class, ethnic and gendered appetites, mouth machines that ingest and regurgitate, articulating what we are, what we eat, and what eats us' (2000:32). However this is not to say that we are determined by food, or that our past is brought into the present and represented and remade through our culinary practices, but that eating has the power to

place orders on things and ways of being. At the same time, these composite elements are always in movement.

Expanding on Probyn, Hayes-Conroy and Hayes-Conroy (2008) suggest that due to the sensuous, visceral nature of eating, consumption is a strategic place from which to begin to understand identity, difference, and power, and to make powerful links between everyday embodied food judgements such as taste, and ethico-political decision making. Their focus on consumption as a way in which to understand identity, can be related to Bourdieu's habitus and focus on 'taste' as an embodied structural force. By foregrounding the visceral dimensions to food, consumption and identity, this literature acts to subvert simplistic notions around food, class, identity and decision making that are often portrayed within anti-obesity policy. Having introduced literature in this section on bodies and materiality through the lens of food and identity, the remainder of the literature review will take up these themes in relation to the body itself.

5. Theorising Bodies

This final section of the literature review chapter will introduce the literature that will be drawn upon in analysing how bodies are made sense of, and experienced, in light of anti-obesity discourses. Here I will begin with the materiality of bodies and the role of matter itself, both inside and outside of the body, which is drawn upon in chapter six, section 3, as a way to decentre human agency in the enaction of parenting knowledge and body size. This section then discusses literature that engages with the specific matter of body fat within the sub-discipline of critical obesity geographies. I will then focus on literature that considers the role of emotion and affect in experiencing one's own

body and the bodies of those in our care. Finally I will tie together the material and emotional body through a discussion of academic engagements with disgust and abjection, which are drawn upon in chapter six, section 4.

5.1. Theorising embodiment: materiality

Within human geography there has been what Whatmore (2006) describes as a 'return' to materiality, seeking to re-animate matter, and focus on bodily involvement in the ongoing co-fabrication of the world. This return has been informed by the work of Karen Barad and Jane Bennett. Here I explore some of the main ideas around materiality, ideas which provide a framework for approaching material agency within this thesis.

Bennett (2010) argues that an attentiveness to objects and their powers can have a laudable effect on humans, she uses the term 'things' rather than objects to acknowledge that such things have a vitality of their own which is not reducible to the contexts in which humans see them. This thing-power materialism depicts flows of non-humanity. For Bennett it is the relations within an assemblage that give a thing its power; material agency is not a form of human agency enacted through matter, but is an agency that is relational within an assemblage of things. She illustrates this through the example of bone. The emergence of bone in animals enabled new forms of movement; we are both subject and object to the mineral of bone, enabling the mineral to move. However the point here is not what dominated what, but that a blurring of human/non-human, combined with an attempt to enhance the ethical standing of things, may mitigate against a harmful or cruel material instrumentalism.

Coming back to the subject matter of this thesis, Bennett provides a relevant example of the workings of vital matter through the example of dietary fat and body size. Bennett attributes food, specifically 'chips' (or what we would call crisps in the UK) with productive power. This is a power that co-acts within the body and can generate new human tissue. It is also a power that acts before the food reaches the mouth. For Bennett the action of taking chips from a bag and placing them into the mouth is not attributed solely to human agency; 'the chips themselves seem to call forth, or provoke and stoke the manual labour' (2010,:40). In this way, Bennett challenges the concept of individuals 'wanting' food as a personal preference that can be controlled through 'will power'. It is not just the action of the vital matter of a foodstuff outside of the body that interests Bennett, but the way in which the food is incorporated into the body-assemblage, and the potential for that food to alter the assemblage. This alteration may be understood in socially positive terms, such as the effects on mood and behaviour of omega 3 fatty acids, but likewise in the case of increased body mass, it may have socially undesirable consequences for the body-assemblage. Bennett's example of the vital materialism of food and the effects on the body calls forward new ways of engaging with the subject of body size. In the case of this thesis the discourses that circulate around size and obesity set out a trajectory of overeating as a personal failing, drawing on Bennett's vital materialism helps to challenge these discourses and to shed light on the complexities around food and size that are described by participants throughout this thesis, particularly within chapter six, section 4.

While Bennet's (2010) vital materialism gives agency to matter, Barad's (2007) agential realism is concerned with how we come to know objects as discreet

entities. Agential realism is a philosophical position which denies that there are representations on the one hand and ontologically separate entities awaiting representation on the other. Following agential realism, if we do not separate the thing and its representation, then we begin to see how representative practices shape the 'thing' that we come to know. For Barad this points to no pre-given entity but an intra-active becoming of phenomena.

Here, what is most useful to draw from Barad's theory of agential realism is the notion that the things or objects do not precede their interaction; rather it is through particular intra-actions that objects and phenomena emerge and become known to us as ontologically separate entities. Furthermore, Barad draws attention to the role of 'apparatus' in the production of phenomena, for Barad the apparatus is a part of the intra-active assemblage that produces the object as it is known. While Barad (2007) illustrates this with examples from physics, when considering the ways in which body size becomes labelled as the deviant 'obesity', the role of measuring devices and apparatus through which the body becomes known as such is brought to the fore when utilising agential realism. For the participants in this research project the apparatus are diverse; in chapter six, section 2.3 I discuss the ways in which clothing, and a range of seemingly mundane objects, intra-act to produce the ways in which sized bodies become known.

Colls (2007) provides a useful example of how intra-action can be used to understand the body and in particular fat, and the fat subject. Drawing on literary accounts of fat, Colls describes the intra-active moments within these accounts to argue that fat not only exceeds the normative representations of a passive and inert substance, but that fat materialises differentially according to

the subject, and this intra-active becoming enables us to understand the role of matter's internal dynamism in shaping how we come to know it. By focussing on the intra-active capacities of fat Colls also opens the way for a more dynamic understanding of (fat) bodies, which challenges dominant abject representations of a passive substance. The intra-active capacities of fat are those that fat, and the fat subject, create for themselves, rather than capacities that are pre-defined by discursive norms.

While the examples of fat participating in its own process of materialisation within this thesis come from parents talking about fat on their own or other's bodies, Colls utilises writing about fat bodies to further identify the intra-active properties of fat. Firstly identifying fat body topographies, whereby fat has an internal momentum, a distinct spatial form on the body and can exist both inside and outside the body. Secondly that fat has a force which is seen through the capacity for fat bodies to do certain activities and inhabit subject positions which normative representations of fat bodies exclude them from the possibility of doing. Barad's intra-active account, when applied to fat, shifts attention away from a geometric focus on size/weight, to an account of the spatialities of the body that consider boundaries, connections, interiority and exteriority. Colls describes the intra-active capacities of fat: it is positioned on the body but under the skin so it does not leak out, it occupies a borderline state that disturbs order by not respecting proper boundaries (how it comes to be seen as out of place), it can touch itself through folding and pressing, be touched and moulded by human and non-human objects such as clothes, and it can be simultaneously absent and present.

Both Barad's focus on apparatus in agential realism, and Bennett's vital materialism, serve to give agency to the often ignored or taken-for-granted non-human elements within an assemblage. Similarly within both approaches, phenomena are understood as a result of assemblages and therefore in order to understand the phenomena, we need to understand not only the human agency that makes up the assemblage, but the non-human material agency too.

5.2. Theorising embodiment: emotion and affect

Moving from the materiality of the body to affect and emotion, this sub-section will explore literature around affective capacities, and emotion, as they are felt in the body. This literature informs the approach that the thesis takes to the affective capacities of anti-obesity discourse, and to the emotional effects of anti-obesity discourse, on the everyday lives of research participants. Affect is variously defined, and there has been a great deal of academic debate about precisely what constitutes affect, and what constitutes emotion (for example: Anderson and Harrison, 2006, Pile, 2010, Thien, 2005, Thrift, 2004). The full debate is beyond the scope of this thesis. The engagement with affect in the thesis focuses on the manipulation of affective capacities within the governance of 'obesity', specifically that which generate a sense of future risk being felt in the present. In this sub-section, I will discuss the literature that has been used to inform my use of the concepts of affect and emotion within this thesis.

Massumi (1980) positions affect and emotion as both separate from feelings, locating feelings as personal. Massumi conceptualises emotions as social, and affect as pre-personal. Affect is therefore an abstract concept, which by its nature is hard to define, as it is always prior to, and outside of, the body and

consciousness. Thrift (2004, 2007) argues that affect can be actively engineered, it is not located in individual bodies but between them, whereas an emotion is individual and for Thrift, this makes it a less valuable object of study. Thien (2005) critiques Thrift's approach for its disavowal of the feminized personal within understandings of affect and emotion and argues that we should "place emotion in the context of our always intersubjective relations (which) offers more promise of politically relevant, emphatically human, geographies" (p252). This thesis follows Thien's argument, and engages directly with the role of emotion and relations between bodies within the family context in both chapters five and six. Despite the focus on emotion over affect in this thesis, recognising the potential for the engineering of affect is also useful to acknowledge, with specific relevance to the governance of the future, as discussed in section 3.4 of this chapter.

Ahmed (2013) focuses on what it is that emotions do. She uses an 'inside out' model of emotions, which highlights the ways in which our sense of self is shaped by our relations to others. Ahmed's focus on the productive capacity of emotions is extended within this thesis as I seek to explore how emotions act to define self and other through particular feelings attached to bodies. The particular emotion of disgust is focussed on by Ahmed, and this will be extended in the following sub-section on volatile bodies and abjection.

5.3. Volatile bodies: surfaces, abjection, and disgust

Here I introduce how the feeling of disgust has been explored within the theoretical literature. This will be mobilised to interrogate how disgust was evoked by research participants. Disgust arose within this research as a

particular emotion that was connected to fat, and a discussion of this forms the basis of section 3.3 in chapter six.

The relationship between bodily interiority and exteriority is not simply one which can be defined by the skin. Grosz (1994) explores the ways in which a bodily boundary between the inside and outside is established through the social inscription of bodily processes from which the subject is generated. Grosz establishes a gendered analysis of the development of body image, which begins with the recognition that begins in childhood of oneself in a mirror (Lacan, 1977). This is the first recognition of the self as a bounded entity in which skin is the limit of the body's spatial location. Grosz further develops her account of the development of self-image through a re-reading of a number of theorists, to argue that the effect of a bounded body and self is a socio-cultural creation, established through various relational encounters within space. As Longhurst (2001) demonstrates, the leaky transgressions of the body that challenge the notion of a bounded individual, sealed in impenetrable skin, are carefully hidden away through practices of the body. Fat on the body is one particular example of a challenge to the bounded, autonomous self. Fat is materialised under the skin, but is also felt on the body's surface. It can be present or absent, and it has its own force and momentums. Fat therefore disrupts attempts to define the limits of the body (Colls, 2007).

Longhurst (2001) argues that we should ensure that geographies of the body do not exclude fluid boundaries; the 'sealing' of bodies within academic accounts has served to reproduce a masculine account of bodies in which women have been understood to possess leaky bodies by virtue of menstruation or lactation. Longhurst turns attention to bodily flows and leakages, in order to demonstrate

the possibility for knowing bodies differently within academic geography. Rather than focussing on fixed material bodies Longhurst draws attention to the specificity of flows within the body, to capture the multiple and diverse forms of human embodiment. She described material seepage, using the example of the pregnant body which may vomit with morning sickness, leak colostrum, sweat, and eventually split her one self into two. And just as accounts of body size are produced in a way that does not threaten our understandings of what it means to have a body, the leaky transgressions of a pregnant body are kept under control through an array of techniques of governance and discursive constructions of pregnancy. Longhurst's (2001), accounts of the visceral flows of matter within, and through, the pregnant body demonstrates both other ways of knowing pregnant bodies, and challenges the neat, bounded, account of embodiment that existed within human geography.

Longhurst draws upon the psychoanalytic concept of abjection following the work of Kristeva (1980 [1982]). Abjection provides a theoretical lens with which to consider responses of repulsion to the fluidity of bodies. The abject is that which is part of oneself or represents part of oneself; it cannot be escaped from yet it provokes feelings of loathing and disgust. Kristeva understands this extreme reaction to arise because that which is abject exposes the border between self and other; the subject reacting with horror at the potential for border transgressions, and through this reaction of horror, drawing back and therefore acting to keep the border intact. Grosz (1994) extends Kristeva's concept of abjection with insights from Douglas' (1975) work on 'dirt', to chart the ways in which the materiality of bodily fluids bring about 'horror'. Grosz focuses on viscous properties of bodily fluid and its particular half-way state

between a solid and a liquid which will not stay in place. Similarly McPhail (2009) applies the theory of abjection to understanding fat, and situates a fear of fat within the abject materiality of a substance that threatens the boundaries of the body. Colls (2007) describes the property of fat itself as abject matter that does not adhere to the notion of a solid and impenetrable body, but that nevertheless does not leak in the ways of bodily fluid; it remains under the skin yet can move and have its own momentum.

Kristeva's concept of abjection is taken up by the feminist theorist Sara Ahmed in order to think about disgust. Ahmed (2013) begins her description of the workings of disgust with an excerpt from Darwin, in which he described the disgust he felt when 'a savage' touched his food, despite his hands being perfectly clean. Ahmed points out that this is because 'the other', in this case the man described by Darwin as a savage, is already seen as dirt. By focussing on an example involving food, Darwin's example also highlights another central strand of disgust, the fear of that 'other' being taken in to the body. For Ahmed, the fear of contamination that provokes the nausea of disgust reactions makes food itself the very stuff of disgust (2013:83). However disgust for Ahmed is more than simply a gut feeling, 'it is mediated by ideas that are already implicated in the very impressions we make of others and the way these impressions surface as bodies' (2013:83). In considering why it is that some bodies and some moments of contact are felt as disgusting, Ahmed returns to Kristeva's (1980 [1982]) abjection and the border as an object that provokes disgust. Ahmed points out that borders can also be transformed to an object through the very act of being disgusted, for example by vomiting. Therefore

border objects are both objects of disgust, and the act of being disgusted creates border objects.

Ahmed (2013) extends Kristeva's (1980 [1982]) idea of abjection, and Longhurst's (2001) fluid bodies, by drawing attention to 'stickiness'; a specific material and discursive property of disgust objects. Stickiness in a literal material sense is that which is not solid or liquid, but rather is a substance between these states. It has movable borders that attach themselves to that which it comes into contact with. Stickiness in a discursive sense arises through the binding effect of the repetition of meanings. In this way disgust is performative, as the signifier of 'disgust' works to generate that which it names, and it does so relying on previously existing norms. The repetition of speech acts ensures the stickiness between the object and the sign, while simultaneously blocking new meanings. To return to the example of 'obesity', this could be read as the speech act which binds the object of the fat subject, to the signifier 'disgust', and makes alternative meanings, such as sexual attraction to a fat subject, a deviant act.

This framing enables obesity to be understood as an exemplary disgust object. In this thesis a focus on fat and disgust in chapter six will add to existing literature on disgust, and the way it works to enact a disgusting other through everyday acts. Fat is an exemplary disgust object bound up in the elements of disgust that Ahmed describes. Firstly fat is sticky in both the literal sense as a materiality that is neither solid or liquid, and secondly fat is sticky in the metaphorical sense as it is bound to the feeling of disgust through the repetition of speech acts which equate body fat with disgust. Furthermore, an excess of fat on the body is widely understood to arise from an overconsumption of food

which, as Ahmed has described, is the very stuff of disgust. The particular act of an obese subject consuming food is one which provokes particularly intense reactions of disgust and provides an example of the ways in which disgust, in the theoretical model of Ahmed, intensifies around particular bodies. Furthermore as will be shown in the examples in chapter six, it is the particular material qualities of obese bodies that add affective value to the disgust that is generated.

6. Literature review conclusion

The purpose of this literature review has been to set out the theoretical ideas that are drawn upon in this thesis, and to demonstrate the current debates in the areas of human geography which this thesis will contribute to. This thesis will engage with current debates on the governance of families, food, parenting, and bodies, with an explicit focus on anti-obesity policies. This brings the scale of governance and discourse into the debates around the home and serves to emphasise the ways in which bodies are governed. Following the methodological chapter, the literature that has been discussed within this review will be referred to throughout the empirical chapters of this thesis which then follow.

Chapter three

Methodology

1. Approaching the research aims

This chapter revisits the research aims in order to discuss the methodological approach to these, and the ways in which research unfolded in practice. The initial research aims were; to explore the power of anti-obesity discourses in influencing parenting practices, to understand other discourses that parents may draw on to complement or contest anti-obesity discourses within their parenting practices, and to understand the embodied experiences of parenting in light of parent's understandings of obesity. Due to the focus on experiences and practices within these research aims, methodologies were sought which allowed these experiences and practices to be foregrounded.

Before research commenced a few methods were piloted to ascertain which approaches would be most successful in approaching the research aims. Firstly, a research blog was set up with the intention of creating an online space for parents to share their experiences. Secondly, I attended a local event which aimed to introduce families to practices that would promote healthy lifestyles, and contribute to a shared goal for a Devon town to collectively 'lose 100,000 lbs in weight'. With the permission of the organisers, I attended the event with my children, we observed and took part in events, and spoke with the organisers. Lastly, I conducted a single research interview as a pilot, with a parent who I knew through my own children, and who had expressed an interest in my research. The blogging experiment is worthy of further discussion, and as such is the subject of section 3.5.

While participating in the weight loss event provided an interesting example of the discourses enrolled in weight loss and health, it failed to capture the experiences of parents who engaged with the event. The research interview however led to a great deal of information. Guided by a semi structured schedule of points to cover, the conversational tone enabled the participant to talk about her understandings of anti-obesity policies, the meanings they held for her, and how they related to her practices, the other influences on her understandings of body size, and how she makes sense of these experiences. Due to the richness of data derived from this pilot interview, which is included within the data that this thesis draws upon, it was decided that interviews and focus groups would be the most successful approach to meeting the research aims as they 'expose differences, contradictions, and in short, the complexity of unique experiences' (Bennett, 2002:151).

2. Approaching everyday life: multiplicity and feminist methodological frameworks

Anti-obesity discourses have framed obesity within a singular reality, in which body size is the outcome of an energy balance, and an energy 'imbalance' is caused by individuals lacking the 'correct knowledge' (Guthman, 2012). I have sought to counter an ontology of singular correct bodies and ways to parent, to more fully account for the experiences of parents, by foregrounding the multiple enactions of reality in parenting and understandings of body size.

Traditional methodological approaches have reinforced particular versions of the world. Law (2004) describes the assumptions of the world that have underpinned Euro-American research; that there is a definite world as opposed to one in flux, that the world pre-exists and is independent of human actions and

perceptions, and that there is a stable reality 'out there' that we can represent through research. Law challenges these assumptions and seeks to demonstrate through wide ranging empirical examples that reality is not only multiple, but that certain versions of reality are privileged within Western modes of thought and knowledge production. Methods are integral to the privileging of particular modes of reality as methodological approaches seek to amplify particular realities while closing other versions of the world through methodological othering. This is discussed in more detail in section 5.1 with reference to the coding process. Law asserts that the performativity of methods, in which ontological realities are usually enacted as singular, tends to be overlooked within methodology. Following Law (2004), throughout my own research I have sought to craft an apprehension of the world that does not attempt to build a singular discursive account, but to approach research with openness to multiplicity and the performativity of multiple worlds. In order to do this, following Law (2004) and Mol (2002), I have paid attention within research to the ways in which reality comes into being through enaction; the practical experiences of life and the ontological modes in which life is lived are understood within this research as inseparable enactions.

Feminist methodological frameworks have similarly critiqued the assumptions that underpin Euro-American research, and focus instead on the gendered, raced and classed dimensions to the realities that are closed and othered in the production of knowledge. For example in masculinist geography the lived experiences of everyday life have been excluded from legitimate research as a private matter that is not of public concern. Feminist geographers have brought everyday life into the realms of legitimate study by arguing that the 'private' is

political and of importance (see for example Rose, 1993, Bondi, 1993, and more recently Pain, 2014). Within this research not only are the everyday practices of parenting valued for their insights into the workings of governance, but they are also foregrounded as the site at which our knowledges of parenting and body size are enacted.

This research values the everyday knowledges of a gendered practice, that of parenting, in light of the policies, discourses and knowledges of the powerful, such as politicians, media and scientists. Moss (2002) and others (for example Dyck, 1993, Rose, 1993, Sharp, 2005) argue that carrying out feminist research is about a feminist motivation and politicization of the methodology, rather than a specific method of research. A feminist politicization of methods involves focussing on power relations, what counts as knowledge, how that knowledge is produced, and the context in which it is produced. To return to Law (2004) and Mol (2002), this research specifically interrogates the relationship between practical enactions, and the creation of knowledges that are formed in the relational encounters of parenting, as well as the systems of power such as class, that act upon these enactions of knowledge to create a sense of a hierarchy of knowledge, this is particularly addressed in chapter five, section 2.

3. **Research in practice**

3.1. **Recruiting participants**

Rather than seeking to understand only how anti-obesity discourse affects families with fat individuals, this research followed Hopkins (2012) assertion that focussing on the category of 'normal' body size, helps to expose the construction of 'normality'. Furthermore as set out in my research aims, I wanted to see how anti-obesity discourses generate modes of knowing bodies

and practices for all parents. Therefore I sought to recruit parents not on the basis of a particular feature of a group of people, but on the basis that they felt they had something they wanted to contribute to research. I decided to recruit participants through schools rather than clubs or groups as almost every child from all ethnic, cultural, and class based groups attend school, whereas groups such as Brownies, Cubs, The Woodcraft Folk or sporting clubs tend to attract families with particular sets of interests and backgrounds. The exception to the inclusivity of school is home schooled children, therefore in addition to recruitment through schools a home school group was also contacted and parents invited to participate in research. However no home schooling parents came forward to participate.

Although I wanted to invite a broad range of parents to participate in research, I was also aware that certain groups of people are less likely to have their voices heard within research (Cannon et al, 1988). This was reinforced in the first of my interviews with a health professional who worked on a healthy food project in schools in Devon. She explained the difficulties in ensuring that it was not only white middle class parents who engaged with her initiative. With this in mind the first batch of schools contacted were those in the local area with the highest percentages of children eligible for free school meals, and pupils for whom English is a second language. Despite this attempt, the demographic of parents who participated was relatively homogenous. While this means that this research cannot make broad claims about the ways in which anti-obesity policies affect all sections of society, the participant demographics themselves are telling of those who feel they have something to contribute to the topic, and those who felt that my letter of invitation to participate spoke to them. The

specificities of participant demographics led to research being primarily undertaken not with those who are the target of anti-obesity initiatives, but those who generally feel they parent well and have 'good' bodies. This is in fact a particular strength of this research because, as will emerge in the course of this thesis, the effects of anti-obesity discourse is generative of social divisions which can be readily seen when carrying out research with those who are deemed 'good' within the particular discourse. The specificities of participant demographics are discussed in section 3.2.

In order to recruit through schools, I sent emails to school head teachers, outlining the research (see appendix 1). The emails asked if they would be able to distribute letters to the parents at the school to assist in recruitment for the research. Twenty nine schools were contacted by email, in five batches, and of these, nine agreed to distribute letters to schools. With the exception of one head teacher who replied to my initial email, all the schools that agreed to participate in recruitment did so during my follow up phone calls to the schools. Each school distributed between 29 and 260 letters to parents. From this, thirty six parents participated in research. While this may seem a small number given the number of parents that received letters, all participants took part because they felt they had something to say that would contribute to the research, and therefore had a lot to say about the research topic. Furthermore, due to financial constraints of the research it was not possible to offer a financial incentive to participate, although I was able to offer refreshments, and a refund of bus fare/parking costs if applicable in order to attempt to allow any parent who wanted to participate to be able to do so.

The process of recruitment through schools did not run as smoothly as I first envisaged, and it also raised some ethical question regarding the purpose of my research, the use of other people's time, and whether I was benefiting the schools. To begin, I contacted ten school head teachers by email. After two weeks none of them had replied to me and so I phoned the schools to follow up on the email. This was a fairly disheartening process which began to shed light on the insignificance of my request within the busy-ness of running a school. Many head teachers hadn't had time to read the email, or didn't feel they could commit even to what I felt was a small request to send out letters.

Finally, as I neared the end of my calls to the first ten schools I got through to a head teacher who remembered my email and was interested! However she began to ask what I could contribute to the school in return. She told me that some parents had recently come to her to ask whether the school could help them learn to cook, and whether this is this something I could offer. This was not something I could offer, not only because I am not trained in any way to teach others cookery skills, but because it would potentially compromise my research. This research has been committed throughout to understanding the enactions of knowledge, and the ways in which knowledges are circulated within discourses of size and parenting. Imposing my own limited version of knowledge around food and cooking would be at odds with this commitment. Rather than working critically to highlight the circulation of knowledge around bodies and parenting, to 'help teach parents to cook 'properly'' would enforce the idea that what the parents currently do, is somehow improper. I would be acting as what Monaghan et al (2010) call an 'obesity enforcer', acting within existing circuits of power to reinforce the dominant ways in which obesity is

presented, rather than seeking to actually understand the practices and why they are carried out as they are, the meanings these practices hold, and why they feel they need to be amended to fit a 'proper cooking' model.

The school I was talking about in this instance did not end up being involved in recruitment. While I could have dismissed this particular head teacher as simply overthinking what was involved in helping with my research, and what could be gained for the school, I realised that for schools, even handing out letters to parents involves investment in time and commitment which for many schools, needs to be balanced with the knowledge that the school can gain in some way from investing in this time. So while I initially thought I was simply asking them to hand out some letters and collect reply slips, the degree to which my request was impacting on school time became clear as I spoke with more schools. For example it was only after one school asked me to pre-sort the letters into batches of 30 to go to each class that I realised what a time consuming task I had passed on to school administrators. Furthermore, after speaking to more head teachers I began to get an idea of on the one hand, the number of external contacts schools receives each week, many promising to offer something of benefit to the school, and on the other hand the pressures the school face in determining which of these offers would beneficially affect the school. An interview with a Devon County Council public health employee also highlighted this. As she explained

“in the past the Healthy Schools award was offered for free to schools who weren't academies, who were all part of the Devon LEA and they got support and the teachers go on courses, and it was all lovely... it covered a lot of the public health kind of aspects that are now left, very much, they have to buy in

their services, there is no parity, and they have got lots of different companies contacting the schools and saying would you like to do this, would you like to do that, it is all over the shop, you don't know what the quality is".

A private support services company has taken over a number of education services in Devon that were previously provided by the Devon Local Education Authority, and head teachers also told me about contact from local businesses, other researchers, and parents wanting to help the school. It is within this competing mix of companies offering services, researchers, and parents, all who promise a benefit to the school, that my requests for distributing letters, with no discernible benefit to the school, were received. All I could say to the schools was that parents who participate would take part in a research interview or focus group. Without any aim within the research to change behaviours or practices I could not claim that those parents would modify their practices in line with those seen as desirable to the school as a result of their participation.

Despite these difficulties I did eventually get positive responses from nine schools. After research had taken place I sent an overview of research findings to school head teachers. The head teacher's comments were also useful for better understanding the school's motivations for participation. One head teacher explained the reasons for participation:

"I am a big believer in the power of research. My decisions are mostly research based. I like reading up on things and using that to inform decisions and strategy. Therefore, I am sympathetic to the need to do research and so I am very open to requests. The second reason is because I think it is a very relevant

and important issue that we need to address as a society. I see this as a real issue in schools”.

However even while this head teacher seemed willing to participate to assist in research, he still commented that the research findings left him wanting some recommendations for school life, despite never having suggested this was something I would be able to offer.

A number of local health and education professionals who were involved in some way in anti-obesity initiatives also participated in research interviews, in order to fully explore the discourses that are disseminated at a local level, where they are similarly experienced by parents. Relevant professionals were identified by a search of local initiatives and resources which aim to address ‘obesity’. Emails were sent to a total of nine professionals, of which eight went on to participate in a research interview. These local anti-obesity initiatives were diverse and professional participants were comprised of; a school based exercise programme consultant, a school based food programme manager, a school head teacher, and a school kitchen manager who implemented bans on certain items in packed lunches and promoted a particular programme of healthy eating, the research manager of an intensive in-school healthy lifestyles trial, the local national child measurement programme lead, the County’s anti-obesity public health specialist, and a health trainer who ran cookery intervention classes for parents.

3.2. Parent participant demographics

This research took place entirely within the county of Devon, in Southwest England. The Southwest as a whole was identified by Moon et al (2007) as

having lower than the national average rates of obesity, but higher than average rates of 'overweight'. 'Overweight' is the BMI category between 'healthy', and 'obese', and is widely considered to be indicative of future risk, following a trajectory of BMI increase over time. The risks of the 'overweight' BMI category are contested by Flegal et al (2013), who undertook a systemic review of BMI and mortality data, and found that those with an 'overweight' BMI have significantly lower mortality than those who fall in the 'normal' BMI category. Despite Flegal et al's findings, the 'overweight' category is considered in health policy as a risk, and therefore the occurrence of 'overweight' within the population of Devon, is taken as indicative of a population at risk of obesity. Focusing specifically on children within Devon, the NCMP co-ordinator who participated in research stated that:

"From the data at pre-school and school entry our population is slightly thinner, but by Year 6 they have lost that advantage, so one of the things we look at is why that might be and what that might be about, so we take the data and do a local interpretation, so we look at that and we know we have particular advantages for children that live on the coast, again lost by Year 6, so it helps to inform our thinking."

Therefore in Devon, primary school aged children are the focus of a number of anti-obesity strategies that attempt to intervene on this lost 'advantage' within the primary school years. The result of this is a range of local initiatives targeted at children and their parents, through primary schools. This local policy focus on Devon primary school aged children, and attempting to maintain the 'size advantage', means that for the parents who participated in research, they are

aware of not only national anti-obesity initiatives, but a range of local and school based initiatives too.

All participants were asked to complete a form to help contextualise the research, asking for details of who else lives in the household, their ages, the household income bracket, occupation, housing, postcode, and ethnic origin. The questions were all optional and although all participants answered some of the questions, many participants declined to answer specific questions. Within Devon as a whole, the population is 94.9% white British (ONS, 2011). The average household income in Devon in 2008 was £31,300; however the city of Exeter and town of Exmouth in which a number of research participants lived, had a disproportionately high number of households with an annual income of less than £10,000 per year, (Devon County Council, 2008). The lack of ethnic diversity within Devon was reflected within my parent participants. Thirty-three were white British, one was white European, and two were of dual nationality (Italian/British and Caribbean/British). Many participants were stay at home parents, or worked in professional jobs. However several participants were care workers, worked in administrative roles, or creative industries. Only twenty-two participants disclosed their income bracket, of which eight had a household income of more than £50,000 per year, three participants stated they had a household income of £37,500 - £50,000, four participants had a household income of £25,000 - £37,500, five participants had a household income of £15,000 - £25,000 and two had a household income of less than £15,000 per year.

All participants lived in Devon with most participants living in towns and villages in Mid and East Devon, and the city of Exeter. Of the participants who disclosed

their housing status, over half of participants stated that they owned their home either outright or with a mortgage, four participants lived in social housing and four in privately rented housing. Of the participants who disclosed their age the average age was 40, with ages ranging from the youngest participant aged 25, to the oldest, who was aged 65.

The most striking demographic skew amongst participants is gender. The recruitment letters used the word 'parent' rather than specifying mother, father, or any other kind of carer. Despite this, thirty-four of the parent participants were mothers, one parent-participant was a father taking part, and one was a great-grandmother who had parental responsibility for her great-grandson. So clearly there are far more women who felt able to participate than men, this points to who it is that my research resonates with, and who feels they can contribute. It seems that it is mothers who felt that they were being asked to come forward to participate, and who did therefore participate. The gendered nature of participation was also discussed in focus groups, participants suggested a number of practical reasons why participation was almost entirely female and these practical reasons point to a gendered division of responsibility. Practical reasons why it was the mother who was taking part tended to be centred around two points. Firstly that if there is a man in the household he would be at work more often, and this impacts not only on organising participation, but means that for heterosexual couples, the woman is more likely to collect children from school, and so is more likely to be the one who received my letter in the first place. This applied to both couples and single parents. The one man who did take part also suggested it was not because men aren't interested in the subject, but because they are 'out at work' and he considered himself lucky

to have a flexible job which enabled him to take a greater role in the day to day care of his children, and also meant he was able to attend a focus group and a follow up interview. The second point that arose from participants as a reason for gendered participation was the suggestion that men think differently about these topics, that they don't pay so much attention to health information, and also that they don't carry out so much practical cooking and exercise with their children. When this reason was given it was deeply rooted in some very traditional ideas about gender; that women are anxious and as a result pay close attention to expert advice, and that it is women who carry out domestic work and caring for children.

Returning to my initial recruitment strategy, which was to allow those who felt they had something to contribute, to participate, the particular demographics of those who felt that they had something to contribute, suggests that those who feel they can speak on the topic of how parents are affected by 'what we hear about obesity' (as it was worded in the recruitment letter), is particularly specific to women. It does appear that those who participated in research were also often those who participated more generally within the school community, as Tim, a focus group four participant stated upon arrival "It is all the usual suspects then", with all involved being active within the Parent Teacher Association.

Table 1 provides details of interview participants in order of interviews undertaken. Table 2 provides the same information for those who participated in focus groups, including those who then participated in a follow up interview. All participant names have been changed.

Name	Other household members	Participant occupation category	Household income	Housing status	Ethnicity	Interview or focus group
Martha	One son aged 10.	Sales	Declined to answer	Declined to answer	Caribbean/ British	Interview
Gabrielle	Husband and one son aged 11	Creative industries	Declined to answer	Social housing	White British	Interview
Carol	Husband, and two sons aged 8 and 6	Chef	£25,000 - £37,500 pa	Owned with mortgage	White British	Interview
Sally	Husband and two sons aged 4 and 2	Stay at home parent	£25,000 - £37,500 pa	Owned with mortgage	White British	Interview
Dora	Husband, and three daughters, ages not disclosed	Stay at home parent	More than £50,000 pa	Privately rented	White British	Interview
Katie	Husband, and two daughters aged 4 and 2	Declined to answer	Declined to answer	Declined to answer	White British	Interview
Tina	Husband and two daughters aged 8 and 4	Care worker	£15,000 - £25,000 pa	Social housing	White British	Interview
Anna	Husband, one daughter aged 6, and one son aged 2	Stay at home parent	Declined to answer	Declined to answer	White British	Interview
Rachel	Husband, and two daughters aged 14 and 6	Social worker	More than £50,000 pa	Owned with mortgage	White British	Interview
Emma	Husband, one daughter aged 6, and one son aged 2	Fundraiser	£37,500 - £50,000 pa	Owned with mortgage	White British	Interview
Sarah	Husband and two sons aged 5 and 3	Physiotherapist	£25,000 - £37,500 pa	Owned with mortgage	White British	Interview
Jane	Husband and three sons, ages not disclosed	Stay at home parent	More than £50,000 pa	Owned with mortgage	White British	Interview
Marianne	Husband, one son aged 14, and one daughter aged 11	Teacher	More than £50,000 pa	Owned with mortgage	White British	Interview
Tara	Husband and two sons aged 5 and 2	Caseworker	£25,000 - £37,500 pa	Owned with mortgage	White British	Interview
Nadine	Husband and two daughters aged 7 and 5	Nurse	Declined to answer	Declined to answer	Finnish	Interview
Liz	Husband, one son aged 9, and three daughters aged 8, 7, and 6	Declined to answer	Declined to answer	Declined to answer	White British	Interview
Cecilia	Husband and two sons aged 16 and 5	Declined to answer	Declined to answer	Declined to answer	White British	Interview

Table 1 – Research interview participants

Rosemary	Two daughters aged 8 and 2	Stay at home parent	Less than £15,000 pa	Social housing	White British	Focus group 1
Hannah	Husband and three daughters aged 21, 8, and 3	Clerk	More than £50,000 pa	Owned with mortgage	White British	Focus group 1
Natalie	Husband and two sons aged 10 and 7	Stay at home parent	£15,000 - £25,000 pa	Owned with mortgage	Italian/ British	Focus group 1 and interview participant
Amy	Husband, and two daughters aged 12 and 8	Artist	More than £50,000 pa	Owned with mortgage	White British	Focus group 2
Sasha	Partner, and daughter aged 4	Cleaner	Declined to answer	Privately rented	White British	Focus group 2
Lucy	Husband and two daughters aged 7 and 4	Support worker	£15,000 - £25,000	Owned with mortgage	White British	Focus group 2 and interview participant
Carolyn	Husband, one son aged 11, and two daughters aged 10 and 8	Stay at home parent	More than £50,000 pa	Privately rented	White British	Focus group 2
Samantha	Two daughters aged 4 and 6 months	Nurse	Less than £15,000 pa	Social housing	White British	Focus group 3
Kirsty	Husband, and two daughters aged 5 and 4	Hairdresser	£15,000 - £25,000 pa	Owned with mortgage	White British	Focus group 3
Helen	Husband and two daughters aged 4 and 1	Stay at home parent	Declined to answer	Declined to answer	White British	Focus group 3
Maria	Husband and one daughter aged 5	Secretary	£37,500 -£50,000 pa	Owned with mortgage	White British	Focus group 3, and interview participant
Corinne	Husband, Corinne's father, and one son aged 9	Declined to answer	£37,500 - £50,000 pa	Owned outright	White British	Focus group 4
Sophie	One son aged 4	Social worker	Declined to answer	Declined to answer	White British	Focus group 4
Kate	Husband, one son aged 8, and one daughter aged 6	Declined to answer	Declined to answer	Declined to answer	White British	Focus group 4
Tim	Wife, one daughter aged 11, and one son aged 9	Declined to answer	Declined to answer	Declined to answer	White British	Focus group 4, and interview participant
Eleanor	Husband, two daughters aged 14 and 9, and one son aged 7	Teacher	More than £50,000 pa	Owned with mortgage	White British	Focus group 5
Heidi	Husband and three boys, ages not disclosed	Declined to answer	Declined to answer	Declined to answer	White British	Focus group 5
Wendy	Husband, two daughters aged 7 and 5, and two sons aged 3 and 1	Stay at home parent	£15, 000 - £25,000 pa	Owned with mortgage	White British	Focus group 5
Alice	Husband and great grandson age 11	Declined to answer	Declined to answer	Declined to answer	White British	Focus group 5

Table 2 – Research focus group participants

3.3. Focus groups and interviews

In order to pursue my research aims, and remain open to multiplicity and difference, research was structured to enable individuals to share narratives about their experiences of anti-obesity discourses as parents. However anti-obesity discourse also acts upon social relations, and as such, research was initially undertaken using focus groups, with participants being then invited to a one to one interview. In this way, the social relations and broad themes of anti-obesity discourse and parenting could be first broached in the focus group, where participants can share and test their ideas within a group, creating new insights that would not necessarily be possible with an interview (Bennett, 2002). The idea was that this would then be followed with a one to one interviews, to further explore the narratives, meanings and experiences of parenting and anti-obesity discourse. However as most participants had multiple pressures on their time, not all were able to attend focus groups, therefore seventeen participants took part in a single interview only. Despite these logistical issues a further nineteen participants attended five focus groups, and four of the focus group participants then attended follow up interviews. Utilising a mix of focus groups, follow up interviews, and stand-alone interviews meant that I was able explore both how the dynamics of parenting practices and body size worked to structure relations within focus groups, and to discuss in detail the practices and understandings of individuals within interviews. Each method adds something that the other does not cover, and what participants disclose in a private setting rather than the focus group, also tells a lot about what topics are influenced by social conformity to the extent that they are not discussed by people in a social context. This was most clearly seen with the four participants

who took part in both a focus group and a follow up interview. The range of topics that were discussed in focus groups often became more focussed in interviews. Not everything I had on my schedule to cover resonated with a single interview participant. In focus groups every topic was picked up on and 'bounced around' the group for a while. In an interview participants occasionally did not feel they had much to say on a particular topic, but on other topics they were able to go into far greater depth than in a focus group. The interview encounter better enabled the telling of anecdotal stories, disclosure of events that may be embarrassing to talk about in a group, and for individual expression of opinion that may be stifled in a group encounter.

When I planned my pilot interview I spent a lot of time thinking about the questions I could ask to best approach the aims of the research, with a particular concern to ensure that my questions did not elude to some kind of judgement of parenting practices or body size. I had no prior experience of carrying out research interviews, and found that much of the literature on managing the interviews as a 'dialogue rather than interrogation' (Valentine, 1997), contained useful but somewhat abstract 'tips' for managing the actual encounter (Bennett, 2002, Valentine, 1997), I found the guidance of Robyn Longhurst (2003) particularly useful, as she has similarly carried out research on fat bodies, and uses this as an example to discuss the practicalities of carrying out focus groups and semi structured interviews. I found Longhurst's interview questions (2003:122) more direct than I planned to ask, yet I found it reassuring to see the style of questions and follow up questions that she had used. I drew up a series of questions to enable discussion around the research aims (see appendix 3 for a schedule for research with parents, and appendix 4

for a schedule for an interview with a professional). While I initially lacked the confidence to just have a list of themes to discuss and needed the guidance of specific questions, as research progressed I became better able to adapting to the conversational manner of the research interviews and focus groups. Questions were asked in slightly different ways, and in an order that accorded with the flow of conversation rather than the rigidity of my pre-set questions. As I became more confident and flexible in my ability to carry out focus groups and interviews, I found that by allowing a more conversational tone rather than the fixed questioning of a novice researcher, further details about the mundane aspects of everyday life were shared.

Focus groups have a lot more initial organisational requirements than individual interviews. I tried to find a time that would enable all interested parents to attend, of course with the competing demands of parenting and for many, work outside the home, this was not always possible. Focus groups were all held during the school day, and in addition to negotiating a convenient time for all who wanted to participate, suitable local venues had to be arranged. I arranged focus groups in local halls and meeting places in accessible locations and offered to reimburse travel costs. Following the suggestion from Conradson (1997) that providing refreshments can add to the attractiveness of participation and may help ensure attendance, I also arranged drinks and snacks for each group. The interviews were much more straightforward to arrange. Having decided on a mutually agreeable date, I offered the choice to parents whether they wanted the interview to take place at the University, in a local coffee shop, or suggested I could travel to their home. All participants chose to either meet in their own home, or in a local coffee shop where I bought us drinks.

Focus groups and interviews were approached as an encounter in which both myself as the researcher, and the participants, co-created a particular set of understandings about the subject of study. Following (Law, 2004) we can understand that each encounter was performative and the knowledge created in that encounter is contingent. Hopkins (2007) argues that literature on focus groups tends to follow a formulaic approach and that there is a need to move beyond this, to engage with the issues that arise in focus group discussions. Therefore although there is a general set of 'rules' for organising focus groups, these can be practiced reflexively.

In focus groups I had the same list of themes to cover, and questions to address the themes as in interviews. Group conversations developed around these questions. I found that in the majority of my focus groups, conversation flowed naturally. Once I had set out some 'ground rules' and explained the project, my role was one of prompting discussion around a new question or to further explore an existing topic, and intervening and guiding discussion to ensure that the conversation did not stray too far from relevance (Conradson, 1997, Pratt, 2002). However occasionally the focus groups demanded more work than this and I needed to remain alert to the group dynamics throughout the research encounters, in order to manage tensions or potentially offensive comments. Such tensions in focus groups are discussed in section 4.4 in relation to the ethical questions that they raise. Rather than seeing these as a methodological problem, they are instead framed as productive encounters that demonstrate particular ways in which knowledge and relations are negotiated.

3.4. Blogging: from participation to self-reflection

Prior to commencing interview and focus group research, a research blog was set up to attempt to research the voices of a wider range of parents than simply those who participated in focus groups and interviews. I posted to the blog several times a week on various relevant topics. For example I blogged about news stories I saw related to childhood obesity, the way in which fat bodies are presented in popular culture for example in a children's book I had been reading with my daughter, and I blogged about the things that were emerging in my early research.

With a central aim of the blog being to enable a wider range of parents it became clear after several months that extending the possibility of participation was not this straightforward. Although the blog always still had the potential to evolve and be successful, after several months of blogging my readership was comprised mostly of my family, friends, and a few others. Those outside of my existing contacts who reached the blog included a few linked from the parenting websites Mumsnet and Netmums, where I had become part of their 'bloggers networks'. A few were also reaching the blog through search engines.

An additional problem emerged as I was able to use the blog's statistics to view what search engine terms had led people to the blog. After I published a post about a children's book my daughter had read, which had a character called Jonathan Ripples 'the fattest man in the village', who ate himself into a stupor and whose belly was then used as a bouncy castle, a number of blog hits came from people googling 'fat admirer' terms like 'fat belly bounce', the kind of terminology I am aware of through previous research into 'fat sites'. While 'fat admirers' may also be parents I did not feel that I was attracting enough

engagement with the blog from parents interested in the topics that the research focussed on, to justify the blog as a research tool.

In light of this I ended the research blog as a public space for discussion. However I had found writing the blog a useful way to organise my thoughts. As such I changed the blog to 'private' and continued its use as my research diary for my own personal reflections on the research process. Having a research diary hosted on a private and secure blogging website has been particularly useful, it is easy to refer back to, organise, and to keep secure.

4. Ethics

The research project was approved by the University of Exeter Geography ethics committee prior to research commencing. Besides the ethical issues of protecting data and obtaining consent, this research specifically raises potential ethical issues relating to the sensitivity of the topic. For many people body size and parenting can both become sensitive subjects, and indeed this was evident within my research, these sensitivities are discussed in section 4.2. All research raises questions of power relations within the research encounter, and these are specific to the research itself. Within my research, power relations were particularly evident around my own role as a parent, my commitment to the research and the multiplicity of bodies, and the dynamics of the focus group encounters between parents with different ontological approaches to understanding size and parenting. What these power relations mean for the research project is critically interrogated in section 4.3. Firstly this section on ethics will turn to issues of access, ethics, and consent, which covers the practical aspects of ensuring ethical research.

4.1. Access, ethics and consent

In the letters sent inviting parents to participate in research, it was stated that all data collected would be treated confidentially, and participants would be free to opt out at any time. Prior to each focus group or interview commencing, I would provide an overview of the research and participants were asked to read and sign a consent form. The consent form asked participants to confirm that: the study had been explained to them, that they understood and have had the chance to ask questions, that they understand participation is voluntary and that they are free to withdraw at any time without needing to give a reason, that they agree to participate in the study, that they agree to the interview or focus group being audio recorded, and that they agree to the use of anonymised quotes in publications. These forms were signed and completed in full by all participants.

Focus groups raise additionally issues of confidentiality. Whilst participant confidentiality can be guaranteed in an interview, focus group participants do not have a professional obligation towards the confidentiality of the other participants. Therefore in addition to informed consent, when running focus groups, it was emphasised to participants to respect the confidentiality of the other group members. With participants being recruited through schools, and each focus group comprising of parents from a single school, some focus group participants knew each other, in some cases they appeared to be good friends arriving together. The dynamics of the groups and the ethical considerations they raise are further discussed in section 4.4.

It is however not always sufficient to simply follow such ethical rules in order to gain consent and proceed with the study (Dyer and Demeritt, 2008). An ethical awareness of the relationship between the researcher and the researched, the

need to avoid relationships of exploitation, and the potential for the research encounter to create knowledge, shape understandings, and potentially produce conflicting emotions for all concerned, needs to be at the forefront of all decision making within the research. The rest of this section on ethics covers the reflexive ethical encounters within research, and the ways in which paying attention to these encounters as they unfold, and responding to these encounters in an ethical manner, produces further awareness of the complexities of research and the topic itself.

4.2. Sensitive topics: body size and parenting

The topic of body size is one that many people find difficult to talk about without resorting to negative language (Gapinski et al, 2003). Additionally I recognised that parents may feel defensive towards their practices if they feel they could potentially be criticised. My approach to the research was always non-judgemental, as explained in section 2 I have remained committed to understanding multiple parenting practices in themselves, not against a pre-defined 'right way to parent', and interview and focus group questions were carefully formulated with this in mind. My research has also been underscored by a commitment not to reproduce weight-based stigma. Through engagements with fat studies and fat activism I am aware of the ways weight based stigma and judgement are reproduced through language, and I have sought to avoid any reproduction of certain bodies as linked to certain behaviours, health outcomes, or any other traits. Therefore I asked open ended, practice based questions about everyday experiences, through which the motivations for, and understandings of, these practices were further explored. I am also aware that for many people talking about weight is associated with feelings of shame.

Shame is specifically explored within chapter six, section 3.3. However while shame forms interesting examples of relational embodied experiences within the world; it is important to ensure that shame itself is not produced within interviews and focus groups. Within interviews, my research commitment to allowing for multiplicity and ensuring language is not used to frame practices or bodies as good or bad, worked to ensure that no participants were made to feel shameful. I also made it clear to participants at the outset that they may pause the interview, refuse to answer a particular question without reason, or leave, either temporarily or altogether if at any point they feel they need to. This situation did not arise.

Within focus groups this was more complex, it was important to pay attention to the ways in which participants responded to one another. The dynamics of the focus groups were demonstrative of social relations, as discussed in section 4.4. In several instances interactions between focus group participants became tense and the potential for shaming of practices arose. While I tended to let focus groups unfold between participants, with my questions and comments prompting discussion and gently guiding discussion back to the research if it strayed too far, in these cases where I felt that some participants may potentially feel insulted or ashamed, it became necessary to steer the focus group discussion towards different topics, often intervening at these points with a change of theme. Despite Probyn's (2005) argument that shame is productive, I felt that allowing a relationship of shame to be enacted within a research encounter would be counterproductive in sustaining ethical research relationships.

That the sensitivity of the topics was at the forefront of my research practice can perhaps be illustrated by the response from participants. At the end of focus group one Hannah stated "*I feel better for that, it was therapeutic*". In focus group four, Sophie said prior to the focus group that she was very busy at the moment and hoped it wouldn't take too long. I ensured she knew that she did not have to participate or could leave at any point. However she stayed to the end and commented that "*It has been great, I really needed that, just talking about things like this*".

4.3. Power relations: reflexivity and performativity

Bennett (2002) states that the situation of the research interview is one of power imbalance, with the positionality of the researcher influencing the play of power within the research encounter. Within this research the two groups of people that I engaged with were parents and health professionals, each raising questions about the enaction of power within research which I will address in turn.

The identity of 'parent' is one which I share with my parent participants, but while we may share this identity and some of the parenting experiences that go with it, this is not to say that and other aspects of identity were shared with parent participants. A number of feminist geographers have drawn attention to some important ethical points regarding research interviews including sameness and difference. Valentine (2003, 2005) suggests that sharing a similar background to the participants can facilitate the development of a rapport, and produce a detailed conversation based on empathy and shared understanding. For example Dyck's (1993) project on motherhood was facilitated by her own position as a mother, enabling familiarity with specific

terms and a common frame of reference. Mullings (1999) points out, we should make use of these moments of shared understanding, or what she calls 'positional spaces' where the situated knowledges of both parties in the interview engender trust and co-operation. I made use of Mulling's idea of positional spaces to build on those moments of rapport with participants to engender a sense of trust, enable an open discussion, and create positive encounters for all involved.

Feminist academics have however emphasised the need for researchers to be reflexive about the role of our own identities on our research, and the power dynamics within research. Reflexivity entails looking both inward with self-critical analysis of our identity and power relations in the research process, and outward at the networks of power that we are enmeshed within, that frame how our research becomes incorporated into 'the known' (Moss, 1995). Such claims of a need for reflexivity are a direct challenge to the 'god-trick' (Haraway, 1991) of (male) knowledge in which the knowing subject is distant from that which is sought to be known. As Haraway further argues, a detached position is impossible, the researcher's self is always complicit within the research process and the knowledge that is produced. Rose (1997) furthers the notion of reflexivity by drawing upon ideas of Butlerian performativity. Rose questions the limits of a reflexivity that simply acknowledges aspects of the researcher's identity, because this suggests that such identity is fixed. Instead Rose argues that our identities do not pre-exist our performance of them, and no identity is secure, although it may be made temporarily more secure and certain in its enaction (1997:316). This brings me back to Law (2002) and the research encounter as an enaction of reality, including an enaction of identities of both

myself as the researcher, and the research participants. In this way the research that is undertaken is constitutive of reality and the emphasis shifts from a need to disclose a static version of my own identity, to ensuring that the reality that is relationally constituted within research encounters is ethically sensitive, allowing for the multiplicities of life, rather than presumptive of singular identities and practices.

Research with professionals is no different in the understanding of identity and reality as enacted within the research encounter. A number of human geographers have suggested that research with so called 'elites' demands particular approaches, for example in terms of gaining access to the group (Cochrane, 1998, England, 2002), negotiating the contents of the research write up (Bradshaw, 2001), and ethical approaches (Shurmer-Smith, 1998). In these accounts power is tended to be conceived of as a static category and something that can be held by individuals. Therefore the power of 'elite' individuals is assumed to transfer to the research encounter, which demands a different ethical approach. Smith (2006) critiques this with a poststructuralist version of power which draws attention to the dynamism of power relations. Woods (1998) similarly argues that it is more productive to see elites as emerging within a web of social interactions in which there is no natural order. The 'elite' participants that I have come to call the 'health professionals' within my research, can therefore be seen as elite within the circles in which they work, but the power that may pass through these individuals within their working environment is not necessarily something that they possess and can transfer to the interview encounter. With this in mind I approached interviews with health

professionals with no less ethical awareness than with parent participants, remaining attentive to the productive capacities for the interview encounter.

These reflections on power as performative within the interview encounter provide a way to further consider the topic of this thesis and how it relates to the enaction of power relations. If I were to follow a top down model of power I would understand power as possessed by health professionals under which parent participants act. Instead it became evident that as Law, (2002) Rose, (1997), Smith, (2006), and Woods, (1998) have all variously argued, research encounters are one specific moment in the enaction of reality and power. While individuals in research may explain the workings of that power within their lives over time, and this may provide insights into the enduring enaction of power relations in specific circumstances, the power relations within the research encounter need to be subject to scrutiny in order to better place the outcomes of research. Therefore rather than make reflective comments about research findings that mirror a reality 'out there', I understand my research as constitutive of a particular enaction of reality within the research encounter.

4.4. Focus group dynamics

Focus groups create information about how the group works together, the interactions, debate, disagreement, and through this, the dialogue emerges between participants. They can reveal how the group reworks meanings, what discourses circulate within the group, and which discourses are discarded or go unconsidered, and how the group dynamic comes to bear on this. Focus groups can be understood as an emergent discussion, which is constituted in, and through, those present and their social, political, class, race, and embodied identities. The degree to which the focus groups in this research illustrated the

social sanctioning and approval of particular health and size related behaviours and the politics of 'who gets to speak' would perhaps not have been so clear were it not held in contrast to interview participants who presented a singular narrative.

The focus group context can be understood as a series of forces coming together to form the particular encounter, from which specific data emerges. The strength and types of these forces in any particular group varied and made each focus group have a distinct 'feel' with forces such as individual opinions, snacks on the table, children in the room, and the presence or absence of fat bodies in the room amongst others, shaping the feel of the encounter, and significantly what was said and what was 'speakable'.

The following examples illustrate the power dynamics within which focus group participants speak. The first example of this is the way that fat on people's bodies was spoken of. Focus group one was the smallest group, consisting of three participants. After half an hour one participant had to leave as her child had become unwell at school. The remaining two participants had both experienced their own body size as a 'struggle', and both had children that they felt were overweight. Both told very personal tales of how they have experienced their own and their children's bodies as they have been perceived of as fat in such a way that I don't think would be so possible were they concerned they would be judged. Conversely in focus group three, one very outspoken member of the group, Kirsty, made it clear that she felt fat was singularly bad, and that we all have a responsibility to eat low-fat foods. In that group conversations centred on listing all the things they did to avoid themselves or their children becoming fat.

The ways in which the focus group encounter modified what was said was also evident in focus group two. The following excerpt demonstrates a moment in focus group two, which although was 'light hearted' is illustrative of both social shaming, and how behaviours can be brought into line through practices of shaming.

Carolyn – *“I'm really bad and I do eat a lot of rubbish and I do occasionally have a packet of crisps instead of lunch, at lunch time or whatever and I do have a chocolate biscuit every now and again, and, you know, but I do have”*

(pause as Amy stands and dramatically points to the door, momentary stunned silence followed by awkward laughter)

Carolyn – *“But I do have, you know, umm, like, carrot sticks and hummus when I'm feeling”...*

(talking over each other)

Carolyn – *“I do pick, but I try and make sure the kids aren't around, to see it”*
(laughs)

Lucy – *“Would you (Carolyn) say that you think your kids eat healthier than you do? ‘Cause I would say my kids probably eat healthier than I do”.*

Carolyn's reply, in which she modifies her statement to include consumption of the fetishized health food 'carrot sticks and hummus', and only picking on foods when her children cannot see, is demonstrative of how people may change what they say in order to fulfil the expectations that they act in a 'correct' manner, whether it is within a focus group or within society more widely. Similarly Lucy responded to this encounter in a different way, she aligned

herself with Carolyn by sympathising that she also feels she eats less well than her children. This conversation continued with other participants admitting to eating 'unhealthy foods' and the moment of potential shame dispersing into a shared admission of eating practices. This may be a reflection of their consumption practices, but may similarly be a response to the focus group encounter, and the discourses of health, and 'good' foods and practices in which the encounter is situated.

Many research participants spoke of ways in which class and knowledge differences are understood. Returning to focus group two, a further series of interactions between Amy and another participant, Sasha, demonstrated the ways in which class and expertise are relationally negotiated through encounters between individuals. These negotiations can intensify or challenge the overarching ways in which class and expertise are understood. Amy has two daughters; she is an artist, in her 40s, married, and a homeowner. Sasha has one daughter; she is in her 20s, she lives with her partner but is separated from her daughter's father, she works part time as a cleaner, and lives in a privately rented flat. According to traditional economic models of class, Amy would be considered 'middle class', while Sasha would be considered 'working class'. Amy made it very clear from the outset of the focus group that she considered herself to parent well, she referred a number of times to the 'problem of obesity' and how we can collectively help to reduce childhood obesity, by ensuring parents act in particular ways, mimicking her own parenting practices. Conversely Sasha was a quieter member of the group who nonetheless offered insightful and useful comments. Sasha had separated from her daughter's father, and spoke of the difficulties she had in ensuring that her

daughter's father did not spoil her with sweets when she stayed with him. Amy responded to this by offering advice:

Amy – *“Kids love their magazines, or money for trump cards, or whatever kids are into, try to”*

Sasha – *“Yeah he does magazines too”*

Amy - *“Oh right, but try. If he wants to spoil her he could give her something she can take away”*

Sasha – *“I've tried, but he doesn't really listen to me”*

Amy's status as a parent whose practices fall in line with government policies and initiatives around body size, health and parenting contributed towards Amy's understanding on her own parenting practices as correct and aspirational for others. Combined with other axes of power such as whiteness, income, marriage, and education, Amy appeared to consider herself able to intervene in Sasha's life. This initially reinforced middle class practices as correct and middle class parents as knowledgeable, contra to a supposedly lacking degree of knowledge that Amy deemed Sasha to have. However Sasha did challenge the suggestion that her parenting practices were somehow inferior. Again, potentially modifying what was said in line with the other participants in the room (in particular, Amy), Sasha discussed breastfeeding and eating five a day, falling in line with the dominant enactment of 'correct' knowledge.

The examples given in this sub-section from within focus group two, demonstrate the ways in which the encounter can be understood as an outcome of a series of individual forces, which may draw upon existing relations

of power, but which also have the potential to subvert dominant power relations. These encounters within the focus group demonstrate the ways in which each focus group can be understood as an outcome of a series of enacted individual forces.

4.5. Settings

By paying attention to the context of the research encounter, the performativity of the research can be understood within the situated specificities in which research encounters take place. While traditional research methodologies such as interviewing have been critiqued for failing to get beyond representation (Thrift and Dewsbury, 2000), Hitchings (2012), Hitchings and Latham (2016), and Latham (2003), have asserted that we should not overlook the ongoing importance of research interviews and focus groups. By imbuing research with a sense of the 'being with practice-ness' (Latham, 2003) we can capture the liveliness of research as performance that does not make claims of representation, but that nonetheless offers us important insights into the performance of everyday life through the research encounter. In order to ensure that the encounter is placed within a wider context, I have paid attention to the atmospheres, relations, and materialities that participate in the construction of these research encounters within the spaces of participant's homes, workplaces, and local coffee shops. This section therefore considers the 'settings' in which research took place in order to account for these contextually relevant examples and provide a backdrop to the lives of the participants that are discussed throughout this research.

Hitchings (2012) and Hitchings and Latham (2016) argue that while we cannot claim to capture a representation of practice through language, by paying attention to the ways in which people talk of practices we can learn about the processes by which such practices are sustained and come to be performed in ways that appear 'natural', whether that is through speech or action. Taking a non-representational approach to language Hitchings and Latham (2016) argue that we can learn about elements of practice that are unspeakable or conversely those that are sustained and motivated by statements that act to solidify the practices that individuals undertake. Hitchings (2012) offers a useful analysis of the ways in which research interviews can indeed capture everyday life. In research with older people on the ways in which they achieved winter warmth, Hitchings found that while respondents were often surprised that the researchers wanted to hear about their mundane activities, such everyday practices were freely discussed. Furthermore Hitchings argued that this was a topic that his participants had clearly given a great deal of reflective thought to, and were therefore keen to discuss. Similarly I found that many of my participants were keen to detail the mundane and banal practices of everyday parenting. Like Hitchings older participants who had given a lot of thought to winter warmth, my participants had often given a lot of thought to their everyday parenting practices. However it was rare to get an opportunity to discuss such banal everyday matters and therefore I found that many participants were keen to use this opportunity. In my research, not only did I pay attention to the speakable and unspeakable in these discussions of everyday practices, but I also considered the settings in which research took place and how the settings became enrolled in 'interview talk' about everyday practices. The materiality of

the spaces of research, and the 'interview-talk' of participants intra-act to produce a performative account of everyday practices.

In my research, parent interviews took place in either the participant's home, or a local coffee shop. Professional interviews were undertaken in either their place of work, a local café, or in one case, at a local garden centre. Focus groups were arranged in various locations; in community halls, the back room of a church, a school music room, and a room above a local charity building. These are not neutral spaces, nor are they the 'containers' in which research took place, but these material and affective spaces intra-acted to produce the research encounter. Drawing on examples I will discuss the ways in which the settings intra-actively produced the research through relationalities and materialities.

Both of the research encounter examples that I will discuss in section 4.5.1. and 4.5.2 of research with Liz and Natalie, involved time spent in the kitchen of their respective homes. Kitchens were often pulled into the research interviews even when interviews that took place elsewhere, participants often gestured towards the kitchen. In interviews within the kitchens, gesturing was often towards specific cupboards, the fridge freezer, or the oven. The micro spaces were pulled in to mark their relevance to the topic, highlighting the extent to which everyday practices within these spaces were central to the expression of thoughts and narratives about body size and parenting. For the interviews that took place in coffee shops, this spatial storying was lost. However this does not mean that the space of the coffee shop did not have intra-active effects on the research encounter. Sitting in a cosy corner of a coffee shop the atmosphere felt instantly friendlier. While I felt at ease in some participant's homes, in others

their mannerisms and the atmosphere of the home colluded to make me feel awkwardly aware of my position as a researcher 'on the outside'. For example, when I arrived at Sally's house, she apologetically told me that she had been unable to settle Harvey, her two year old son, for his usual daytime nap. I offered to return at a different time and Sally said she was keen to do the interview now, yet she was frequently distracted by Harvey wanting her attention. Despite Sally's assurances that she was happy for the interview to go ahead, the demands of an overly-tired toddler reminded me of the intensity of parenting a young child. I felt I was hindering Sally, and as such I rushed through parts of the interview, keen not to be seen as a nuisance.

Conversely, in coffee shops, I never felt any sense of being an awkward outsider. The atmosphere felt friendly and open in all interviews that took place in coffee shops. If it wasn't for the signing of consent forms and voice recordings, coffee shop interviews felt they could be a chat between friends. However the material and relational richness of the home was lost. This was similarly the case in focus groups that took place in community venues, where it would not have been appropriate to meet in the home of an individual. However the particular relational richness of a focus group provides a range of additional benefits as a research encounter and this was discussed in section 4.4.

The final category of 'settings' in which research took place was with 'professionals' where research interviews were usually within their place of work, a place in which they may be used to holding power as 'elites' (Smith, 2006, Woods, 1998). On arriving at the offices where Leon worked, he was keen to give me a tour of the building. Leading me through the different departments and talking about their various roles, Leon explained the story of

the department being moved out of the local authority as part of local level implementation of austerity measures. Leon pointed out individuals who used to be part of whole teams, teams which had merged, and empty desks where vacancies existed. I felt a strong sense that this department was not only going through a period of transformation, but that this has been felt negatively. Once the interview was underway, Leon referred back to the departmental changes as he spoke of his role and how it had been hindered. Having been placed in the context of the department through the walking tour, Leon's words were made to feel all the more meaningful. While most 'professionals' worked in offices, Tess, a school kitchen manager met me in a coffee shop, but invited me the next day to come into the school kitchen and see the nutritional software she uses to prepare the menus. Standing in a school kitchen I felt a stark contrast with the familial feel of the kitchens in the homes of participants. The combination of the software with large metal worktops, vats, and the sheer quantity of food, felt highly industrial. Here I could see how nutrition can be understood as the outcome of software calculations; there were no individual stories in this kitchen, but mass preparation and cooking, with bodies reduced to bulk data on nutritional requirements.

4.5.1. Relational actants in research encounters

Out of the five focus groups that I carried out in the course of this research, I felt focus group three did not 'flow' as readily as the other groups. I found I had to facilitate and guide the discussion in focus group three to a far greater extent in order to ensure that everyone had their say. Kirsty, a very dominant member of focus group three spoke over a number of the other participants. Similarly, Amy, in focus group two also spoke over participants. However while in focus group

two participants responded with comments, jokes, redirection and critical questions, this did not happen in focus group three. The relationship dynamic between those in each group was different. Kirsty was very clear that she thought she was a good parent, an 'expert'. The other participants in focus group three similarly framed themselves as 'good' parents, yet they spoke of a far wider diversity of practices which they justified in relation to the everyday context of their lives. Despite my interventions in this focus group often being based on giving room to speak of different practices and promoting discussion around these, Kirsty continually found ways to reiterate her argument that there is a narrow correct version of parenting. Kirsty attended with her youngest daughter Lexie, aged 3, and enrolled Lexie into her discussions. I provided refreshments for focus groups, and in focus group three I brought fruit, biscuits, and drinks. Kirsty was clear that Lexie could only have one biscuit. Despite this, as we were discussing sugar, which Kirsty believed to be an addiction like a drug, Lexie asked for another biscuit. Kirsty snapped that she could not have another biscuit, I felt instantly awkward, providing the snacks had caused me plenty of worry as it was, I felt I was personally being chastised for bringing biscuits. "See, it's the sugar, isn't it" Kirsty stated as she suggested Lexie has some pineapple juice instead and pushed the biscuits towards the back of the table. Lexie sat back down with her juice, and I returned to our discussion about school lunch boxes. Lexie was not the only child in focus group three. Helen and Samantha both had babies with them. It was a warm summer day when I held focus group three, and we agreed to leave the door of the small community hall open to let in air. Both babies were crawling around the hall and often making their way towards the door whereupon Helen or Samantha would get up

and retrieve their baby, holding them briefly, bouncing them, and otherwise distracting them from the open door. Of course this meant that they were also distracted from the focus group, and I felt that this is one reason why Kirsty was able to dominate this particular discussion.

I had wanted to ensure that research participation was open to all who felt they would like to contribute. I did not want to tell participants they could not attend if they did not have child care. As a single parent myself I understand only too well the need for others to accept that I will often have my children with me. Despite this, the presence of the children in focus group three felt like it negatively impacted on the group. I decided that with future recruitment I would suggest that for those without childcare, a one-to-one interview rather than attendance at a focus group would be more suitable. Children still intra-actively participated in the interview encounter, but I felt that in the one to one context of an interview parents could be with their children without the guilt of missing discussion.

When I interviewed Liz, a mother of four, I arrived at her house as she arrived home from work. I got out of my car as she got out of hers, and unloaded two large dogs from the back; her own dog Murphy, and Hamish, a friend's dog she was looking after. Her house was alive with energy and love which abounded in her home. Liz had four children and one also had a friend there for a sleepover. Liz greeted me warmly and led me through to the kitchen where her husband Ed was preparing dinner. The children ran in with excitement at the unexpected arrival of Hamish the dog. I was introduced and for a moment I was part of this whirlwind of activity, I was offered (and declined) a beer, and Ed joked with one of the children who said she would have my beer. The children jostled for hugs

with their mum, attention was lavished on the dogs, and then the whirlwind of activity passed through the kitchen as the children spilled out into the garden. Liz and I retreated with the dogs to the living room. Liz's own dog Murphy was on medication and had to wait between having taken his medication, and being fed. Murphy was hungry; he stared at Liz and made mournful little whimpers during the interview. Throughout the interview various children popped in and out of the room. Liz told me that she has always struggled to keep weight on all of her children. At this, her seven year old daughter Camille came into the room. She did not ask any questions, perhaps apprehensive at my presence; she stood by the door in a football kit, silhouetted slightly by the light from the French windows. "See this one", Liz explained, gesturing towards Camille, "she was probably my chunkiest and she is not chunky are you, hey? She is probably the chunkiest of all my lot, and look at her, she's tiny."

Not all children were physically present in the research encounters, but as we were discussing parenting, and body size, when children were present they were very often drawn into the research. So while interviews were undertaken with a single participant, the performative research encounter was not merely between two individuals but shaped by relational others. Paying attention to the presence of relational others in research encounters adds to accounts of the ways in which children shape the lives of their parents (Holloway, 2014). In research that seeks to understand this parenting relationship, space should be given to moments in the research encounter that are directly influenced by the presence of children.

4.5.2 Material encounters in research

One respondent, Natalie participated in both focus group one, and a one to one interview. In focus group one she had stated that the Change4Life material that the school had provided had gone straight in the bin because,

“I hate it, because it’s so big, I’m not putting it on my wall! (laughs). My house is lovely and I’m not having that monstrosity on my wall, no way, you know, I like my house the way it is, I have decor in my house that I put there and I’m certainly not going to have that stuck there on my wall, umm, I don’t mind things on the fridge, but you have to be really careful with size. Have you seen, umm, those sticker charts, the posters, I just sort of think, you’ve got to be joking”.

When I arrived at Natalie’s house about a month later this comment was alive in my memory as I knocked at her door. Natalie greeted me and we entered what was clearly a well ordered and clean hallway. As I self-consciously removed my shoes I noticed that the walls were indeed clean and white, with black and white photos of her children.

Natalie led me through to the kitchen. It was fitted with sparkingly clean black and white units, it felt clean, calm, and ordered, I couldn’t help but comment on how lovely I found this. Natalie proudly told me that her husband had installed the kitchen, in fact her husband had built the entire house. I could see why as a family they would have a strong sense of ownership over what they wanted on the walls. Natalie and I sat down at the table. I noticed but did not comment on the plate on the table containing two ‘Go Ahead’ (diet) bars. As the interview progressed the Go Ahead bars were drawn into the conversation:

“Yep there is no crisps in the house, no chocolate, there is, I got these this morning if you want one (Natalie picks up the Go Ahead bars and holds one out to me, I decline), they are my Go Aheads, I’ve got some Go Aheads!”

The drawing in of material artefacts and spaces, such as the gesturing towards food, kitchen cupboards or garden play equipment, adds to the meanings evoked beyond the language spoken in research encounters, this is particularly useful when discussing everyday practices that are performed pre-cognitively. Hitchings and Latham (2016) warn that in accounts of everyday practices there is often an implicit suggestion that those who carry out the practice somehow magically acquired it. By paying attention to not only the performative aspects of language, but how that is situated in the settings of the research encounter and the wider socio-cultural settings, practices that may appear to be ‘natural’ can be critiqued for their enaction of a singular correct way in which life is to be lived. This is discussed further in chapter five, section 4, with respect to class and expertise. The examples used within this section have pointed to the ways in which the settings in which research takes place act to co-constitute the performance of the research encounter, and in doing so I have enabled a situated understanding of the encounters as I analysed the data.

5. Approaches to data analysis

Interviews and focus groups were recorded, and I personally transcribed ad verbatim all research interviews within two days, and focus groups within one week. Alongside producing a written text of the conversation, following each focus group or interview, I made research diary notes about the main points that emerged. At first my research diary notes revolved around key insights from the

discussion, comments on particular body language, the interview context, and for the focus groups, aides to recognise who may be speaking. However following Coffey (2012) I began to add to my more formal notes with a 'stream of consciousness', all the thoughts that came into my mind about the interview or focus group encounter. This revealed some of the aspects of the interview encounter that would otherwise go unnoticed, I wrote of my own self-conscious moments, my awareness of things that may not matter, for example the clothing and hairstyle of the participant or the space of the encounter (often the interviewees home), I also wrote about how I got on with the participants, how they seemed to respond to the interview and any particular new theoretical thoughts and directions that the interview or focus group may have prompted. While my thoughts and observations may not reveal anything pertinent to my research questions, they shed a clearer light on my own role in the assemblage of data gathered at interview. By paying attention to how individuals responded to each other within the research encounter, a more reflexive placing of the role of myself as a researcher within the particularity of the various research encounters is enabled. The themes that recurred through these research diary notes formed the basis for the first stage of coding. These early themes were those broad topics I noticed recurring.

Coding was completed using NVivo coding software. The first stage of coding involved an overview reading of transcripts, excerpts of text were coded according to the themes that they addressed with some pieces of text being coded to multiple different coding categories. Coding continued through a number of stages with close reading of the interview and focus group transcripts. In each stage codes were revised, sometimes merged, and many

sub-codes were produced. Through this process, broad themes began to emerge, which I realised through the multiple readings of the transcripts, were often operating at the distinct spatial and relational scales of (1) governance, power, and relational spaces outside of the home, (2) the home, and familial relations, and (3) the body, consumption, and materiality. These broad spatial scales formed the structure for the thesis chapters, and by using 'matrix coding', to identify the detailed coding categories that fitted within the spatial scales of the chapters, subsections were identified.

Law (2004) understands the process of coding as one in which a particular pattern amongst the dazzle of limitless possible realities, is attended to and amplified, through its resonance to existing theoretical patterns. In doing so, the forms of talk that do not fit the pattern become increasingly silenced through our modes of ordering. Traditional theoretical thinking patterns in the social sciences have led to these modes of ordering othering that which is considered feminine, the everyday, private and embodied (Longhurst, 1997). While remaining aware of coding as the way in which research is made meaningful, I also carefully considered within my coding those moments that may be silenced in the categorising activity of coding; was I silencing modes of knowing that are 'other' to theoretical trends, or dominant ways of knowing practices of the body and parenting? Returning to the feminist methodological framework introduced in section 2. This reflexive stance enabled attention to be paid to the ways in which I intervene upon what counts as knowledge, how that knowledge is produced, and the context in which it is produced.

6. Conclusion

This research project approaches research encounters as performative, that is to say that the ways in which a research encounter unfolds is a particular apprehension of the world, which is created within the specificities of the research encounter. The performativity of the research encounter is similarly transferred to understandings of the research topic. A performative approach to understanding the research encounters, and what was said within research, enables a consideration of the contextually specific knowledge that is created through the set of methods used.

In practice, following pilot research, I used focus groups and interviews to expose the complexity of unique experiences. Ethical considerations within this research are raised around the tensions within the focus groups, recruitment strategies through schools, and flows of power. Not only does working through these ethical considerations ensure ethical reflexivity, but also adds to the understandings of the topics in terms of the workings of power.

Chapter four

Governance: Power and discourse

1. Introducing power and discourse

This thesis investigates the ways in which anti-obesity discourses affect parenting practices, and the ways in which parents come to know and understand bodies in light of these discourses. This chapter sets the scene for these anti-obesity discourses, with a focus on the circulation of discourses of risk and responsibility, sites of intensification of discourse, and the ways in which these discourses act upon particular identities. Anti-obesity discourse is discussed in its enactment within informal circuits of power and knowledge, and through institutional discursive enactments; national and local documents, policies, and specific initiatives. These discussions are situated within wider geographic literature on power and knowledge (Foucault, 1977, Barad, 2007, Bialasiewicz et al, 2007), and builds upon literature on the libertarian paternalist model of contemporary governance (Jones, et al., 2011) through the specific examples within this research of parenting in light of anti-obesity discourses.

In this chapter anti-obesity discourses are considered in their materialisation in national policy, and local initiatives in Devon where this research was conducted. Throughout this chapter the focus on parenting provides a series of empirical examples of the ways in which anti-obesity discourse and the specific language of policies, interventions, and the actions of health professionals, act beyond their public health role. Here there are certain themes that will be explored through the lens of parenting in light of anti-obesity discourses; namely the affective transmission of risk and possible futures, the framing of sized

bodies in relation to the nation, and the creation, management and reproduction of identities. These themes are interrogated through research conducted with both parents, and local healthcare professionals.

This chapter will begin by looking at the ways in which risk management, and the neoliberal ideal of the responsible individual, pervades the discourse of public health in relation to body size. Four commonly known UK policy initiatives are taken as examples; the Change4Life social marketing campaign; the National Child Measurement Programme, which measures the BMI of school children in Reception class and Year 6, the 5 a day campaign, which aims to get people to eat 5 fruit and vegetables a day, and food labelling initiatives, which are varied, but include the government's own 'traffic light system'. Here, both the language of these initiatives in terms of directing parents, and the ways in which research participants engaged with these initiatives are discussed. In the proceeding chapters of this thesis these key initiatives are referred to in the context of their role in shaping parenting practices and the ways in which bodies are known. Here, like the rest of this chapter, the scene is set with these policy initiatives by discussing how they act within wider discourses of bodies, risk, and responsibility that parents refer to, and to which these initiatives may reinforce, or problematize.

The chapter will then focus on particular spaces in which anti-obesity discourses intensify and replicate. The space of the school is discussed as a structural force, and a place in which national policies and local initiatives are delivered. Media spaces are discussed with a particular focus on the 'TV expert'; the TV chef and campaigner Jamie Oliver exemplifies this role. Consumer spaces are then considered as influential spaces which may act to

reinforce broader anti-obesity policies and solidify for individuals a particular ontological status for certain food as categorically healthy or unhealthy.

Local and national policies need to be placed within the context of their emergence, and so the power and discourse that brings about the particular approach to anti-obesity discourses in the contemporary UK will remain at the forefront of analysis here. In the 'nation' section of this chapter, these discourses will be interrogated explicitly by focussing on the ways in which anti-obesity discourse links bodies and size, to the nation in the contemporary UK context of neoliberalism and austerity. The emergence of contemporary anti-obesity discourse will be demonstrated as a specific spatial and temporal political ontology of responsibility which can be seen to pervade life and link the size of bodies to the nation through these particular political discourses.

Moving on to focus on identities, this chapter then seeks to demonstrate the ways in which particular identities, especially classed, gendered, raced and place based identities, are constructed in a discourse of governing the body, and how parents may modify their actions, understandings and feelings towards other in light of this. Specifically this section focuses on how these discourses arise in policy documents, media constructions, and the language of professional research participants.

This chapter will conclude by providing a specific example of an initiative in a particular Devon school which has arisen from anti-obesity discourses. By focusing on a school which decided to ban crisps from children's packed lunches, this provides an example of a local level initiative which can be situated in wider anti-obesity discourses, and how such initiatives are

experienced and negotiated between the various human actants involved; the school staff, parents, and children.

2. Power and the emergence of discourse: risk and responsibility in public health

Before turning to particular anti-obesity policies, a wider discourse of individual responsibility to minimise risk to the population in which these policies are situated, will be discussed. This discourse can be observed within contemporary public health more broadly (Lupton, 1995, Nettleton, 2006). The framing of certain bodies as risky, and an individual responsibility to ensure bodies do not become risky, will be described here with a dual purpose. Firstly, to set out this discourse which pervades anti-obesity policies, and secondly to clarify the use of the term 'discourse' as that of a performative act which delineates what is considered the norm, creates truth effects, and in doing so, reduces multiple possibilities to the singular.

For Foucault, discourses are a manifestation of power and knowledge which cannot be reduced to individual intentionality. In Foucauldian terms, discourses make it possible to speak of some things but not of others, they delineate what constitutes a legitimate perspective of the world, and fix norms and particular regimes of truth (Foucault, 1977). Foucault's description of discourse as a structuring force is usefully extended following Butler (1990), and Barad (2007) to emphasise discourses as performative, that is to foreground an understanding of discourses as constituting the objects of which they speak (Bialasiewicz et al, 2007). This is an understanding of discourse which recognises that objects and phenomena exist externally to the thought of

agents, but that it is through discursive practices that we come to comprehend external objects and phenomena over time as stable and fixed (Barad, 2007). Bialasiewicz et al use the example of the effect of a fixed and bounded nation state which is created through numerous discursive practices such as immigration policies, political speeches, and economic investments. Each discursive practice acts performatively to crystallise the effect of a fixed and stable whole. In this thesis, the 'anti-obesity discourse' of the contemporary UK is the subject of interrogation. This anti-obesity discourse is one which following a Foucauldian notion of discourse, can be seen to make it possible to speak of some things but not of others. A biomedical notion of body size and what size means for the individual has become a fixed discourse cemented through performative discursive practices such as anti-obesity policies, media stories, advertising, and gendered social relations. So discourse acts to bring things into the realm of knowledge, it creates that which we can speak of.

However, as McPhail (2009) asserts, it is important to be aware of the context of the emergence of particular discourses. The emphasis on risk management and individual responsibility in contemporary approaches to the perceived obesity epidemic in the UK is akin to approaches in public health, and as Brown and Duncan (2002) explain, this links public health to the wider modes of neoliberal governance in the contemporary UK. At a national level, anti-obesity policies clearly reflect these neoliberal aims of individuals taking personal responsibility and acting in a way in which risk is minimised both to themselves and to the nation. Recognising the role of the language used in anti-obesity policy as a discursive practice which reproduces the dominant discourse of biomedical obesity, Evans (2006) highlights the framing of obese bodies in the

House of Commons Health Select Committee's 2004 report on obesity. Evans describes the language of the report, which poses a simplified explanation for overweight and obese bodies rooted in the failure of the individual to manage their body, which results in a risk to us all through reference to costs of obesity, such as those that may be generated through healthcare. Moving from anti-obesity policy documents to national and local policy initiatives and interventions, the responsibility of the individual can be clearly seen through the phrase 'healthy choices'. The term 'healthy choices' was drawn upon in research interviews by health professionals, and can be understood as a discursive performance which creates, establishes, and maintains an anti-obesity discourse in which it is possible to talk of overweight bodies as an individual failing, and simultaneously obscures the possibility of talking of overweight bodies as a relational outcome. With the contingency of the construction of the discourse of individual responsibility and risk management at the forefront of thought, I will move on now to focus on specific policies and initiatives.

2.1. Change4Life

The Change4Life programme was introduced in chapter two, as perhaps the most influential anti-obesity initiative. Here the focus is on the ways in which the Change4Life social marketing campaign acts as a discursive practice, acts to fix particular ways of parenting in relation to obesity prevention as correct. This section will draw upon parents involved in this research in order to demonstrate this fixing of parenting and health, and marginalising of other ways to parent or know health through their engagements with Change4Life. However, by exploring the ways in which parents understand the discursive practices of

Change4Life, and relating this to parenting practices in chapters five and six, the excesses of bodies and life can be understood as holding the capacity to both challenge and reinforce such fixed and singular notions of parenting, health, and body size. This section will also discuss the ways in which the framing of parenting and health within Change4Life, creates consequences outside of health and parenting, and will introduce the classed aspects of Change4Life which are extended in section 6.1. As a particularly large and influential programme, Change4Life will also be drawn upon throughout this chapter.

The Change4Life programme aims to 'prevent people from becoming overweight by getting them to eat better and move more' (DoH, 2010a: 4), with a focus on small changes to reduce obesity in the population. Change4Life is the social marketing component of the cross-governmental strategy for obesity in England, Healthy Weight, Healthy Lives. The libertarian paternalist strategy of social marketing involves targeting certain groups of people that are deemed to be in need of intervention based on particular characteristics of that population. However in order to meet some of the wider aims of Change4Life as a 'societal movement in which everyone has an interest in preventing obesity' (Evans, Colls and Horschelmann, 2011, p333), Change4Life employs both 'societal wide' tactics such as a television advertising campaign and website, and targeted element in which additional information and initiatives are provided in certain areas. The 'societal wide' messages of Change4Life had been clearly communicated to parents participating in this research; only one parent who participated in this research project was not aware of Change4Life, and the vast majority spoke at length about the various Change4Life communications they

had seen. While the discussions with parents showed a wide range of reactions to Change4Life, there was a recurrent assertion amongst most participants that they didn't feel Change4Life was for them, that it was for a different parent whose parenting differed from their own. The Change4Life message of a small change in parenting action for a potentially significant change in weight, was seized upon by a number of participants as a way in which the government could reach those 'others' who are perceived to require the interventions of Change4Life, as one parent described:

"We had the thing that said, you know, if your child has fizzy pop why not have diet fizzy pop, and I thought actually that's not going overboard its saying if you are having fizzy pop have diet fizzy pop, it is not saying have water, have water or you will go to jail, it was, yeah okay if you are going to drink fizzy pop then at least make it diet fizzy pop and it's kind of, cos if they do that for a few months you could say well if you are having diet fizzy pop why don't you have flavoured water, fizzy flavoured water, and you can kind of, it might take you two, three, four years but gradually you could get that child who drinks 10 million cans of coke a day to be drinking kiwi flavoured water and not realise they have done it, because it is gradual changes."

(Maria, mother of one, focus group 3, and interview participant)

The perception of participant's in this research that the Change4Life programme is not aimed at themselves, but at an 'other' parent whose perceived lacking parenting can be addressed through small changes, reflects one of the tensions within the programme itself. Evans, Colls and Horschelmann (2011) explain that Change4Life works to model behaviours on an idealised middle class, white

female model of parenting, whilst simultaneously masking this intention in order to avoid potentially alienating middle class overtones. In order to do so, the Change4Life programme uses the 'voices' of the parents that they work to target, for example by producing a cookbook written by parents who fit within the targeted population group, in order to 'speak to' the targeted parents. With the majority of research participants comprising of the white, middle class females whose behaviour Change4Life endorses, participants felt there was someone other than themselves that Change4Life spoke to. As Gabrielle, an interview participant commented, "*We changed for life before they changed for life*".

One interview participant, Tara, had become particularly aware of the ways in which Change4Life speaks to certain groups, however her interpretation signals that although she did not feel she fitted within the targeted group, it still had an effect upon her. In this case, the parent felt that Change4Life was patronising her and people like her, who she feels know more than enough about diet and exercise:

"The fact that its cartoons anyway, umm, the fact that it's kind of, I don't know how this is going to sound, but they are very, I think they are mostly Northern, and kind of, sounding like they are hardworking salt of the Earth working class people, you know, I think that's dreadful ... It's like they are talking to children who you think don't know any better really."

(Tara, mother of two, interview participant)

Despite this, there were a small number of participants who felt Change4Life benefitted them directly. One of these was a mother on a very limited income

who found the recipe ideas helpful when trying to eat well on a tight budget. The other two parents both had children that had been identified as overweight and both had engaged with Change4Life as a way to try and seek a solution to their child's weight. Though again, their experiences highlight some of the inherent problems when addressing the whole population. Hannah describes her search through the Change4Life resources:

"I've been on the website, I've trawled through it, we've had stuff that's come home, we've used their sticker charts, we've used their exercise charts, we've used all sorts of things and I've managed to use those, they are fantastic resources in a way that she's used them, they have not been obsessional, but, but I still feel I'm lacking something on the, the planning side of things."

(Hannah, mother of three, focus group one)

Conversely, other participants described Change4Life as 'information overload'. For parents who participated in research it was these issues of levels of information, and targeting, that structured an ambiguous set of understandings around Change4Life. Yet there are also effects the programme has that were not voiced explicitly, and here I return to the theory of discourse as performative. The communications of Change4Life can be seen as a powerful and often repeated discursive performance, and as such, the boundaries of what counts as knowledge, and what constitutes a healthy body, healthy food, and healthy parenting practices, are reasserted. Not only does this act to reassert what constitutes the correct practices and knowledges, but it also acts to reinforce other discourses; in particular, a discourse of traditional gendered and white families as 'the norm', and middle class practices as correct and the

standard to which 'others' should aspire to, whilst obscuring the multiplicity of bodies and practices. The framing of a classed, gendered and raced identity within anti-obesity policies and initiatives more broadly, is taken up again in section 6.

2.2. The National Child Measurement Programme

In order to manage and plan for the perceived risk of obesity in childhood, the National Child Measurement Programme, (hereafter referred to as the NCMP), gathers population level data through the measuring of the bodies of children in Reception class, and Year 6, of primary school. Children's bodies are weighed and their heights are recorded in order to calculate their body mass index (BMI). While parents are informed if their children are considered overweight or obese and given targeted information, the main purpose of the NCMP is to gather children's BMI data.

The gathering of population level data through the bodies of individuals is an example of the bipolar element of Foucauldian governance over a population, which to draw further on Foucault, establishes the 'norm'. Foucault wrote of the norm being established in reference to sexual behaviour (1978), and through the establishment of what was 'normal', biopolitical interventions were imposed upon those who deviated from that norm. Evans and Colls (2009) apply Foucauldian theories to the NCMP to question the power that is afforded to BMI measurements in obesity policy. The numerical BMI data is given not only the population level power to create and make visible a range of body sizes and the related 'normal range', but it also acts as a mechanism of regulatory power, in that the BMI extends its power beyond the recognition of deviance from the

'norm', to the power to cure those bodies that lie outside of it. As part of the NCMP, parents receive a letter with the child's BMI measurement and a category for that measurement ranging from underweight to obese (within Devon the term obese has been replaced in these letters by 'very overweight' due to a recognition that for many people the term 'obesity' is offensive and leads to disengagement with any support services that may be offered). The identification of underweight, overweight, and obese/very overweight children by virtue of a BMI measurement triggers suggestions to bring their bodies into line with that of a 'normal' BMI, and within Devon the families of those children identified as 'very overweight' now receive an offer of family support. In this way the BMI acts as a mechanism of bipolar biopower; on the one hand establishing a population-wide 'norm', and on the other hand acting upon the bodies of individuals who deviate from that norm to bring them in line with it, through practices of the body on the self or, through parenting, on the bodies of children.

At a practical level, the NCMP operates on a basis whereby parents are informed that their children will be weighed and measured, and that this is done in order to:

"...provide information to help build an understanding of national and local trends in child weight. It is important to have a good understanding of how children are growing, so that the best possible advice and support can be provided for them and their families. ... The programme's data are used within the local authority and NHS to help plan the provision of services and advice to support healthy weight and lifestyles in the area. The information is also submitted for national analysis and publication in a way that means individual children cannot be identified".

(Specimen pre-measurement letter to parents, available from <https://www.gov.uk/government/publications/national-child-measurement-programme-operational-guidance>)

Parents are then given the opportunity to return a signed form to school to opt out of the programme. Unless this opt out form is received, the child will take part in the NCMP. All the parents who took part in this research allowed their child to be weighed and measured for the NCMP. Despite this, one parent, Gabrielle, did feel that *“it is a real, real no-no. You shouldn’t be conscious about weight at that age”*. However, owing to a house move at the time of the NCMP, Gabrielle did not return the opt out form to the school in time, and as such, her son was weighed in Year 6.

Despite this 100% NCMP participation rate amongst the children of research participants, many were deeply critical of the surveillance that underpins the programme and there was a great deal of confusion regarding exactly what happens with the statistics that are gathered through the measurements upon their child’s bodies.

Sophie – *“But you sort of feel like you are signing to say yes, you agree, so you are doing your part, but you don't actually get anything back, so you don't know what, what the outcome is, it's just like signing to say yes but not getting any answers, what's happening?”*

Corinne – *“I assume if there’s a problem they tell you.”*

Sophie – *“Yes, but it just feels a bit uncomfortable to say yes, go ahead, but as a parent not knowing what the answer is to that.”*

(Sophie, mother of one, and Corinne, mother of one, focus group 3)

Conversely other parents felt that the gathering of statistics relating to children's BMI was necessary for a targeted governing of body size.

Eleanor – *“Well they need to gather statistics don't they, look at trends.”*

Wendy – *“And I think, the ones that are, like you say, they pick out the ones that do need help, that need to be told.”*

Eleanor – *“Need to be targeted yeah”*

Wendy – *“Rather than just tax on sugar, for everyone to pay more.”*

(Eleanor, mother of three, Wendy, mother of four, focus group 5)

Here there is a tension between those parents who thought the statistical gathering of body size data was positive, and those who questioned it. The second tension in the understanding of the NCMP relates to the power of the BMI as an indicator of health. The BMI has been widely critiqued (Campos, 2004, Ernsberger, 2012, Evans and Colls, 2009, Gard and Wright, 2005,) for suggesting a correlation with a range of morbidities which in fact have far more complex patterns of emergence. However, as the following quote from Hannah indicates, the NCMP's use of the BMI to define health has consequences for the ways in which parents act and understand their child's body.

“Because when I first got that information I was devastated to be honest, because I was like, yeah, I've messed up. What a rubbish parent am I? My daughter is this extreme. I think you know as far as all I have ever said is it is just puppy fat, my eldest she was quite chunky until she hit a certain age, but

because they have said this to me, like my eldest didn't have, they didn't have (the NCMP then) so they categorised her and I've gone with it you know... I felt that my argument of her being puppy fat and just a bit chunky and she'll grow out of it was flawed, and that oh no perhaps I was doing something wrong"

(Hannah, mother of three, focus group one)

Hannah's daughter had been classified as 'obese' by the NCMP measurements. This categorisation has acted as a discursive practice which reformed the understanding that Hannah had of her daughter's body size. While Hannah had previously understood her daughter's body as being just 'a bit chunky' the BMI measurements shifted her ontological framing to understand her daughter's body as problematic and in need of reduction. The 'reality' of the BMI was considered by Hannah to be more 'real' than her previous understanding of her daughter's body size. Mol (2002) describes a similar situation in her example of atherosclerosis, whereby two different diagnostic devices say two different things; one may show a patient to have severe atherosclerosis while the other device may not. In Mol's example one device is deemed by the health professionals to have a greater correlation to reality. Therefore, in cases of incoherence between these devices, one test is considered the accurate representation and real. In this way multiple realities are silenced and one reality becomes dominant. For Hannah, her new ontological knowledge of her child's body size as a result of the NCMP led to a raft of new parental practices, from changing family meals and increasing exercise, to spending time researching online what she can do to help her daughter achieve a smaller body and reduce the perceived health risk of having a higher BMI. In this way, Hannah not only understood her daughter's body size

as problematic, but she enacted a version of parenting that reinforced a need to reduce her daughter's body size, and that also enabled Hannah to continue to perform practices that are framed as good parenting.

2.3. 5-a-day and traffic light labelling

Although separate initiatives, 5-a-day and food labelling systems will be discussed together, as the effects of these initiatives on parents were particularly similar and based in quantification of nutritional knowledge. For some, this was a beneficial way of knowing food, but for others, this was in tension with the way in which they knew food and was therefore rejected as inaccurate and untrustworthy.

In the UK there has been much debate about the best way to label food in a way that will make it simple to understand whether something is healthy or unhealthy. The UK traffic light system was introduced by the Food Standards Agency in order to help consumers 'get the balance right' (Food Standards Agency, 2007). The traffic light system is a colour coded scale, designed to guide consumers into choosing food products with low fat, sugars, and salt.

The 5-a-day campaign was introduced by the Department of Health in 2002. Since its introduction, 5-a-day has come under much criticism in terms of the cost of fruit and vegetables, and claims that the target is rarely met. Despite this, the term '5-a-day' has also been incorporated into a biomedical discourse of health as a truism, that eating five portions of fruit or vegetables per day will improve overall health. Although this is largely accepted as a truth, amongst respondents there was a continuum of practices and statements in relation to the 5 a day programme that demonstrates the excessiveness of parenting

knowledge in relation to a single initiative. On the one side there were parents who felt that although they agreed it would improve health, they did not always easily reach the target. Then there were parents who readily accepted 5 a day and took action to meet that target. And then there were the parents like Martha who felt that she was *“well knowledgeable enough to know you need more than that, and we will quite often have five vegetables in one meal”*, and Gabrielle who explained her understanding of 5-a-day; *“this 5 a day that has been going on for years, ... really we should have 10 a day, if not 15 a day”*.

It was reported in the UK media in April 2014, in a week in which I carried out a focus group and a number of interviews, that 5 a day should be increased to 10 a day. This new information was similarly met with responses along the continuum of ‘not enough’, ‘we will meet this target’, and ‘it is too high’, however the report of 10 a day also acted to trouble the 5-a-day recommendation. While 5-a-day may have been variously acted upon, the degree to which it was accepted as a truth that it will improve health was largely accepted as correct. However, when the 10-a-day report was published the discourse of truth became destabilised, and it was recognised by many parents that it is hard to know at what point advice can be taken as ‘correct’.

In light of these ‘changing goalposts’ some parents instead voiced a preference to base their food decisions on the ways that food feels to eat, and the particular qualities of food that become known through the act of consumption, rather than an arbitrary number of portions to consume. This aspect of food, bodies and health knowledge is discussed in depth in chapter six, the point here being that a relational and embodied understanding of food, size and health is in tension with a quantified understanding that is promoted through traffic light labelling

and 5 (or 10) a-day. This can be explained as a different ontology of nutritional knowledge, whereby following Mol (2002) and Mol and Law (2004, 2011) there are differing ontological realities through which we come to know phenomena, and that it is through the practices that we enact, that we can access differing ontological realities of the body. So for some parents, the ontological reality of health and nutrition was enacted through engaging in a quantification of food through such apparatus as 5-a-day and traffic light labelling, yet for other parents, these quantified understandings did not match with their own enactions and ontology of health and nutrition, and it was therefore the case for these parents that these systems were met with suspicion.

3. Space and power

Within critical obesity geographies there is a focus on particular sites that reinforce the control and reduction of (potentially) obese bodies (Colls and Evans, 2009). This section explicitly focuses on three particularly influential sites of power at varying scales, which emerged within research as spaces outside of the home in which anti-obesity discourses become intensified for parents. Firstly, the space of schools is addressed as a site in which relations of knowledge and power combine with anti-obesity initiatives, to produce a location in which bodies, body size, and health becomes known in particular ways. The micro-space of the television itself, and the spatial assemblage of experts, stories, and images compressed into television viewing, forms the focus of the next sub-section. Finally, consumer spaces in which advertising acts to cement certain products as correct choices, are considered in section 3.3.

3.1. Schools

Schools are a particular site in which there is an intensification of anti-obesity discourses with a focus on children's bodies. Evans, Evans, and Rich (2003) describe the ways in which school acts as a space in which bodies are subjected to an intense form of scrutiny regarding food choices, body size, and exercise, through a focus on body size as an energy balance within the curriculum, particularly in physical education. Schools also act as the locus for the dissemination of anti-obesity policies and initiatives that act as discursive practices to reinforce the understanding of large bodies as unhealthy. The discussion of the NCMP in section 2.2 provided one example of the way in which the space of schools are utilised to carry out a surveillance initiative rooted in anti-obesity discourse. Schools also disseminate Change4Life information and are the location in which particular initiatives are enacted. The surveillance of bodies in schools is not brought about by the school alone, but is situated in a network of organisation and circulating knowledges about health and obesity (Rich and Evans, 2009).

Within Devon, many of these initiatives used to be provided by the local authority, but in the context of cuts to government funding, health professionals taking part in research explained the increasing role for privately funded initiatives. For example the 'healthy schools award' used to be a government funded initiative that:

"...had all the different kinds of dimensions in it, and in the past that was offered for free to schools who weren't academies, who were all part of the Devon LEA and they got support and the teachers go on courses, and it was all lovely and

... it covered a lot of the public health kind of aspects, now ... they have to buy in their services, there is no parity, and they have got lots of different companies contacting the schools”

(Devon health professional)

It is in this context of an expanding market for private companies and charities to offer school based services to promote a ‘healthy weight’ that, as part of this research, I spoke to a number of health professionals who work with schools. The initiatives that these professionals worked within were diverse, but followed a seemingly standard pattern in which it is deemed essential to ensure children are taught particular skills. The knowledge that professionals spoke about imparting through schools was an explicitly taught knowledge. It may be that the knowledge was imparted in creative and practical ways, but it was all a knowledge that can be taught from one person who is deemed to be an expert, to another person who is deemed to be in need of this knowledge by virtue of being a child. One health professional explained the complex series of methods by which knowledge was transferred from those that were deemed to be knowledgeable, to those deemed in need of this knowledge, within the space of the school:

“We have the Exeter Chiefs (local professional rugby team) come in or... dancers, to talk about healthy lifestyles and the importance of doing fun sessions, you know, ... and there’s newsletter articles to inform the school, and then that’s culminated in a parent’s evening, where the parents come, but the children are performing in that parents evening because the best way to get parents to come in is to get their kids to do something. So they are doing some

of the skills they have learnt in the activity workshops, and then the health co-ordinator talks about what the programme is about, what they are going to be doing, you know, chats to the parents, the parents are watching their children do rugby, there's basketball, a bit of dance ... the second phase is where we do the healthy lifestyles week which is an intense week of lessons in the morning which are given by the teacher but we develop them, and they link to national curriculum objectives so it all fits in, and everything is pre-prepared for the teachers so that is key, and then that afternoon is a drama workshop, which are led by actors from the theatre company, they do role playing, food tasting."

(Research project co-ordinator)

The knowledges that parents in research talked about were often not sourced from this kind of explicit teaching from specific experts, but were referred to by way of common sense, intuitiveness, or a knowledge based on the body itself and its capacities. However, class plays a role here again, especially given the classed bias of the participants in this research as discussed in chapter three. Here, the kinds of 'intuitive' knowledge that was talked about was often, when unpicked, based in upbringing and experiences that are inherently classed forms of knowledge. For these parents, their habitus, as the 'normal' dispositions of the self that in fact reflect their own history, matches with the 'field' of expert knowledge to the extent that their familiarity with these forms of knowledge lead to the labelling of this particular knowledge as 'intuitive'. The assumption amongst many of the parents in research, and the health professionals, is that in those families where knowledge is not taught over time in line with the classed and raced aims of public health and specifically anti-obesity discourse, then school based knowledge will work as a stand in. Here

school based knowledge works as both 'imprinted' on the body, such as having a taste for healthy food and a routine of exercise, and as explicitly taught through nutritional knowledge and an understanding of the 'energy balance' and the possible harm that could befall a fat body.

Within the dissemination of knowledge on body size and health in schools, children are not framed as passive, but occupy a role of agents of change. This acts in two ways. Firstly, hope is imbued in children, that when they are armed with the 'correct' knowledge, they will grow into 'good citizens' and parents themselves. The position of children in terms of hope (and fear) for the future is discussed further in section 5. Secondly, children are refigured as experts themselves, who can then bring the knowledge taught in school into the home. Children bringing knowledge home from school was met by a positive reaction from the parents within this research who felt that the information that the school gives fits within the family knowledges and practices, and therefore reinforces them:

"The school put leaflets out, I think it's fantastic when the school does get actively involved because then my daughter tends to come home with the thing and say you need to have loads of fruit and veg, and that's been really helpful because it doesn't come from me then, so that's quite helpful that I feel validated."

(Emma, mother of two, interview participant)

However, parents did not always agree with the particular approach in which health and body size is taught within school. One parent, Wendy, explained that her daughter made herself ill because she ate so much fruit after her class had

been learning about '5-a-day' in the same school day as a lesson where they talked about Jesus dying on the cross. Wendy explained that her daughter had interpreted these two lessons in such a way that she thought she would die if she did not eat enough fruit and vegetables. Following her daughter having to leave the school early with an upset stomach, the next day Wendy told her daughter's teacher:

*"That's your fault Mrs ***, she said, I don't know what you mean, and I said after what you said yesterday she thought she was going to die if she doesn't look after herself."*

(Wendy, mother of four, focus group five)

Another parent agreed with the messages of healthy living and was personally very invested in providing a nutritious diet for her son beyond that of the school's level of information; for example, she ate a mostly organic diet. This parent felt that schools did not provide enough information on how pesticides in agriculture may affect bodies. However, she felt that the school focussed too much on quantification of diet, and that this could have negative effects. She explained that:

"It's the over thinking, so actually for some people it can be quite unhealthy and I think for somebody like Harry who can get a little bit obsessive, he is a bright kid, so actually are these recording things that helpful? Err, no, well I don't think so anyway, not for us."

(Martha, mother of one boy, interview participant)

These examples illustrate the school as a space in which a singular knowledge of healthy bodies and body size is taught in particular ways. The effects that are of interest here are those that are felt by parents when this knowledge is taken outside of the space of the school, and into the home, in which the multiplicities of life meet the singularity of taught knowledges. These effects bring attention to the agency of children, but also to the ways in which children are invested with potential within policy to bring about change. Paying attention to the effects upon parents of children being taught about body size and health in school, serves to capture the diverse ways in which bodies are known and through which health may be enacted. While for many participants their own knowledges fell into lines with that which their children were taught in school, for others there were points of tension between these ways of knowing body size and health.

3.2. Media spaces

Media sources of knowledge are one way in which knowledge may be brought into the private sphere of the home. Television media was, for more than half the participants, an influential source and a location in itself, in which discourses of health, obesity, parenting, and responsibility were enacted by influential others, and made sense of within the lives of participants. Through the medium of the television, entwined spatial domains are rendered visible (McCarthy, 2001). The role of television, as an assemblage of intra-acting human actants and non-human apparatus, is voiced through participants. For some participants, the power of television media was recognised as a danger. It was critically interrogated as a biased source of knowledge, which is disseminated with a particular agenda. For parents who felt this way, television viewing was

often limited due to a concern that the power of television media may negatively affect how size and health are understood. Additionally, participants were often aware that only certain bodies are shown in television media, or that information was often contradictory, and it was therefore unreliable. However, other participants had an altogether more positive understanding of knowledge from television. Although this may be filtered for reliability, for example only favouring information that is on BBC channels, or those that draw on 'evidence' from someone who is a perceived expert, for these participants, television media is a powerful agential influence on what is understood as correct knowledge.

For parents who saw television based knowledge of bodies, size and health as broadly positive, the power of the assemblage of the television was often realised in the way in which participants referred to television as supporting a personal knowledge ontology. For example Rachel, a mother of two girls, had experienced a close family member suffering from anorexia, and was therefore keen to emphasise to her daughters that she felt any extreme of size to be unhealthy. The programme 'Supersize vs Superskinny' supported Rachel's approach to size:

"I like the way that's done because it's not saying one's worse or one's better, it's balanced, it's saying neither of these are healthy, and I do sit with my elder daughter and she watched that with me."

That the television media has often also played a role in developing that personal ontology was for many participants something that they were aware of. Here the assimilation of a particular knowledge ontology can be situated within a reflexivity in which many participants were aware of the various sources of

knowledge that constituted their own ontological perspective of body size and health. For example, Dora explained what she saw as problems with obesity, but was well aware that what she said came from media sources:

“It puts a strain on the heart, and blood pressure, there is probably a level beyond which it does become quite dangerous, umm, I’m probably just reiterating all the things I’ve heard from the media, you know.”

(Dora, mother of three, interview participant)

Despite this reflexive understanding of the power of television to influence understandings of parenting, body size and health, television remains a powerful assemblage of spatially configured knowledges, which reinforce dominant discourses of what it is to be a good parent, and the virtues of maintaining a ‘correct’ body size for yourself and those you care for. The next section takes one particular actant, Jamie Oliver, to demonstrate the power of television media to draw on, and reproduce, affective discursive representations of ‘bad bodies’ and ‘bad parents’

3.2.1. Jamie Oliver and parental failings

Through his early TV chef career, and vocal comments about the nutritional content of certain foodstuffs, Jamie Oliver established himself as an expert and ‘common-sense caring character’ (Gibson and Dempsey, 2013). So when Jamie Oliver made the 2005 TV programme ‘Jamie’s School Dinner’s’ in which he set out to improve the nutritional content of school food, he was an established expert, intervening in a perceived problem. The problem was school dinner content, and in the programme this was closely linked to the so-called obesity epidemic. In ‘Jamie’s School Dinners’ and the later ‘Jamie Oliver’s Food

Revolution', Jamie Oliver draws upon emotional appeals to support his stance (Slocum et al, 2011). Furthermore, he foregrounds this emotional appeal to stop 'killing your kids with food', over an understanding of the structural power inequalities that are expressed through diet. Through these particular emotional appeals, the power of Jamie Oliver's discourse of individual parental failings is taken into homes through television media. The combination of Jamie Oliver's position as a food expert, his emotional appeals, and the spaces of media dissemination, combine to make his discourse of childhood obesity as parental failing a particularly powerful one, which is largely unquestioned. Returning to the performative aspects of anti-obesity discourse, Jamie Oliver's television programmes have acted as discursive practices which cement individualistic parental responsibility as a causal factor in childhood obesity. The specific tactic of emotional appeals have ensured that Jamie Oliver remains as an enduring referent to support childhood obesity as parental failing; as one participant asserted "*I think Jamie Oliver is right, its absolute child abuse, to overfeed them like that*".

One particular element of Jamie Oliver's enduring legacy is the scenes from 'Jamie's School Dinner's' in 2006, in which parents of children at Rawmarsh Comprehensive School in Rotherham defied the new lunch menu. A number of parents were photographed passing burgers through the railings of the school playground, and this image was then published in many British newspapers.



Figure 5 - 'Sinner Ladies Sell Kids Junk Food' Source: The Sun Online available from <http://www.thesun.co.uk/sol/homepage/news/63611/Sinner-ladies-sell-kids-junk-food.html> first accessed 31/11/2012

This image was vocally attacked by Jamie Oliver and a number of journalists at the time, who argued these were 'Fat stupid parents fighting to raise fat stupid children' (Hattersley, 2006). The mothers at Rawmarsh were turned into particular caricatures of working class mothers, a model of working class ignorance par excellence.



Figure 6 - Rawmarsh mothers caricatured, The Sun, September 2006.

Julie Critchlow, one of the mothers who was photographed passing food through the railings at Rawmarsh Comprehensive spoke out through the follow up series, Jamie's 'Ministry of Food'. Critchlow raised the classed context of Rotherham, criticising Jamie Oliver for failing to understand the "day-to-day lives of Rotherham people, who carry in their bodies a history of industrialisation, pride and disadvantage" (Warin, 2011:35)

The image of the 'Rawmarsh Mothers' serves as a discursive tool which reinforces a particular discourse of parental food choices. Pike (2010) and Gibson and Dempsey (2013) discuss the complexities behind the food choices and practices of the 'Rawmarsh mothers'. Conversely, within my research,

participants spoke of the 'Rawmarsh mothers' in a way that illustrates the fixing of these women as bad parents by virtue of these food practices. The 'parents putting chips and burgers through the railings' were often cited by participants as evidence of the generalised existence of bad parenting and ignorance, which is deemed to require an intervention of some kind to counteract. As one participant explained:

"It's like that Jamie Oliver thing where he is trying to do the food and the parents are feeding chips, McDonalds, through the railings, saying 'stop starving my children, he needs his chips' ... obese mothers, usually, feeding their kids... because it is a long term educational thing that sadly some people have missed, the fact that McDonalds isn't good for you, and cooking some broccoli and things at home is dead easy, and it is, it is an educational thing. And class."

(Gabrielle, mother of one, interview participant).

The numerous times that participants spoke of the 'Rawmarsh mothers' in the course of this research is revealing of the enduring power of this particular image and the textual analysis that Jamie Oliver and journalists attached to the image, despite seven years having elapsed between the 'Jamie's School Meals' campaign, and this research project. The story behind the Rawmarsh image has been hidden by a fascination with the stereotyped 'bad parenting' that it represents. With Jamie Oliver as the hero of the story, seemingly motivated by 'heartfelt sentiment' (Slocum et al, 2011) to rescue these 'ignorant' families from themselves, the apparent determination with which these parents reject and resist this is taken as further evidence of their ignorance. The Rawmarsh mothers have been fixed in this role of 'ignorant bad parents'. As the

discussions with research participants demonstrate, they have become appropriated as a discursive tool in which parenting practices by 'others' that are perceived to be negative and possibly result in obesity, become fixed against a discourse of ignorance.

3.3. Consumer spaces

A further and particularly intense space of powerful messages around body size and health is that of consumer spaces. The advertising rhetoric of companies such as Weight Watchers (Heyes, 2006), and supermarket's 'healthy ranges' targeted at children (Colls and Evans, 2008), employs existing discourses of good food, health, wellbeing and an ideal body size in order to promote their products. Geographies of consumption stress the need to analyse consumption practices together with the spaces in which these practices unfold (Williams et al, 2010). Participants specifically talked about their consumption practices in relation to the space of the supermarket. Supermarkets act as a primary space in which government strategies for improving health are presented to parents as consumers, through the specific marketing of certain products as healthy (Colls and Evans, 2008).

The influence of supermarket spaces on the understandings of parenting, body size and health amongst participants can be seen in two different ways. The first influence comes from the actions of the supermarket and producers who sell their products within the supermarket. Here, the power of advertising, especially that advertising which draws upon existing discourses of what it is to be a good parent, and links body size and health, can be seen. Colls and Evans (2008) draw attention to the way in which the advertising of food as 'healthy' for

children is targeted at parents, and in this way children are excluded from the possibility of acting as consumers. In this way, a position of children as irresponsible, and vulnerable to making bad choices by virtue of their irresponsibility, is cemented. Extending Colls and Evans' analysis, this also excludes the possibility of a knowledge of food based in visceral experiences, by closing down the agency of (children's) bodies as able to make correct choices without the guidance of a 'responsible' consumer. This construction of responsibility relies on a framing of knowledge and practices in which there are singularly 'responsible choices', rather than a framing that prioritises the multiplicity and situated context in which decisions are made. The framing of singular responsible choices is drawn upon within consumer spaces through advertising campaigns that posit their products as a 'healthy choice'. For Eleanor, a parent of three children who participated in focus group five, advertising influenced the consumption choices for her family.

"I did buy umm Nutella because it was campaigned so much how healthy it was, you know, it went on about all the nuts in it and everything and I thought, oh that might encourage them, because I try when they come in from school to avoid not just grazing on biscuits"

(Eleanor, mother of three, focus group five)

For Eleanor, the advert that framed Nutella as a healthy product, led to her purchasing this and feeding it to her children with an understanding that this was a preferential 'choice' to biscuits. The Nutella advertising campaign draws upon discourses of good parenting; parents happily preparing their children's breakfast in clean kitchens, healthy diets (the advert emphasises the nut

content of Nutella while failing to mention the high sugar and fat), and a normative body size (all the parents and children featured in the advert are slender). Therefore the power of the advertising campaign shaped Eleanor's consumption practices by drawing on existing discourses which Eleanor understood and acted within. Of course Eleanor is not alone in relating to these discourses, as they form the dominant framing of parenting, body size, and health.

The second influential factor in the space of the supermarket is that of other shoppers. For the parents who participated in this research, the consumption practices of other shoppers acted to define their own consumption practices as correct. The space of the supermarket is one in which the consumption practices of others are rendered visible, as are participants own consumption practices. Combined with awareness through dominant discourses of good parenting and food choices, this led participants to be quite critical of the shopping habits of others. In the same way in which Jamie Oliver's Rawmarsh mothers serve as an example of 'care gone wrong', and a need for draconian interventions and 'education', for many participants the consumption habits of others similarly served to reinforce the notion that, while they themselves know how to parent 'correctly', there are many others who do not. The excessive situated contexts of the lives of others becomes obscured behind singular moments, such as the content of a shopping trolley, and render invisible the reasons, forces, and meanings that underlie the content of the trolley.

4. Obesity and the Nation: The national responsibility of a parent

In the previous section, I focused on micro level spaces in which discursive practices intensify anti-obesity discourses and link them to parenting in specific ways. This section will focus on the macro-scale of the nation, and how parenting and body size practices become linked to the nation through the concept of being a 'good citizen'. A healthy body has come to signify a good citizen, a citizen that disciplines one's own body, and in doing so, extends the reach of the state and shares the burden of governance (LeBesco, 2011). For research participants, a good citizen was one who contributed to the nation's economy, while a bad citizen took from the economy. With body size being discursively linked to health, one of the key concerns about body size for participants in this research was that obese citizens would require NHS treatments for linked health problems, and therefore become a burden on the NHS, the national economy, and through taxes, a cost to us all.

In the contemporary UK political context of austerity, the responsibility for individuals to minimise national spending has intensified, and in tandem with this is a popular critique of those who "place a strain on the NHS" (NHS Choices, 2011). Obesity has become situated in public discourse as an affliction which arises from an individual's poor choices, and drains resources from the NHS. There are also a number of wider potential costs to the nation that have been identified (Lobstein, 2010). Through policy language that claims that "if we do not reverse this [increasing obesity rates] millions of adults and children will inevitably face deteriorating health and a lower quality of life and we face spiralling health and social care costs" (Cross Governmental Obesity Unit,

2008), and news stories that proclaim the “NHS struggles under fat Britain” (Perry, 2015), obesity is cemented as something which is a threat to us all.

Dyck et al (2007) argue that we can see the hegemonic power of neo-liberalism enacted and resisted through the minutiae of the everyday, and that care at the level of the everyday supports the goals of the nation state. Here the goals of the neoliberal nation state, and a feeling of individual’s being responsible citizens within the nation state, are explicitly recognised by some participants in my research. For a number of participants, their relationship between their own bodies and the bodies of others in the family, and the way in which they conceptualised bodies within the nation, throws light on the relations between spatial scales of body, home and nation. I will firstly turn to one particular effect of ‘fit’ bodies being understood as a concern of the nation state by participants who felt they were responsible citizens with ‘fit’ bodies. A number of participants felt that the bodies of others that were obese, were of concern to them through the strain they place on seemingly limited national resources, as one participant angrily stated:

“People expect the government to fix them, it drives me nuts, there’s no personal responsibility anymore for their own health and their own choices.”

(Kate, mother of two, focus group four)

This particular discourse can be seen as a specific spatial and temporal political ontology of responsibility which pervades contemporary UK life, and links the size of bodies to the nation through this particular set of political discourses. It brings together the ideas of free choice, with the an emphasis on a need for free choice to be enacted with a responsibility to the nation. It also makes it possible,

as the above quote from Kate illustrates, to speak of the body size and parenting practices of others as a set of practices or attitudes that are of personal concern through a perceived cost to the NHS, and by extension, the tax payer. The complexity of the relationship between diet and body size, and the categories of 'good' and 'bad' foods have been extensively debated (see for example Guthman, 2011, Tischer and Maslon, 2012). Yet within the discourse of obesity, this complexity has been reduced to a simple choice, with the 'good choice' being one which does not take any resources from the nation. This is a political stance, and was debated as such by participants with another member of focus group four responding to Kate's comment above, when she said:

"Well I think that's a myth being put around by the government, because when you are not well, you are not well, and when you are really up against it and you are struggling and you are working 60 hours a week, it's much easier to put something in the microwave."

(Corinne, mother of one, focus group four)

So for Corinne, it is the structural inequalities that may underlie food practices that create the idea of individuals that are irresponsible 'bad' citizens who take from the nation. The idea that government structures may be the root cause of the costs imposed on the same government, troubles the fixed notion of an individual's ability to freely act in a way that is 'responsible' within the aims of the nation state. However, as Evans, Colls and Horschellman (2011) point out, the influential Change4Life programme dismisses limitations imposed by structural inequalities as myths, and sets out to demonstrate that anyone can make 'healthy choices'. So, on the one hand is an approach to the ability to

make healthy choices that sees them as constrained by structural inequalities, in which the responsibility for improving health lies with the government to reduce inequality in order to enable health. On the other hand, the government, through such initiatives as Change4Life, create a framework in which individuals are posited as having the ability, and responsibility, to make the correct choices for health.

Considering the care work of parenting in relation to body size, following Dyck (2007), the parenting work of maintaining the family's 'correct' body size and health can be seen as an example of ensuring that care work supports the aim of a nation of 'fit' citizens. Here 'fit' means both in the physical sense, and in that those citizens who act in line with the aims of the nation state are most fitting to be citizens, and are therefore able to go about their lives free from state intervention (Gilbert, 2007). This is a gendered discourse in which women are assumed to bear the responsibility for parenting in a way that supports the nation. The participants in my study reiterated an ideal body in terms of the nation state as one which did not impose a cost upon it. Despite this desire by the majority of participants that individuals should not impose upon the nation state, participants voiced a need for the nation state to intervene in the lives and bodies of those who were deemed to be a possible future risk to the nation. Future risk was framed as the possibility of creating a financial burden on the nation through the NHS or welfare system, or owing to some 'risky' characteristic of their body and lifestyle practices. The next section moves on from this to take up the specific theme in anti-obesity discourse of acting upon bodies now, in order to shape and prevent risky bodies in the future.

5. Governance, affect, and the future

Following the way in which the idea of a fit national body is at the fore in anti-obesity policy, and parent's discussions of the perceived 'obesity epidemic', a second key discourse in both policy and parent's understanding's is the way in which there is a sense of needing to act now in order to control future body size. This section will begin by briefly extending Evans' (2010) analysis of the language of futurism in anti-obesity policy, with reference to a range of government initiatives, and the language of local health professionals who have taken part in this research. Attention will then shift to the parents within this research and the ways in which the political language of the future is drawn into their everyday use.

Within biopolitical governance the future is felt, anticipated and acted upon by a range of techniques that act to bring the future into the present (Anderson, 2012). Evans (2010) foregrounds the role of the child in pre-emptive, biopolitical obesity policy in which obese children are constructed as innocent victims of parental care-gone-wrong. Evans explains that it is this framing of children's body weight as indicative of problematic parenting which prompted the Change4Life 'Killing with Kindness' campaign, in which action to address the perceived problem of childhood obesity mobilised affects such as shame, guilt and altruistic fear for those that you care for (2010:31). Evans demonstrates that through the use of particular statements about the possible (obese) futures of children, parental anxiety is mobilised in order to mitigate what has become understood as a real possible future for children. While Evans uses the example of the Foresight report (2007) and the cross governmental strategy document, Healthy Weight, Healthy Lives (2008), the language which makes children's

unknown futures of body size felt as a need for parents to act in the present, can be similarly seen throughout the Change4Life literature which arose from the Healthy Weight, Healthy Lives strategy. The Change4Life website draws primarily on the affective capacity for parents to feel hope for the future health of their children. For example, the 'Get active' section the Change4Life website states that:

“Eating well and being active can help prevent kids developing serious illnesses later in life. And new physical activity guidelines show that once they can walk they should be physically active for at least three hours a day. Encouraging your kids to develop healthier habits early on means that they will then become a normal part of their everyday life as they grow up.”

(available from <http://www.nhs.uk/change4life/pages/lazytown-challenge-families.aspx>)

Here, Change4Life draws explicitly on a linear narrative of children growing into adults and carrying forwards in time the habits set in place by parents. This narrative of time was reiterated by the health professionals who participated in my research, with many speaking of children's futures as the target of their actions now, in order to see 'differences down the line'. This is based on the assumption that overweight children will become overweight adults, and that action is needed now. Like Change4Life, the Devon based health professionals who participated in this research were concerned with engaging both children and adults in order to bring about a particular future which is free of fat.

For parents who participated in research the trajectory of future hope, and parental action to realise this hoped for future, ran in parallel with an anxiety

and fear about a future of health problems and overweight bodies. The affective dimensions of parenting for the future are discussed in chapter six; the focus here is on the ways in which anti-obesity policies and initiatives reiterate these affective discourses, and serves to cement a singular inevitability to the shaping of the future in actions now. For Alice, a great-grandparent with parenting responsibilities for her great-grandson, there was confidence that her parenting actions now would have a positive impact on future choices.

“If you are giving them healthy things that will eventually be their choice anyway, because Sam now, if he has to have a packed lunch he’ll have juice, a yoghurt, and he has a container with grapes and he has nuts, pistachios, he likes, he doesn’t go for anything sweet, he doesn’t go for the crisps or, but he could, I’ve got them because he will occasionally have them but he’s now choosing himself when he will eat these things”.

(Alice, guardian of one child, focus group 5)

The discourse of choice is central to Alice’s conceptualisation of the future. For Alice, making ‘healthy things’ the default option now, would shape future choices by creating habit and preference for what Alice regards as the correct choice. The shaping of choices in this way is akin to the UK government’s nudge tactics of libertarian paternalism, in which the perceived irrationality of human behaviour is mitigated by making what the government believes to be the best choice, the default position (Jones et al, 2011). While the government implement this tactic with a view to making the ‘wrong’ choice more difficult, for Alice, this was implemented in order to cultivate over time a taste for the foods that she would like her great-grandson to choose. While Alice focussed on a

positive outcome of future health, Marianne talked about the future in terms of potential ill health if careful diet and exercise is not adhered to:

"I suppose partly for me but I think more for the children I am just so aware of what goes into them now, you know you could be building up you know, sort of you know quite long term, I'm worried that if they do eat too much fat, salt, sugar, whatever you know they could be building themselves up for diabetes, heart disease, all sorts, cancer, all sorts of things in life".

(Marianne, mother of two, interview participant)

Marianne was very aware of potential health problems that she felt could arise in the future if she did not ensure her children ate a carefully balanced diet, and exercised enough in the present. For Marianne, the pre-emptive deference of the 'obesity time bomb' was felt within her everyday parenting as a pressure to avoid a future of ill health for her children. Following Anderson's (2012) 'styles', or statements, through which future life is evoked in the present (described in chapter two, section 3.4), the much quoted 'obesity time bomb' can be situated at a potentially catastrophic future scenario, with the source of the threat existing as a vague and spectral presence. Marianne's example of her fear for the future health of her children can be understood through the lens of Anderson's styles of making the future felt in the present. Here, the threshold past which the catastrophic future will be realised is uncertain, and only action in the present will ensure that disaster is not realised.

One particular element of these styles, or statements, that Anderson (2012) draws attention to, is that the bad, which threatens disaster, exists within the good, and so disaster incubates within all life. Again, the evocation of an

'obesity time bomb' within anti-obesity policy and media, and the example of Marianne's concerns for a future of ill health, capture this sense that we cannot neatly differentiate between that which is valued, and that which is a threat to valued life. This tension is felt within anti-obesity policies and initiatives through the focus on food. While food is necessary to life, fats and sugar are targeted as the areas which are 'bad', and a threat to a valued, non-obese, life. However, this distinction is also not clear cut, as the Change4Life website's description of fat in food shows, the threatening 'bad' of fats could be present in unexpected food items:

"We all know too much fat is bad for us. But we don't always know where it's lurking. It seems to be in so many things we like, it can be difficult to know how to cut down."

Change4Life, (available from <http://www.nhs.uk/Change4Life/Pages/cut-back-on-fat.aspx>)

In order to deal with this 'lurking' presence of potentially damaging fats within foods, Change4Life lists various foods which are the 'better option'. These foods are presented as safe, and unlike the 'bad foods that Change4Life lists, the better option is not associated with the 'lurking' presence of fat, threatening danger to the aim of a healthy future. In this way the complexity that is the spectral threat existing in the multiplicities of life, is simplified through categorising foods in order to present the possibility of making 'safe' choices.

However, as discussed in section 2.1, despite government initiatives framing 'correct' choices as being freely available to all who are armed with the correct knowledge, structural constraints limit what can be chosen. Although none of

the parents who participated in my research were structurally constrained from eating well, it could be argued that for parents who are unable, for whatever reason, to avoid food that is affectively constructed as a danger to future health, they may be stuck feeling anxious about their child's future but unable to avoid the foods or practices that are the source of anxiety.

6. **Body size and governing identity**

This section focuses on the ways in which, through a biopolitical governance of body size, gender, class, and race are also governed, and how the unequal distribution of power through these axes of identity is recirculated within anti-obesity discourse. It has already been covered in section 2.1 that the Change4Life programme works to model behaviours on an idealised middle class, white female model of parenting, whilst simultaneously masking this intention in order to avoid potentially alienating middle class overtones (Evans, Colls and Horschelmann, 2011). This section extends these ideas to consider how gender and race are also implicated in the discourses, policies, and initiatives around body size. The ways in which these axes of identity, and their incorporation in anti-obesity discourse, become assimilated into family life are discussed at length in chapter five. This section serves to set a context for that later discussion through a focus on the ways that power and anti-obesity discourse work to govern identity and body size inextricably, and how, in doing so, the notion of unruly oversize bodies becomes conceptually linked to particular marginalised and powerless groups of society.

The following sections focus on class, race, and gender. These axes of identity are all integral to anti-obesity discourses in that such discourses are

experienced differentially according to class, race, gender (and space), and that anti-obesity policies work to act upon class, race and gender in discreet ways. However, it is understood throughout this thesis that the complexities of intersectional identities cannot be reduced to simply studying one axe of identity. Paying attention to how identities are implicated within practices, better informs the ways in which intersectional identities work within and through body size and anti-obesity discourse. Normative conceptualisations of class, race and gender are performed and reinforced through the enactment of 'good' and 'bad' parenting, health, and body size.

6.1. Class identity and anti-obesity initiatives

Colls and Evans (2009) argue that anti-obesity policies tend to construct groups of people as homogenous, and then compare them against normative models of an ideal lifestyle; one which is in sync with a middle class set of practices. In light of this ideal lifestyle, Colls and Evans point out that anti-obesity initiatives tend to be aimed at poor and working class communities, who are considered unable to avoid obesity due to a perceived lack of knowledge about the 'right' way to live. Although obesity amongst the middle classes is recognised, it tends to be attributed to the stresses of middle class existence, such as long working hours (Colls & Evans, 2009). Therefore, different classed narratives emerge in accounts of body size.

As mentioned previously in section 2.1, the Change4Life programme is an exemplar of the way in which body size and parenting is presented within discourses of class. In the Change4Life social marketing strategy (DoH, 2009) a number of groups are identified for targeting. While class is not mentioned as a

defining feature, one such group is identified as, 'the 1.6 million families whose current behaviours and/or attitudes suggest that their children are most at risk of weight gain' (DoH, 2009, p18). These behaviours and attitudes are listed within the strategy paper, and include that "for at-risk families, 'health' (healthy living) is perceived to be a middle-class aspiration which is punitive, dull or simply unattainable" (DoH, 2009, p21). In this way, while never mentioning that the group of people who are perceived to behave in these 'risky' ways, or who have 'risky' attitudes are working class, the document makes it clear that these groups are not middle class, and that the correct (healthy) behaviour is one which is middle class. Evans, Colls, and Horschelmann (2011) explain that in order to address this Change4Life promotes 'middle class' models of parenting while seeking out 'working class' voices to do this. So Change4Life demonstrates what an 'ideal' ('middle class') parent does, through a style of communication that is aimed to appeal to their working class target.

The theme of targeting a seemingly homogenous working class group was also present within the Devon based initiatives that were discussed in research interviews with health professionals. Tania manages an initiative in Devon which aims to improve school food culture through engaging teachers, parents and children in 'the whole cycle of how food gets on the plate'. Tania explained that the training events she runs for school staff are universally open for attendance, but priority places are given to those from target areas which have been selected according to data from the indices of multiple deprivation affecting children. However, these priority places are not advertised. The scheme receives data on who should receive a priority place, but does not make explicit to those receiving these places that they are being targeted in this

way. Likewise, Donna managed another school based initiative to tackle obesity within Devon, through a creative array of tactics to encourage children to exercise more and eat well, which similarly targeted a higher percentage of schools with 'multiple deprivation'. The technique of targeting based on indicators of class is central to both the local initiatives discussed here, and to Change4Life, but they all take steps to practice this covertly.

Despite this tendency to avoid explicitly addressing policies towards certain groups of people defined by class factors, working class families are clearly considered to be in need of anti-obesity targeting, and this classed targeting acts upon parents. Within my largely middle class sample of parents, their particular habitus which gave rise to their own classed position, influenced the classed interpretation of anti-obesity policies. The habitus structures what we come to know in our lives as 'normal', but is in fact an expression of our situated, classed, history (Bourdieu, 1984). In this way the classed messages of anti-obesity policies and initiatives became understood by middle class participants in my research as targeted at a different kind of person, as they do not match with their own habitus. As a target of health promotion, the classed 'other' becomes cemented as a lesser person who is in need of a correction that they themselves do not require by virtue of the intersectional privileges that their habitus affords them.

6.2. Racial discourses of size in anti-obesity initiatives

Despite the consistent portrayal of obesity as a particular problem for non-white racial groups, obesity statistics tend to overstate the increase in obesity prevalence amongst these groups (Guthman, 2014). Owing to the framing of

obesity as a specific problem for particular racialized groups, such groups have become targeted by policies and initiatives that attempt to address this perceived inequality in obesity prevalence and race. Guthman focuses on the problematic attempts to address the supposed disparity in the US food justice movement, which tends to seek ways to improve access to 'healthy' food for groups targeted by race. Those who champion this approach, argues Guthman (2014:1155), "tend to be those who have a stake in defining health, good food, and justice in ways that are comfortable to them and they bring all sorts of assumptions based on their own cultural histories".

In the UK context, the Change4Life programme targets 'those ethnic minority families where levels of childhood obesity is particularly high' (DoH, 2009, p 18]), who have been identified within the strategy as Black African, Pakistani, and Bangladeshi families. Targeted families receive access to additional Change4Life resources and targeted communications. For example, as part of an 'at-risk' group, the ethnic groups identified by Change4Life were sent a Change4Life questionnaire called 'How are the kids', which aimed to draw attention to the ways in which 'modern lifestyle is affecting the family' (DoH, 2009, p8).

Change4Life targets Black African, Pakistani, and Bangladeshi families based not only on BMI data, which suggests higher prevalence of obesity amongst these groups, but on particular parenting practices or 'behaviours'. These behaviours are listed in the Change4Life social marketing strategy as culturally associated with all three of these diverse racial groups, and can be broadly separated into the cultural practices of the family, and the attitudes and beliefs that it is considered these families have around food and body size, by account

of their 'race'. Change4Life aims to change these behaviours to fall into line with those behaviours and attitudes they consider to be healthy, and in order to do so, uses the media and a range of engagement strategies in order to reach the widest possible audience, owing to a recognition that they cannot reach the whole target audience. As discussed in relation to class, these messages which aim to change behaviour and attitudes in targeted groups, reach a far wider population. As such, I argue that the effects of this on the wider population are a re-inscription of a particular version of the (white British) norm as healthy and correct, and the ongoing marginalisation of non-white groups based on their supposed behaviour and attitude traits. Furthermore, through this targeting, these entire groups become linked to risky, out of control, obese bodies; a discourse that holds all the more power in light of pre-existing racial discourses that have acted to inscribe the bodies of colonised and non-white as uncivilised, dangerous (McIntock, 1995), and a threat to the nation (Razack, 2008).

Within the sample of parents in my research, almost all were White British, with only one parent of mixed Caribbean/British ethnicity, and 2 parents who were from other European countries. Devon has a particularly low non-white population, with 94.9% of the population being White British compared to 79.8% in the rest of England (Office for National Statistics, 2011). Amongst research participants, race was very rarely mentioned, with the only exception being a parent in focus group three, who echoed one of the perceived risky attitudes that Change4Life identified for their targeted ethnic groups when she commented that "coloured people, they like big, big women don't they".

Despite a lack of engagement with race directly, participants often referred to a perceived notion that where they live is generally a healthier place, with less

incidence of obesity, than in other areas of the country. The linking of place, environment, identity and understandings of size and health will be discussed further in chapter five. However, it is worthy of note here that the evocation of an 'other' place in which there are people who are less healthy, in light of the largely white population in Devon, and the generally middle class participants, hints at an assumption amongst participants that those who deviate from their largely white, middle class norm, may be inherently less likely to be healthy, and more likely to be obese. The diversity of practices of life, and intersectional identities, are enclosed within a version of 'normality' in which people either fall into 'good' practices, or 'bad' practices, and that this can be pre-judged by virtue of tying race and classed identities to singular understandings of practices within large and diverse groups. However, race and class are both experienced differentially according to gender (Ridgeway and Kricheli-Katz, 2013), which can act to intensify raced and classed experiences. Within the arena of the home, and practices of child rearing and food work, it is women for whom these raced and classed experiences are intensified.

6.3. Gender in anti-obesity initiatives

In health promotion policy, it has been convincingly argued that it is women who take on the burden of health concern for other family members (Moore, 2010). This section will draw on Judith Butler's (1990) theory of gender performativity, in which gender is continuously re-inscribed as a natural category. In chapter five, I will focus on how the circulation of a gender discourse within anti-obesity policies and initiatives is enacted, and contested in the home and in everyday parenting practices. Here, I will draw attention to the ways in which a discourse

of binary gender as natural is re-inscribed through the language of anti-obesity policies and initiatives, particularly centred on the theme of responsibility.

I will begin with the example shown in figure 1, drawn from the Change4Life website, which illustrates the way in which gendered responsibility is framed in anti-obesity initiatives. Here, a question appears to be posed by a man (with the assumption that this is a heterosexual relationship). The man in the text is concerned that the actions of his wife may be putting the whole family at risk of obesity. Specifically, the actions involve the man's wife wanting a break from cooking every night and getting fish and chips for the family instead. The 'expert' voice of Change4Life responds to this question with some ideas for making fish and chips a healthier dish in order to mitigate the potential harm of the women's food choices, but at no point does it challenge the underlying assumption that it is the responsibility of women to cook and prepare food for the family. Furthermore, it suggests that if the family become fat, then this is the fault of the women in the family.

My wife always gets us fish and chips on Friday nights because she doesn't like to cook at the weekends. I'm worried that this is going to make us fat. What swaps can we make?

Fish and chips is a great traditional dish – but a portion can contain up to 1,500 calories. On average, women should eat around 2,000 calories each day, and men 2,500. So fish and chips can take up a big chunk of that – and that's before all your other meals, snacks and drinks have been taken into account that day.

You could try sharing a portion and add some salad, baked beans, bread or mushy peas to fill you up instead. Or try having a kids' portion, if they do it. Have it every other week or try making your own oven baked version at home instead. And watch the salt - if you want salt, it's best to add a small amount yourself.

[Read more about healthier takeaways](#)



Figure 7, Fish and chips on Fridays, <http://www.nhs.uk/change4life/Pages/facts-about-fat.aspx> first accessed 05/01/15

While Metcalfe et al, (2009) found that men are taking more of a role in food related parenting practices, it still appears to be that women in the home are understood by Change4Life as the main caregiver, and that policies and initiatives need to address women in order to prevent 'care going wrong' (Rawlins, 2009). One of the health professionals who participated in my research ran sessions that were targeted at those families who were considered to parent badly, in other words, where care has gone wrong. These were families where there had been involvement from children's services and the

family had been identified as requiring support for the parents, in order to protect the children. In the past these sessions had more funding available, and they were able to offer sessions to all families, not just those referred through Children's Services. Owing to budget cuts, it is now the case that only referred families can attend. Caroline, who runs these sessions, explained that while often couples attend together, it tends to be just the mother.

Although health professionals who took part in this research did tend to refer to 'parents', rather than 'mothers', when talking about how their initiative engages parents, or where they feel a problem may lie that could be a causal factor in obesity, mothers were in some cases singled out as the target of engagement or the cause of a problem. For example, one health professional explained that he felt obesity needs to be addressed through initiatives that get children more active because:

'Mothers are working so they (children) are literally plonked down in front of the TV and that's it, so they don't get the same round of development and brain development and movement development.'

(Leon, Health Professional)

For health professionals, the way in which they deliver anti-obesity initiatives is replete with gendered assumptions about who should, and who does, care for children's bodies, and likewise where blame then lies if that care should be judged as faulty. Against this backdrop of a highly gendered delivery of anti-obesity initiatives, these themes will be taken up again in chapter five, section 5, to explore the ways in which gender, body size, and responsibility is played out

within the family in light of anti-obesity discourse, which has been demonstrated here to mutually reinforce traditional notions of gender.

Class, race and gender have been separated here for the purpose of illustrating the ways in which each of these structures of identity are targeted within anti-obesity policies and initiatives. However, that is not to say that class, race and gender do not work together. Intersectional approaches to identity have shown how multiple identities connect with systems of oppression (Gamson and Moon, 2004). Within anti-obesity discourse the intersections of gender, class and race produce powerful understandings of what it is to be a good parent, and conversely what it is to be a bad parent, and how this is linked to body size.

7. The Crisp Debate

This section takes a particular local initiative as its subject in order to suggest ways in which wider anti-obesity discourses get translated into local initiatives, and the contested reactions that this can prompt. In drawing on data from both professionals involved in the implementation of this policy, and parents who spoke of how this policy effected them, this section provides a stepping stone between the topics of this chapter, and the next chapter, which focuses on practices of the home and family relations. The central example in this section is the banning of crisps by the head teacher in one of the Devon primary schools which participated in research.

7.1. Contested responsibilities, contested crisps

In the months preceding the ban on crisps, the school newsletter had regularly requested that parents cut back on the number of 'questionable processed

items' in packed lunch boxes, and expressed concern at the potential harm a processed diet could bring about. The newsletters already contained a weekly section from the school's independently run kitchen, which often explained the nutritional benefits of the school's own lunches. At the end of the 2012/13 academic year the head teacher announced that crisps and chocolate would no longer be permitted in school, and that from the start of the next academic year they would be taking a hard line to ban these items. The rationale for the ban was explained in the school newsletter by the observations of the Secretary of State for Education at the time, Michael Gove. Michael Gove stated that too many children's packed lunches are unhealthy, and the school explained that they had observed a similar pattern within the school, and that a nutritionally balanced school meal was a better option than a homemade packed lunch.

When the next academic year began, the ban was contested by parents, particularly in relation to the restriction of crisps. At a termly open meeting between parents and teachers, parents argued that by restricting what can be provided in a lunchbox the school was undermining their autonomy as a parent. Although a number of parents contested the ban, it was extensively supported amongst many others. Bearing in mind the self-selecting sample of participants discussed in chapter three, section 3.2., participants generally considered the crisp ban to be a good idea; one which did not greatly affect them anyway, owing to the fact that they would not usually give crisps in packed lunches, yet they felt that some other parents required restrictions on the content of their child's packed lunch.

Despite support amongst a number of parents, including most of those that participated in this research, a parent who opposed the crisp ban contacted the

local paper. The paper then ran a front page story on the parent's anger at being unable to give their child crisps at school. This parent complained that the school was being dictatorial over what parents feed their children, and pointed out that the school itself had given children crisps on a recent school trip. The debate became more public, with several other parents subsequently getting letters published in the paper in support of the school. As one parent who supported the school wrote of the complaint:

The parent quite rightly says, 'most parents are capable of sending their children to school with healthy choices'. I agree entirely with this. Can they not see that this policy is there to help the parents that are not capable of making those choices?

('Wonderful School' ¹)

So the parents who supported the ban, felt it was put in place in order to help guide those parents who, for some reason, are incapable of making what is deemed as a 'healthy choice'.

In an interview, the Head Teacher explained that he had become concerned that a significant minority of lunch boxes contained large quantities of synthetic foods with high fat and sugar levels. He stated that this tended to come from those families that were hard to engage with, therefore the only way to make an impact was to say 'no more'. He felt that if he had left it to parental choice then crisps would remain integral to lunch boxes, and that those parents who resisted this attempt to guide their practices were defending a right to indulge

¹ This quote, from a letter to the local press, is not fully referenced as to do so would identify the school.

the child, rather than to try to rationalise, explain and educate their children about the reasons behind the decisions that we make.

The Head Teacher was particularly concerned about the wellbeing of children in the school, and saw this ban as a response to an observation that people are getting bigger, which he felt was rooted in a consumer society and wide choice. He explained that he believed it is positive that people can make more choices today, but that with choice there should be an underlying education to ensure bad choices are not made. His response to this has been to limit choice, a move that could be aligned with the nudge tactics of libertarian paternalism, in that the preferred position, in this case having no processed items in school, is made the default position. Yet unlike libertarian paternalism, where governance works through discreet 'nudges' with the assistance of neuroscientific insights into human behaviour, the ban on crisps and chocolate in school was what a number of parents at the school called 'draconian'; the possibility of what is considered the wrong choice not 'nudged' into the less favourable choice, but closed in its possibility.

This particular example of restricting choice was met with resistance and claims that this was not fair. Libertarian paternalist tactics act to ensure that citizens still feel in control of their own lives and therefore does not remove choices, but makes the 'correct' choice the easiest (Jones et al, 2011), but here, choice was prevented. The removal of choice, and the way in which this is at odds with the focus of contemporary governance on guiding but not removing choice, explains the reaction of parents like Kate, who stated that "*I don't actually object to them having no crisps in school it was just the way he did it*".

7.2. Crisps versus chocolate beetroot cake: contested knowledges, contested food

The banning of certain items from school was not just contested due to the removal of parenting choice, but was also tied in to questions of expertise when it comes to feeding children. Cecilia, a parent at the school, expressed annoyance that she should have to stop giving her son crisps, when the school serves chips and chocolate pudding. Cecilia had met with the Head Teacher herself to talk about her particular concerns, that the school lunches included 'treat' food, and therefore she felt she should be able to include treat food in her son's packed lunch. Cecilia expressed particular frustration that "all he (the head teacher) kept saying was that the kitchen manager has a nutrition degree". Cecilia rejected a nutrition degree as a better knowledge than her own practice based knowledge, while the head teacher drew upon the kitchen manager's nutrition degree in order to give primacy to a taught knowledge of nutrition.

The tension here, between who can provide treat food to children within school hours, is rooted in a tension of parenting knowledges versus the 'expert' knowledge of the kitchen manager, who is also herself a parent. Additionally, the position of children, and their ability to act as knowledgeable agents in their own right, is called into question by considering the response from Tess, the kitchen manager, as she explained to me in a research interview:

"They really, really like chocolate cake. So I make it with beetroot, and they don't know. So this tends to be what happens, so I had a few people come back who didn't really understand that, so it tends to be, the ones that know me, they know the menu's fine, and say we trust you and everything, but a lot of them I

don't really have that much interaction with so I sort of heard back that a few of the mums had been in and complained to the headmaster, and because this was going on with the backdrop of the headmaster banning crisps, why was the menu containing chocolate cake, chocolate angel delight, chips, and those things, so I felt, you know, that there was a need for education of what was happening, what I was actually doing"

(Tess, Primary school kitchen manager)

Two key points arise within this quote that not only frame the 'crisp debate', but that are also pertinent to the wider ways in which parents are targeted with health information that relates in some way to body size. The first point relates to the way in which Tess frames children as being unable to make the correct food choices themselves, and therefore needing to be 'duped' into eating beetroot within chocolate cake. Here, children are excluded from the possibility of making their own (sensible) decisions about what they eat. Tess' approach seeks to overcome the apparent inability of children to know what is best for them, by hiding what is good for them in something that will appeal to them; that being something which appears nutritionally 'bad', like chocolate cake. This is an approach that supermarkets similarly follow, in which children are presented to consumers as inherently irresponsible decision makers, and who therefore require decisions on what they consume to be made by parents, acting under the guidance of the food industry, on their behalf (Colls and Evans, 2008).

The second key point is that there is a perceived tension between those parents who understand Tess' approaches, and are therefore considered to be in line with her 'nutritionally correct' approach, and those parents who, like Cecilia, had

been in to the school and complained. To Tess, those parents who complained were lacking the seemingly correct knowledge that she herself had. Tess wrote a piece for the school newsletter in order to address the perceived need for parents to be educated in her approach to school meals:

I understand that at first glance these menu choices may look unhealthy but appearances can be deceptive. Unfortunately many children, left to their own devices, do not make healthy food choices. Faced with the choice between fruit salad or a piece of chocolate cake there are no prizes for guessing which they will choose!

Like many mums, I have learned to disguise healthy ingredients within recipes that children are familiar with and like to eat. My aim is to produce a menu that appeals to the majority of children whilst providing a high level of nutrition that meets all the school food standards, and that tastes great. Some of my recipe tricks are outlined below.

(Tess, Primary school kitchen manager writing in school newsletter)

Many of the parents at this school who took part in my research responded positively to the information in the newsletter, as Anna explained, “*the fact they hide vegetables in the tomato pastas and things like that, which is great, what you’d do at home*”. For Anna, the approach to feeding children that was presented in the newsletter as the informed and correct approach which complemented her own knowledges and practices at home. However for Cecilia, and the other parents who had complained about being unable to provide crisps in light of some of the lunch menu items, it is an approach to feeding children that clashes with their own knowledges and practices, in which

treat food is given as a culturally normative reward for having eaten well (Curtis and Fisher, 2009). I argue that rather than see these approaches as different perspectives on the way in which children are fed, these are different ontologies of parenting, which following Mol (2004) and Mol and Law (2006, 2011), can be understood as arising from practice based enactions which reinforce the particular ontology of parenting as the correct way within their own context. The concept of differing parenting ontologies will be explored in further detail in chapter five.

Returning the 'crisp debate' to one of the key threads of anti-obesity discourse, that of healthy choices, the school kitchen manager has the power to define what a healthy choice is by virtue of her position as a kitchen manager, and her learned knowledge as part of a nutrition degree. For Tess, a healthy choice is fruit salad and not chocolate cake. However, following the libertarian paternalistic principle of 'rationalising the brain' (Jones et al, 2011), the supposed irrationality of children and the perceived inability for them to make the 'healthy' choice, is overcome by removing the option for a less healthy choice, but doing so in such a way that the impression of a choice between 'healthy' fruit salad, and 'unhealthy' chocolate cake remains. For parents like Cecilia, Tess' definition of a healthy choice is questioned. For Cecilia crisps and chocolate can be a part of a healthy diet when fed alongside other food items. Furthermore, Cecilia asserted that it should be her choice, rather than that of the school, as to whether her son eats crisps or not. Here the space of the school is one in which power and knowledge is contested between that which is rooted in taught knowledge and government policies of healthy school meals, and a parenting knowledge which is experienced in the home and learned over

time. This tension was not only seen in relation to the crisp debate. Another school that participated in this research project had implemented a rule whereby only water was allowed as a drink in school. This led to contested knowledges around the child's body, which were acted out in the space of the school.

"I had spoken to a teacher when she was in the Reception class, and they'd suggested I try my hardest to get her to drink water not squash, and the time when I had gone to school and I'd said to them I've put squash in here so she'll drink it, they did actually tip it away and put water in, in front of me, they said 'well we'll tip that away and we'll give her water, we'll encourage her to drink it'."

(Maria, mother of one, focus group three and interview participant)

For Maria, her knowledge of her daughter's body and health led her to believe it was better for her to drink squash than to go thirsty. For the school, it was preferable to encourage Maria's daughter to drink water, in line with the school policy. Maria, like those parents who contested the crisp ban, did not feel it was the role of the school to act upon the practices and embodied consumption patterns of family life.

The debate around the crisp ban provides an example of the excesses of knowledges and practices. While the head teacher was acting with good intentions on the basis of a singular understanding of diet and health, the multiplicity of approaches to parenting, diet, and health amongst parents at the school led to a series of tensions. Due to the circuits of knowledge and power that position the taught knowledge of a degree in nutrition as a 'correct' knowledge, those who resisted the crisp ban were framed as lacking. However, the parents who resisted the ban drew on different frames of knowledge, which

those who supported the ban struggled to conceive of as 'real'. Therefore, these parents were framed as being in need of education, such as through newsletter articles, in order to fall in line with the taught knowledge that was privileged in the decision making process that led to the banning of crisps.

8. Concluding power and discourse

This chapter has demonstrated the ways in which contemporary biopolitical anti-obesity discourse and its vision of good bodies, size, and parenting is not pre-existing, but is performative; creating that which it speaks of. Through government initiatives, which act within their own pre-existing set of discourses, anti-obesity discourse becomes established. This is not to dismiss the evidence base on which policy is generated, but is to emphasise that through policy and initiatives that enact particular dominant ontologies of parenting, health, and body size as correct, other ontologies of parenting, health and body size are marginalised. Marginalised ontologies are repeatedly silenced in the dazzle of limitless possible realities (Law, 2004) in order to make the dominant ontology clear, and quieten the excesses of relational life itself. As this chapter has demonstrated, there are certain spaces, logics, and identities that both establish the anti-obesity discourse, and are themselves reinforced through anti-obesity discourse.

While the responses of participants in research have been discussed to some degree here, the following chapters will focus on the shaping of parenting practices and bodies, and as such the participants themselves will be foregrounded through the proceeding chapters. This chapter has shown that the framing of what it is to be a good parent is closely related to practices

associated with body size, and with body size itself, and that this intersects with other axes of identity which act to frame 'good' and 'bad' parents, practices, and bodies. What it is to be a good parent is also dependent upon the construction of, and distancing from, an 'other' that is a poor parent and has children that are liable to become obese. The position of the 'other', who lacks knowledge and whose body, and whose children's bodies, threaten to become obese, works to justify a range of policies and initiatives that themselves act as discursive practices which reinforce a range of discourses of contemporary governance, such as the individualisation of risk, and a responsibility to the nation.

Through section 7 the interactions between a small local initiative that was driven by anti-obesity discourse, and the parents who were affected by this initiative, were explored. This example has provided a stepping stone between the enactment of anti-obesity discourse through policy and initiatives, and the ways in which parenting is affected by this. The following chapter will extend this focus on the ways in which parenting is practiced within contemporary anti-obesity discourses, and will bring in relational understanding of the enactment of family life.

Chapter five

Home: Practices and Relationships

1. Introducing practices and relationships

This chapter focuses on the ways in which the anti-obesity discourses that were introduced in chapter four, are made sense of, and translated into parenting practices in the everyday space of the home. Here, the specific practices of parents are understood through the varying relational knowledge ontologies within families in order to provide an account of practices that allows for the excess of life. This chapter is situated in the wider geographic literature on home, relationships, everyday geographies and power. Taking the ways in which the space of the home becomes the location in which wider discourses are enacted, this chapter not only illustrates the way in which individual caring practices may support the goal of the nation state (Dyck, 2005), but also how these are contested and performed within different ontological modes of parenting and knowing bodies.

This chapter first focuses on the creation of parenting knowledges of body size and health within the home and family. This first section begins by troubling the notion of a singular correct way to parent, that strives for a singular correct body size. Both expert knowledges conveyed through anti-obesity policy initiatives, and the role of familial knowledge and how these both work to organise lives are considered. The influence of other actants on the knowledge of participants is explored in relation to the agency of children, peers, and engagements with the materiality of bodies and apparatus. Throughout this section, the emphasis is on the multiplicity of parenting knowledge and practices around body size and

health, and how this can provide a richer account of parenting practices around body size than the singular narratives of anti-obesity discourse.

The next section pays close attention to the everyday parenting practices that were discussed by research participants in relation to body size. Participant discussions of everyday parenting in light of anti-obesity policies foregrounded their experiences of managing the family's food; through shopping, planning, cooking and eating, participants expressed their understanding of parenting and body size through food practices. For the (predominantly female) participants in this research, these food practices were constantly carried out in a relational framework in which the needs of proximate others influence the everyday life of participants. Here, the responsibility for body size, practices of the home, and the wider social context are brought together through the explanatory frameworks that many parents drew upon when reflecting on their own practices. The section on parenting practices will finish by addressing another pertinent concern of many parents that reflected on their parenting practices in light of anti-obesity discourses; a sense in which parents felt they had to act in a way that would not leave their children vulnerable to eating disorders. Eating disorders are not mentioned in anti-obesity policy other than to signpost to a different government document (DoH, 2011). Despite this, for parents, the reality is that eating disorders and obesity are closely related, and as such, parenting practices that pay attention to one, often have within them a consideration of the other. The extent to which the avoidance of eating disorders were of importance to parents, despite their omission within anti-obesity policies, is demonstrative of the need to pay close attention to the translation of public health policies and discourses into everyday practices to

ensure that such initiatives remain relevant to the lives of those they aim to support.

This following section looks at the interrelations between power, expertise and class in the enactment of parenting in light of anti-obesity discourses. Extending upon chapter four, section 6.1, the focus is on the ways in which class not only acts to structure parenting in everyday life and anti-obesity related practices, but is situated within webs of power and expertise. While this thesis demonstrates that parenting practices and body size exceed singular normative notions, this section sets out the structures that reproduce such notions of singular norms. Here, there will be a consideration of the role of classed identities in the performance of parenting practices, and how anti-obesity related parenting practices have a role in reinforcing a broader understanding of the entangled concepts of expertise and classed identity.

The next section is focused on gender and will interrogate the ways in which anti-obesity policies and initiatives draw upon particular sets of gendered responsibilities and concerns for body size. The gendering of family responsibilities around body size and related practices is enacted within the family lives of participants, and this section considers how through anti-obesity related practices, traditional gender roles are reproduced, yet also hold the potential for subversion. Drawing on the notion of 'postfeminism' (McRobbie, 2009) the idealising discourse of a modern women who does it all amongst research participants, is explored as a particular way in which gendered roles within the family unit are reproduced, with the added implication that women are expected to perform an increasing variety of roles. The focus within this chapter on the role of class and gender, is not to negate other axes of identity, such as

race, but is reflective of the structures that shape everyday life in relation to parenting, health, and body size, for those who participated within this research.

Together these sections demonstrate a series of differently constituted knowledges and practices around parenting and body size, as they are translated into parenting practices of health and body size. By foregrounding the development of these individual knowledges and practices within relational networks and power dynamics, the complexity of parenting, health, and body size challenge simplistic notions of what constitutes good parenting and good bodies.

2. Relational knowledges of parenting, health, and body size

Throughout the research with parents, it emerged that they come to understand their children's body size and health in a multiplicity of ways. Anti-obesity discourse suggest that parent's knowledge of size and health is a simple case of something that is either present, with bodies that are cared for 'correctly', or absent, and therefore bodies are uncared for, or cared for badly. However, it emerged through this research with parents, that the different ways in which they come to know their children's bodies is a complex assemblage of knowledge, which is constituted within parenting practices, embodied relations, and situated experiences, and this will be demonstrated throughout this section through empirical examples.

In Mol's (2002) example of arterial atherosclerosis, it is argued that there are multiple ways in which the phenomenon that is presented singularly as 'arterial atherosclerosis,' can be known. Importantly, Mol argues that these different ways of knowing are not different perspectives, but different ontologies that are

no less 'correct' than each other. That is to say, these are performative ontologies of bodies; it is through the practical enactions of the body itself, that knowledges of bodies are created and maintained. For the parents in this research, the ways in which they come to know the body size and health of themselves and of those that they care for, emerges through everyday practical enactions of the body.

The different ontological realities through which parents understood their children's body size and health in my research are illustrated with the following examples, which come from research participants who all had at least one child that had been considered underweight at some point. Many of the practical enactions of parenting that were described by research participants, were focused on the materiality of the body and familial relations. However, some participants described their knowledge of their children's health and size through an intra-active knowledge, arising through relational engagements with health experts, and apparatus of knowledge and measurement such as BMI charts, and health information.

"A lot of my friends would go, ... oh I don't know where I put the red book that you put the weights in, and I'm thinking, it's in my hand, it's my bible, it never left my side, and I had her weighed every week, and they'd say to me, you don't need to get her weighed, and I'd say yes, I do need to get her weighed because...I want to make sure that she's healthy and happy"

(Maria, mother of one, focus group four and interview participant)

The 'red book' that Maria describes is the personal child health record, which is issued to new parents and updated by health professionals, most often by

health visitors, when babies are weighed. Maria's daughter was particularly small as a baby and Maria came to understand her daughter's body size as connected with poor health. This was a relational knowledge that was enacted through engagements with apparatus of measurements, specifically the child health record height and weight graphs, which was reinforced through the 'expert' knowledge of Maria's Health Visitor. For Maria, the reality of her daughter's body size and health was co-constituted in relation to herself and her daughter, but also to the red book, and the graphs within it.

Conversely, many parents who participated in research expressed an embodied knowledge that they described as natural or intuitive, whereby they understood their child's body as a source of knowledge itself, which is learned in the course of parenting. For the parents who expressed this way of knowing their children's body size and health, this was a knowledge that was accumulated over time through embodied practices, such as feeding their children as babies, and engaging in physical activities.

"She was putting on weight but at such a slow rate that she just fell off the bottom of the graph, but there is absolutely nothing wrong with her at all, she is a bright little button, she runs around the playground, she, you know, is absolutely fine"

(Deborah, mother of three, focus group two participant)

The graph and the bodily capacities of Deborah's daughter do not match. As with the example of Hannah, in chapter four section 2.2., whose ontological framing of her daughter's body size shifted to privilege one 'reality' of her daughter's body size over another, the privileging of one form of knowledge and

the silencing of others can be framed by drawing on Mol (2002). As Mol explains, in cases of incoherence between understandings of a singularly framed phenomenon, one reality becomes considered the accurate representation and real. In this way, multiple realities are silenced and one reality becomes dominant. Likewise for Deborah, the embodied actions of her daughter were closer to what she perceives as reality. Deborah could have chosen to prioritise the knowledge from the graphs, but the graph did not relate to the practices of Deborah's parenting and family life, therefore the graph is rejected as inaccurate in favour of an ontology based on bodily capacities, which is coherent within Deborah's practical enactions of parenting. These enactions are part of the daily, and often mundane, fabric of parenting life, in which parenting practices such as dressing, bathing, playing, and eating together enable a close understanding of relational others.

While Maria's knowledges of body size and health were rooted in an ontology of measurement, and Deborah's in an ontology of bodily capacities, these are not fixed. Repeated daily practices of parenting entwine with relational actants, which participants described as including their own body, their partner, child, family and friends, experts, their cultural background, taste, education, the role of schools, measuring devices, feeding technologies, the presence or absence of visible fat or muscle, kinetic movement, time, and the spatial environment to produce a particular relational ontology of what a healthy body is within a particular context, which may change as the wider social context shifts.

Lucy, a focus group and interview participant and mother of two girls, illustrates the ways in which parenting knowledge is contingent upon relational enactions of parenting. As a baby, Lucy's first daughter lost weight and ended up in

hospital. While they were in hospital, the health professionals there worked out, using charts, exactly how much expressed breastmilk her daughter Grace required in order for her to gain weight. This was administered through a nasal gastric tube, but Grace's body disrupted the charts and she constantly vomited the milk after it was administered. Lucy gave up breastfeeding and switched to bottle feeding, where she continued to give her daughter milk according to charts, this time those on the formula milk packaging. Her enactment of health here was based on measurements, but this was always a fragile position, as Grace's body continued to resist measurements by vomiting. Lucy's peer group shifted when she moved to a different town between her two pregnancies. She was determined to bottle feed her second baby from the beginning, as she felt this would avoid a repeat of her second baby being hospitalised in the same way that Grace was. However, she went along to a talk about breastfeeding just to see some of her new friends. Her new friends shared their breastfeeding experiences, and along with the style of advice from the health professionals which foregrounded breastfeeding as a worthy struggle, Lucy decided to try breastfeeding a second time.

Lucy explained that she still found breastfeeding her second daughter a struggle, but surrounded by other parents to share stories, and health professionals who encouraged breastfeeding as a healthy practice, but one which required effort, Lucy's enactment of parenting knowledge and health came to be one of an embodied, co-constituted struggle, for the good of the child's biomedical health. Part of this particular knowledge ontology was also that, through the ongoing relational practice of breastfeeding, at some point, after enough repetition, the struggle would dissipate and it would become an

instinctive and harmonic practice. Lucy invested in this ontology and as such, has since trained as a breastfeeding peer supporter. It is important to consider the extent to which Lucy was able to fit herself within this ontology of good parenting, and why. In particular, Lucy's status as a white, middle class, able bodied mother enabled her to fit within the role of a 'good parent' as exalted within health policy, and to also reproduce this vision of good parenting through her role as a breastfeeding peer supporter. However, the point I want to make here is that Lucy's changing parenting knowledges are separate but equally valid ontological positions which have shifted over time, as Lucy's situated and relational parenting practices also changed. While dominant knowledges and health policies have clearly influenced Lucy, this is within an assemblage of actants that frame her enaction of everyday parenting. So, although Lucy's parenting knowledges shifted in line with dominant health discourse around breastfeeding, by taking an approach that understands Lucy's parenting knowledge as a relational enaction, the role of dominant discourses and social class can be considered alongside friendship networks, professional advice, babies feeding patterns, exhaustion, pain, and immeasurable other objects and phenomena. Lucy's previous understanding of what it was to know her children's health through measurements had been rejected by Lucy, but this is not to say that she was ever wrong in how she understood her children's health, but that within her new enactments of parenting, the previous reality was no longer coherent to her. For parents who participated in research, the ways in which they knew their children's body size and health in the present day, could not be separated from the ongoing experiences of parenting. Specifically, the ways in which the body size and health of babies are the subject of intense

scrutiny, informed the ways in which participants came to know the body size and health of their primary school aged children in the present day.

Through these empirical examples, I suggest that akin to the multiple ontologies of arterial atherosclerosis that Mol describes, these are not a number of different perspectives through which the relational child/parent bodies are understood, but multiple realities which are created through specific practices. These are not stable realities; they may be disturbed and renewed within a relational network of meaning. I posit that these practices can be better understood by moving away from a narrow version of what it means to parent correctly, and instead, utilising an ethic of care which enables these practices to be conceptualised as relational and situated approaches to meeting the needs of the child. This does not privilege one reality over another, but it does allow space in the foregrounding of practices, for the classed, race, gendered, sexed and age based dimensions of these practices, in order to argue that parenting practices which fulfil an ethic of care (Gilligan, 1982) are multiple and diverse.

2.1. Multiple parenting ontologies and an ethic of care

I use these examples to argue that parenting knowledge is not something that exists in terms of presence or absence, and that there is no singular true and correct way to parent. However, a line must be drawn between saying that there are multiple correct ways in which to parent, and that all ways to parent are correct, and in order to do this I draw on Gilligan's (1982), Tronto's (1987), and Engster's (2005) development of an ethic of care as a way in which a framework of good care can be established. The ethic of care model still allows for the relational and contextual nature of parenting and does not impose a

singular correct way of approaching good care. Engster (2005) argues that we should limit the definition of care to basic needs, as these are seen as the needs necessary for life, and are not socially or culturally derived. Engster uses the example that parents who meet their child's basic needs would seem to be caring, and it would be wrong to judge parents who do not also foster religious or athletic capabilities as uncaring, as they are meeting their child's needs. Engster suggests that although parental caring practices are culturally varied, these variations in practice are different only in trivial ways, as they still share common structural elements of the virtues of caring, attentiveness, responsiveness and respect, meeting these in ways that vary in practice only, not their moral structure.

This is of course more complicated because there are societal norms, and pressure is placed on parents to adhere to culturally normative (classed, raced and gendered) parenting practices and provide extra opportunities for their children (Vincent and Ball, 2007). The act of providing 'basic needs' is also far more complex. For example, as can be seen in the examples within this paper, children can be fed in different ways, and this sets out a basis for judgement about good and bad parenting, which is not a neutral caring activity, but one which is laden with moral and political judgements. This is clearly articulated by Maria, who was concerned that the small size of her daughter's body may cause her parenting and feeding of her daughter to be questioned by others, and as such, she felt she needed to constantly tell people *"I do feed her, honest"*. Similarly, Lucy became so invested in breastfeeding as the best way to feed her second daughter that she explained when breastfeeding in public that *"You almost want somebody to come up and challenge you"*. In this way, while

all the parenting practices that are detailed here can be seen to fulfil 'basic needs', they are also all in some way linked to broader dominant discourses of public health and normative ideas of what constitutes both a healthy body, and a good parent.

Following Gilligan (1982), by locating care as arising within daily experiences, caring practices cannot be pre-defined as right or wrong, and the constriction of categories of right and wrong becomes problematized in an approach that foregrounds everyday life and the context in which care takes place. Narrow versions of what it means to parent well, or to have the 'right' body size should therefore be interrogated for the particular political assumptions, power relations, and ideologies in which this model of parenting is espoused as correct, and others as being in some way 'wrong'. This is not to say that some parenting practices may not be 'wrong', in that they may be directly or indirectly harmful, but that an ethic of care enables a broader understanding of situated knowledge and responsive relational care, which does not fall into the trap of privileging dominant systems of knowledge related to race, gender, class, and place.

To take the example of Lucy, who fed her first daughter formula milk from six weeks of age, this is not in line with World Health Organisation's current advice to breastfeed exclusively until the age of 6 months (WHO, 2011), but fulfils an ethic of care whereby Lucy made decisions about how to care for her daughter through an attentiveness to the needs of her daughter, that were realised in the daily, relational, practices of care. While Lucy herself does not dispute that her daughter's health may have been improved through breastfeeding for longer,

her practices of feeding her daughter fulfilled an ethic of care within the specific relational context for Lucy and her daughter at the time.

3. Parenting practices

This section extends the focus on everyday parenting practices, and how these entwine with anti-obesity policies. By turning to specific practices that participants talked about when discussing parenting in light of anti-obesity discourses, this section extends the contribution of this thesis to understanding the interconnection between parenting practice and knowledge ontologies, through specific examples of everyday parenting life. By paying close attention to parenting practices in this way, individual explanatory discourses and family practices can be understood in terms of both what parents do, and why.

Everyday life is understood here not as a particular set of activities, but as a way in which the world is experienced. Following Felski (1999), the specific experiences which make up everyday life are defined by three characteristics. Firstly, everyday life is something that is repeated day after day, and through this repetition we organise our world, staving off the threat of chaos (1999, 21). The second characteristic of everyday life for Felski is that the space of the home is integral. While everyday life may involve going out into the world and moving through particular public and work spaces on a daily basis, home is the place from which individuals go out, and latterly return to. It is important to note, however, that the role of the home in everyday life is gendered both in experience and representation as a particularly female space. Felski's third characteristic of everyday life is habit. Felski's use of habit is as semi-conscious performative actions; in this way habit is our everyday mode of being which shapes experience. Felski's everyday habit can be extended following

Bourdieu, to arise within the structure of the habitus; our classed history that creates dispositions of the self. With the insights of Bourdieu, our everyday habits may appear to be 'normal' enactments of everyday life, but in fact are structured by our past history and are not natural or pre-given, but have emerged as a result of that specific, classed, history.

Building on the idea that everyday practices are not pre-given, but structured by our 'habitus' and our present day relations, a number of geographers have drawn attention to the ways in which the practices of the everyday shed light on the aims of the state. For example, Dyck (2005) draws attention to the private nature of care work which maintains idealised bounded bodies, and Staeheli et al state that 'ordinary practices are leveraged in law and everyday settings to set the stage for political acts through which citizens may be simultaneously and variously included and excluded from particular communities and places' (2012: 631). Here, the aims of the state, and the benefits afforded by behaving in a citizenly manner, are demonstrated in everyday parenting acts which are oriented towards the maintenance of bounded citizenly children's bodies. Following Bourdieu's theory of the habitus, the ability to enact bounded citizenly bodies through everyday parenting is structured not only in relation to our present day lives, but our past circumstances constrain or enable habits of the self that may be more or less in fitting with the aims of the state. However, that is not to say that the parenting practices discussed in this section are based on a model in which parents act within narrow state imposed constraints. Despite participants generally having assimilated anti-obesity discourses and related discourses of risk and individual responsibility, through attention to the actual practices of parenting the anti-obesity goals of neo-liberal society are

problematized through the competing family knowledges, experiences, and constraints which evidence a complexity of life that is not allowed for within a simplistic anti-obesity discourse.

The practices of family life that are told here are understood as enactions (Mol, 2002, Law and Mol, 2011, Mol and Law, 2004) of parenting. That is to say, that it is through the ongoing practices of parenting in relation to children's bodies, and body size, that parenting and the bodies and body size of children become understood in multiple ways. It is through enactions that the multiple ontological bodies and knowledges of these bodies are created and maintained (Mol, 2002).

3.1. Food-work

Within anti-obesity discourse, obesity is tethered to food through a narrative in which eating more calories than you need to remain 'in balance' is the basis for obesity; this is described as the 'energy balance' (Foresight, 2007). As a result of the dominance of the energy balance model as the determinant of weight, there is a particular focus on food practices within policy and media discussions of obesity, to the detriment of a recognition of complexity (Gard and Wright, 2005). Similarly, amongst participants, food work practices were the central way in which body size management was practically enacted. As such, this section will address the food practices of shopping and planning, cooking and finally, eating.

3.1.1. Shopping and planning

Shopping and planning for meals was a particularly disliked part of food work amongst participants. For almost every participant, financial constraints experienced to varying degrees, meant that cost was the main thing on their mind when planning what to buy, and shopping for food. For some participants, financial constraints lead to buying whatever is on offer, while others planned carefully to only buy what was needed for that week. The task of food shopping was articulated by many participants as a practice rooted in responsibility to ensure that the food in the home was nutritionally correct:

“When I go and buy food it’s about what makes a balanced diet so, um, I will be thinking okay have we got quinoa, have we got brown rice, but okay what’s the protein that we are going to have so we eat a lot of lentils and I eat fish and Harry eats meat, umm, I won’t buy meat from the supermarket for him, it’s not something I do, so he has meat with me very rarely, but it will come from a local producer”

(Martha, mother of one, interview participant)

Martha’s thoughts when she goes shopping do not simply demonstrate her awareness of nutrition. Woven into Martha’s thoughts on shopping is a story of responsibility towards her son and a desire to ensure a particular quality of food for him to consume. Following Staeheli and Brown’s (2003) proposal that we should begin critiques of the right to be a citizen from the vantage point of bodies and care, Martha’s enactment of planning and shopping for herself and her son demonstrates her citizenly behaviour and subsequent inclusion within public space through her classed parenting practices.

The shopping practices of parents can be understood as a social performance, in public space, which brings about certain rewards, yet this is a practice that is based on caring responsibilities that are located in familial relations. As a vegetarian, Laura buys meat only for her son, so it is within her set of understandings of meat as a problematic foodstuff, and her responsibility of care towards her son, that Martha's specific shopping practices emerge. The shopping practices of other parents in research also point towards both the responsibility to provide nutritious food for children, and the resulting relationally negotiated practice of shopping, as the following participant's quotes illustrate:

"Sometimes I pick up things like crisps and I look at them and I think, hmm, what's the salt, sugar, fat in that, and I think well what's best for Morgan, something low salt, less fat"

(Sophie, mother of one, focus group four participant)

"with the whole sugar thing, let's cut sugar by a third, well that's only any good if it's not going to be replaced by sweeteners which is what they will do, they'll take the sugar out just so they can put a big headline in saying that they've done it, and then replace it with aspartame or something similar which is a laxative, diuretic, it's not something I want my children having, so I would rather I knew they were having sugar than went for the hidden stuff, so although we are on a budget I actually pay a lot more money for the squash for instance to have the sugar version than the sugar free"

(Emma, mother of two, focus group four participant)

Shopping as a form of food work, bridges the private and public spheres. In this way, it can be understood as a practice which exposes the domestic lives of families. Shopping practices, that fall in line with dominant discourses of what it is to be a good parent, allow parents to move through shopping spaces relatively easily, with the exception of the practical difficulties of parenting, such as shopping with a wilful toddler. Within the sample of research participants parents tended to be able to possess both the financial means, and access to what is deemed 'correct knowledge' be able to enact a version of parenting in which it is possible to move through public spaces free of judgement. Although participants did not feel constrained in their ability to move through consumption spaces, they alluded to the constraints felt by others through the shaming that was discussed of those who have the 'wrong' things in their trolley, as Alice stated *"That is something I notice, people's shopping, piled full of all sweet things, and ready meals"*.

Although often undertaken alone, planning and shopping for food can be understood as a relational activity by paying attention to the ways in which caring responsibilities and relationships are articulated within parent's explanatory narratives of food shopping. Specifically food shopping is an embodied and relational performance which is shaped by parenting ontologies and access to resources. It is one in which close relations within the home shape the enaction of parenting that is undertaken within wider public spaces.

3.1.2. Cooking

Returning to the private space of the home, the practice of cooking at a material level is one in which matter is rendered edible. The exact process of this

creation of edible food is one in which questions of tastes, routines and time, education and skill, relationships, pleasures and chores intersect to produce an intensity of feeling around the everyday practice that is cooking. While cooking may be a practice that is mundane through its necessity to be repeated, cooking practices are far from mundane in the ways in which the biological need to transform matter into edible food prompts heterogeneous culturally moulded and contextually situated cookery practices. As the following quotes from participants demonstrate, not only are individual practices diverse, but for these participants this diversity is acknowledged through the recognition that other people do things in different ways.

“Quite often with pasta ... I will just heat it up the next day, pour some water on it, have it almost like instant pasta, to cheat. Umm, I remember someone said to me once ‘Ooh, I didn’t know you could do that’.”

(Gabrielle, mother of one, interview participant)

“When its time (to cook) I’ll look and I’ll decide, I think that must be what a lot of people do, most people, I did have a friend once who was so, utterly organised she knew exactly what she was having weekly, and what was going to be used for lunch, I’m just not like that, I don’t like spending too much time thinking about it.”

(Dora, mother of three, interview participant)

“She’s foodie in a completely different way, she makes these beautiful cakes, I’m more like I want good food, but I don’t really care if it’s that fancy. And she says to me that actually a lot of the time I sometimes just eat as fuel. So I will

go, okay that's a carb, that's a protein okay we've got a balanced meal whereas she is much more focussed on flavour."

(Martha, mother of one, interview participant)

While the focus of this thesis lies specifically in the ways in which such practices and everyday knowledges are shaped by anti-obesity discourses, the array of forces which shape cookery practices demonstrate the range of influences within parenting lives. For participants, cooking practices were often constrained by time and money, while taste, nutrition, and desire are just some of the forces that drove participants to cook with particular foods in particular ways. Anti-obesity policies communicate a simplistic notion of food as the central factor determining body size, and suggest food choices, including choices about how that food is transformed into an edible materiality, are crucial in managing body size. While anti-obesity policies and initiatives look to rectify poor choices by addressing education and skills, and choice making abilities, the accounts of parents within this research demonstrate the ways in which cooking is entrenched as a habit. The practices of cooking that participants evoked demonstrate the habitual rhythms, attitudes and manners of cooking as an embodied practice that structures everyday life, and the frequent references to cooking as an intergenerational skill hint at the role of the habitus (Bourdieu, 1984) in structuring this everyday practice. As Jane, an interview participant and mother of three explained,

"Being a mother yourself, you know, a lot of it, it comes back to exactly what your mother did ... she is a bit more continental with her eating habits and I think I probably am too as a result".

Jane's description of intergenerational food practices is rooted in female intergenerational knowledge, an emphasis that was repeated by numerous other participants. The gendered dimensions to intergenerational knowledge and practices are further discussed in section 5 of this chapter.

It is the habitual elements of the practice of cooking that, following Bourdieu (1984), is shaped by prior experiences, and forms what it is possible to say, see, and do. In this way, the everyday practices of cooking act performatively to shape the ways in which food, and related concepts such as care, and body size, are understood. Cooking is a practice that is discursively linked to body size, and is a habitually structuring practice which frequently reinforces the dominant understandings of body size and obesity; however, it holds within it the potential to challenge deterministic understandings of food, cookery, and body size. Maria explains the habitual nature of the food that her family cooks and eats.

"It's just what we like the taste of and what we eat, no I suppose I don't really give it a lot of thought, except for those odd occasions when it seems to come around where you eat a lot of kind of convenience food."

(Maria, mother of one, focus group four, and interview participant)

For Maria and her family, planning, cooking and eating food is something she describes as being carried out without a great deal of thought. However, in further conversations with Maria, a variety of experiences around body size and consumption are articulated which contribute to food practices. So, rather than being 'without thought', these practices are part of the assemblage of the self that gives rise to habitual practices that are performed instinctively as a result of

the habitus. It is precisely because such habitual practices are ingrained through classed experience that they appear to be carried out without thought. Maria's habitual practice, however, is interrupted when Maria's food practices and awareness of healthy eating advice conflict. In those moments in which Maria becomes aware of the nutritional content of her food and her family's consumption of convenience foods, her pre-cognitive practice is disrupted. In this moment of breakdown the possibility to act otherwise emerges.

The understanding of cooking practices being a way in which knowledge about food, bodies and relational others can be accessed, challenges the dominant understanding of cooking as a skill in itself, which one either possesses, or requires education to possess. While there are a number of skills involved in cooking which, when absent, may affect the ability to cook in what is considered a standardised correct way, positioning the habitual practices of cooking as an enaction foregrounds the ways in which the practice of cooking itself creates and maintains knowledge ontologies of food, bodies, ourselves, and those who we cook and care for.

3.1.3. Feeding and caring

Shopping and cooking practices have been demonstrative of the ways in which food practices are differently enacted by parents, as they act within a framework of external influences and assimilated practices. However, these accounts have lacked a consideration of the relational care that is enacted within these parenting practices. By paying attention to the process of feeding the family as a caring activity, the relational agency of the family, including children, is foregrounded. Following Dyck's (2005) assertion that it is through everyday care

that we see neoliberalism enacted and resisted, through attention to the enaction of care, these examples demonstrate the ways in which the hegemonic discourses of bodies, health, citizenship and size are experienced in tension with everyday situated caring practices.

“Ever since I've had the little one I don't cook with salt, I used to add salt to cooking but now I don't.”

(Samantha, mother of two, focus group three participant)

In Samantha's account, discourses of health have influenced her food practices so that she now acts in line with NHS guidelines for the presumed benefit of her children's bodies, despite not acting in this way when caring for her own body through food practices. Within parent's accounts of feeding their children as an act of care, the agency of children emerged through the role that children have in shaping the parenting practices that in turn act upon their bodies. So, while parents are heavily influenced by discourses of body size and health in relation to parenting practices, in paying attention to the mundane daily practices of care, the influence of the relational agency of children themselves becomes more apparent. This is an important consideration, as parents are not simply acted upon by discourses that act within entrenched power relations, but the practices of parenting are emergent and relational, with children's tastes, bodies, and subjectivities intervening in care so that the outcome of caring practices is always contingent. The contingency of caring practices and relational agency of children in shaping these practices is illustrated in the following quote from Nadine, an interview participant and mother of two:

“My older one was a good eater, but now she’s very fussy now, ... over the last 3 years she’s become very fussy and won’t try things and she’s gone to just wanting to eat pizza and chips all the time. ...We just try and get her to eat potatoes in different forms, umm, she’s very hard going at the moment, the younger one who can’t eat everything (due to a number of food allergies) would love to eat everything and anything, and yeah she would eat anything but yeah, it’s funny how because the older one used to eat a lot of things, what we used to eat, but she’s gone the opposite now”

So while Nadine, a health professional by employment, is very keen to act in line with official guidance regarding the best way to feed her children for health and the maintenance of a ‘normal’ body size, this is interrupted in the practice of food work by the relational agency of her daughters. Her eldest daughter, who used to eat a variety of foods, had become fussy, narrowing the selection of foods that she would consume. As a result, Nadine and her husband’s food practices have reacted to their daughter’s taste by trying to find different forms of food she will eat. Meanwhile, their youngest daughter, Emilia, who Nadine describes as ‘wanting to eat anything and everything’, is constrained by food allergies. Emilia has dangerous allergic reactions to food containing nuts, seeds, dairy and fish. So, while Emilia’s tastes may fit in with Nadine and her husband’s desire to feed their children what they understand as the best possible diet, the cellular materiality of Emilia’s body resists, forming dangerous auto-immune responses to many of the foods that she would like to eat and that her parent’s would feed her if it wasn’t for the allergic reactions that they cause. For Nadine’s family, their daily practices are shaped not only from the

circulation of knowledge, but by 'molecular affects' (McCormack, 2007) in everyday life.

Caring practices that are expressed through food reveal the tensions between the desire for parents to act in line with normative practices, while simultaneously remaining attentive to the specific needs of proximate others within the family. Attentiveness to the specific needs of others is one of the virtues of care that transcends culturally specific care practices (Engster, 2005). However, within anti-obesity discourse, the dominant discursive construction of size acts to homogenise bodies and does not allow for these multiple embodied differences and needs.

Contra to the homogenisation of bodies, Nadine's daughters' both demonstrate that the embodied needs of children can trouble dominant discourse of what it is to feed children well. Nadine's practices of feeding a variety of potato products to her eldest daughter may not fall in line with a normative act of good care which involves feeding a variety of foods. In an ethic of care model (Gilligan, 1977, Tronto, 1987), the situatedness and experience of caring practices gives rise to a heightened ability to care for the needs of others, which is contra to abstract models of what good care is. Therefore, Nadine's caring practices can be understood as a response to the relational knowledge of her daughter's needs, which have been developed through ongoing experiences of caring over time. In Nadine's demonstration of an ethic of care, she is able to best respond to the individual needs of her daughters by virtue of the relational knowledge she has gained through the ongoing experiences of caring practices themselves. If she were to follow the guidelines of feeding variety of food types

to her daughter's she would, in fact, be acting outside of an ethic of care by failing to be attentive to her children's needs.

By feeding her children in a way that responds to their specific needs, Nadine steps outside of the dominant discourse of what it is to be a good parent, yet parents in a way that is attentive to their individual needs. Nadine's parenting knowledges are an example of what Mol (2004) describes as the enactment of reality through practice. While Mol use examples of doctors cutting, imaging and measuring the function of arteries as an enactment of the reality of atherosclerosis, here, Nadine's everyday parenting practices are an ongoing enactment of her knowledge of her children's needs. Furthermore, for Nadine, this arises through relational caring practices, the knowledge that she has of her daughter's needs cannot be realised separately from her relational enactment of everyday parenting.

3.2. Juggling acts

In the previous section it was demonstrated that food practices are relational, and shaped by the embodied needs of proximate those that we care for. While this may cause a deviation from the dominant discourse of good parenting, to fail to respond to embodied needs would be to fail to fully care. However, caring practices are also shaped by a variety of structural constraints. For many families in the UK these structural constraints are multiple, and reflect inequality and deprivation in the UK (Rawlins, 2009, Green et al, 2009). However, within the largely middle class sample of parents that participated in this research, structural constraints upon food practices were instead based on busy lifestyles.

“Our slight dilemma is because the kids are swimming 4 or 5 times a week we are obviously having to eat general salad based, you know we’ve always got little boxes of carrots and cucumber, everything is nicely portioned, so we do miss that, sometimes that feeling of being able to sit down at the table as a kind of social event”

(Tim, father of two, focus group four, and interview participant)

The busy schedule extra-curricular schedule of Tim and his family means they often eat in the car. While they have found inventive ways in which to meet the demands of their busy lifestyle, they still put in work to ensure that, although they do not eat in a ‘standard’ way around a table, their diet is still comprised of what they understand to be good food. Similarly, Sally, an interview participant and mother of two, found that the busy life she lives means that she also has to deviate from the idealised standard of healthy family meals.

“Sometimes yeah if we’ve got a busy evening cos of kids activities or whatever it will be a quick thing, we aren’t health gurus, it’ll be pizza occasionally”

While Tim’s family compromised by eating fresh food while in the car, Sally’s knowledge ontology of what it means to feed the family well, was based on eating together around the table, and she would rather compromise on the kinds of food eaten. The constraints of time, as parents feel pressure to ensure their children get the best possible extra-curricular opportunities, was similarly experienced by parents in Warin et al’s (2008) study of the experience of overweight mothers from different socio-economic backgrounds. These authors found that their middle class participants in particular, articulated motherhood as a ‘juggling act’ as they added a range of extra activities into an already full

schedule. For the participants in Warin et al's research, and those within my research who did not eat family meals at the table on a regular basis, this was not seen negatively, despite the dominant discursive framing of the family meal at the table as a pertinent part of UK family life. Similarly, Valentine (1999a) found that for one particularly busy family within her study of food consumption and identity in the home, understood their individual eating habits not as a negative constraint on family life, but as a way in which positive distinct identities emerge between family members. So, while the idyllic image of a family meal at the table may be presented as desirable within anti-obesity and general food governance, the various ways in which food can be consumed within a family reflect the individuality and multiplicity of good parenting.

3.3. 'The flip side of obesity'

This section on everyday parenting practices carried out in light of anti-obesity discourses, concludes with the specific example of eating disorders as an influential factor that is both embodied, relational, and embedded in wider discourses. Eating disorders were referred to throughout research, as for many participants they are a 'flip side' to obesity and, as such, they were constantly referred to as a reason for exercising caution in following healthy eating advice. Within anti-obesity policy documents there is no mention of eating disorders, other than to state that:

"This document does not cover the issue of eating disorders, as this was addressed in the cross-Government outcomes strategy for mental health – 'No health without mental health: Delivering better mental health outcomes for people of all ages' published in February 2011."

(Department of Health, 2011, p25)

So while official policies clearly try to separate their concern with obesity from eating disorders, within the lives of parents this separation is not experienced. As Lucy and Martha's quotes both demonstrate, in their experiences of parenting the actions they undertake to avoid obesity can be taken too far and result in an eating disorder.

"My eldest sister was bulimic ... and there's been times in my life where I realise that I am thinking about food too much so, I think that's really also an important thing to watch on the other side of the coin"

(Laura, mother of one, interview participant)

"Then you've got the, over-messaging about obesity where it goes completely the other way so you've got, like my 7 year old is so health obsessed, because of the messages that come home from school, almost to an extreme, and she spends a lot of time saying "well I eat healthily, don't I mummy?", she's so righteous about the fact that she eats healthily, and obviously I worry that that's going to tip, you know, it's a balance because you don't want to go too extreme, because obviously you do get people who are body conscious and at 7 I think, well, she doesn't have to worry, she is tiny, but you know it's a worry, because you hear things about eating disorders"

(Lucy, focus group and interview participant and parent of two girls)

The placing of eating disorders as the flip side of obesity is not surprising, while obesity is frequently framed as bodies out of control (Braziel and LeBesco, 2001, Evans, 2006) and a lack of care for the self (Throsby, 2007), eating

disorders are generally understood as an over-controlled diet, and a striving towards perfection (Brown et al, 2012, Kunstman et al, 2014). Likewise, anorexic and obese bodies are both often the subject of media scrutiny as grotesque deviations in either direction from the norm. While it is common to situate eating disorders within a media framework (Bordo, 1993), it is interesting that for Laura, Lucy, and another participant, Rachel, their understandings of a need to parent in a way to avoid eating disorders comes from their own experiences of a close family member having had an eating disorder. Rachel's experience especially illustrates the ways in which her cooking practices arose as a response to her mother's eating disorder, and its effect on her life:

“My mum was anorexic so I've experienced living with someone who actually doesn't look after themselves very well when it comes to food, ... there were times she wasn't very good at making sure there was food there and I used to then start cooking for myself so I would say right, what on earth can I make with this, so I would grab tins of things and make bakes with potato on top, it was all a bit weird but it was better than Findus crispy pancakes which I ate a lot of as a child because of my mum, Findus crispy pancakes and fish fingers were easy for her”

(Rachel, mother of two, interview participant)

Rachel explained that there were 'two ways she could go', she could have followed her mother's disordered eating behaviour, or acted in a way to overcome the effects of having lived with this influence. Although Rachel's suggestion of being able to choose whether or not to allow herself to become eating disordered wrongly suggests a conscious choice, it does serve to

demonstrate the dualistic framing of eating disorders and obesity. What is of relevance here is that for many parents, the threat of potential eating disorders shapes their family food practices as much as the threat of obesity. Although this is not recognised within policy initiatives that focus on body size and obesity, it became clear through this research that for parents, the daily practices of parenting in relation to body size are motivated by a desire to avoid the bodies of themselves and those they care for from straying from 'the norm', whether that be towards obesity, or an eating disorder. Following Hopkins' (2008) call to recognise experiences of all body sizes including 'the norm', the voices of the participants within this research demonstrate the work that goes into maintaining this norm. As Hopkins notes, those at the margins of body size tend to experience marginalisation and discrimination, yet this focus on practices demonstrates the work that goes into the production and maintenance of a body that fits the 'norm', and thus avoids marginalisation and discrimination. Furthermore, as demonstrated within sections 4 and 5, practices that create and maintain body size are delineated by power, expertise and class, and, gendered relations.

4. Power, expertise and class

Parenting is subject to regulatory methods, such as health surveillance, (Fox et al, 2009), and the normalising power of the discursive production of the 'bad parent', with mothers being particularly targeted (Holt, 2008). Body size is similarly regulated through this Foucauldian disciplining, which establishes a norm, and continually monitors and acts to correct those that deviate from that norm (Evans and Colls, 2009). These Foucauldian disciplinary techniques act to cement that which is considered correct, or that which is in need of 'expert'

intervention in order to be re-aligned with 'the norm'. However, expertise is not only that of the professional. Social class is one such system through which expertise is established and exercised; on the one hand the knowledges of middle class and state governance become cemented through existing mechanisms of power as the way in which life should be lived (Rose, 1993), while on the other hand the practices and knowledges of the working class become figuratively understood as lacking (Skeggs, 2005).

Here, as in the rest of this thesis, class is not defined by arbitrary measures such as income and home ownership, but is understood as a 'social relation or subjective orientation arising from identities, practices, representation and discourses that unite and divide people, in fluid ways across time and space' (Lawson and Elwood, 2014, 212). Class is no longer defined according to income brackets and profession (McDowell, 2006), but a range of somatic markers have come to be associated with a working class identity of body-failure. McRobbie (2009) illustrates this when she describes the ways in which TV make-over programmes take working class women and work on their body to create a middle-class illusion. Furthermore, the newly identified working class are no longer discursively constructed as 'hard working salt-of-the-Earth types, but as 'chavs', individuals who are set apart from the middle classes by virtue of their embodied actions, and who are constructed as scroungers who do not contribute towards society (McDowell, 2006, Jones, 2011). Through the discursive construction of a scrounging working class, it has become acceptable to intervene on working class practices as a threat to normal (middle class) practices (McDowell, 2006). Here, the practices of the middle classes are framed as the norm. This can be seen in a range of policy documents such as

Change4Life, which was discussed at length in chapter four. Such discursive framing of class and expertise legitimises the perceived need to change those that do not conform to middle class behavioural norms. In this way, class becomes an enactment of not only cultural capital, but expertise.

The participants in this research, who were predominantly middle class according to both traditional indicators such as profession, and home ownership, and discursive indicators such as dress, speech, and parenting practices, all expressed their interest in the topic of obesity and parenting from a position of expertise. This is not necessarily a professional expertise, but an understanding that their practices fall into line with government advice and therefore they feel they are correct in how they enact parenting with regards to body size management. Marianne, an interview participant and mother of two, felt that the anti-obesity campaigns that she had seen at a local and national level were not really speaking to her, as she explained she felt she already knew enough, but that for some other families, this information was needed:

“It’s not telling me anything I don’t already know ... but there are obviously still people that need that, but whether that’s reaching them or not.”

When asked a bit more about whom these people that require this information are, Marianne explained that

“It sounds really sort of you know, arrogant and terribly middle class, but perhaps you know, parents that aren’t you know, particularly well-educated and don’t really know much about nutrition, maybe, (laughs awkwardly), it sounds really imperialist doesn’t it, you should be eating like this”

Marianne's focus on education as a way in which parents can amend their practices to fall in line with the middle class performance of the norm, hints at the work that goes into producing this norm of middle class expertise. Bourdieu (1984) draws attention to the work that produces the classed subject as a result of the structuring forces of past and present circumstances. For Bourdieu, the habitus is our ways of acting, feeling, thinking and being which we have acquired as 'normal' dispositions of the self. These normal dispositions are in fact expressions of one's own history. For many of the participants in research, there is a particular version of the history of the self that is perceived as correct. This is a history of the self in which middle class practices, values, and beliefs are cemented as 'the norm'. Conversely, the habitus of those who do not follow these practices is not framed as simply a different personal history and set of attitudes, but as an incorrect and lacking personal background, which results in a classed performance of parenting that is understood as needing correction.

"Yeah if they are happy having the readymade meals all the time, junk food all the time, umm, they might be brought up by like that as well, we don't know the background to the families so they think that is normal life and normal way to show children how to eat but then it's a vicious circle and their children's gonna grow up to eat that food all the time as well so there is no breakage there"

(Nadine, mother of two, interview participant)

Nadine illustrates the power of her own habitus to structure what she understands as correct. This is framed against the 'other', who Nadine thinks may have a different structuring habitus which creates practices of parenting that are outside of both her own practices, and those discursively constructed

as correct. The power of the 'other' is developed further within the following section.

4.1. Spaces of encounter and the distant classed 'other'

As the quotes from Marianne demonstrated in the preceding section, many participants felt that they didn't need to engage with anti-obesity initiatives themselves, as their practices matched that set out within official policy as the correct way in which to parent in order to avoid obesity within the family. However, anti-obesity initiatives were still deemed to be needed in order to try to get specific messages to an 'other' who needed intervention.

"Yeah we had that leaflet in the book bags didn't we, the swap, (the Change4Life snack swapper figure 7) well, we already do the thing they are telling us to swap to so that kind of went straight in the recycling, but I'm sure it was relevant for lots of families yeah"

(Kate, mother of two, focus group four participant)

For Kate, the encounter with the snack swapper did not resonate with anything that she needed to change within her family. To draw on Bourdieu (1984), Kate's 'field' matched that of the anti-obesity literature, she felt a familiarity with the content and recognised her own practices in the practices the snack swapper endorsed. Therefore, Kate's 'field' of parenting, and the 'field' of 'expertise' demonstrated in policy, matched and reinforced, for Kate, her understanding of herself as an expert in parenting practices linked to the management of body size. However, Kate's encounter with the snack swapper also acted to ensure that Kate was reminded that there is an 'other' set of

parents who do not parent according to the same set of norms. Their deviation from the information contained in the snack swapper, and the need to rectify their practices, further cements these parents as faulty and their practices in need of correction. Following Lawson and Elwood's (2014) conceptualisation of class politics being negotiated in spaces of encounter, I argue that the snack swapper mobilises an affective class imagination in which those who already parent in line with the suggestions for 'better' parenting have their position as a parenting expert affirmed, while they are simultaneously reminded that not all parents fall in line with this 'expert' parenting. The snack swapper is just one material crystallisation of anti-obesity discourses which are enacted in whole-population initiatives, media reports, and daily life to affirm the parenting practices of some, and not others.

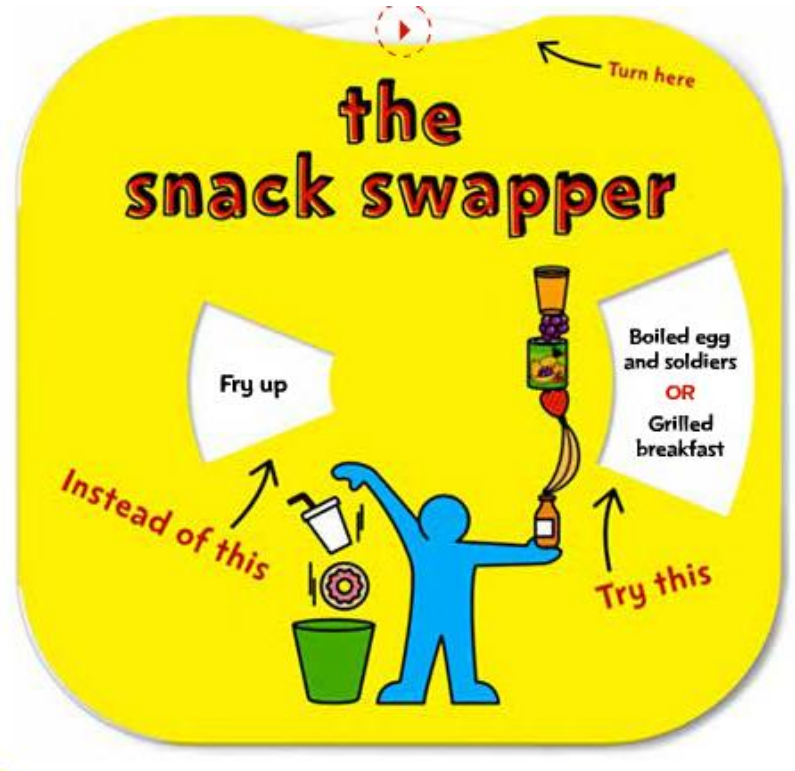


Figure 8 The snack swapper wheel, available from

<http://change4lifeleeds.blogspot.co.uk/2009/10/change4life-campaign-update.html> website accessed 22/02/2015

At a national level, this working class 'other', whose parenting practices and bodies are framed as flawed, becomes linked to a spatial imaginary in which certain places are particularly inhabited by 'flawed' working classes, and other spaces are inhabited by the middle classes with good judgement and expertise. It is worth noting that although not made explicitly clear by any of the participants within this research, such place based judgements on bodies and health may also be grounded in the racial discourses of size, health, and food related behaviours discussed in chapter four, section 6.2.

“A lot of people, in certain areas of the country (laughs) and most of the inner cities don't seem to realise that you can eat healthily on a budget, but it does take more effort and time.”

(Kate, mother of two, focus group four participant)

“I come from Yorkshire in a mining community and, certainly its very different when I do occasionally go back up there I am conscious, very much conscious that people's physiques aren't quite the same as what they would be, as they are down here, that's not in a judgemental way, because their lifestyles are completely different to ours”

(Tim, father of two, focus group four and interview participant)

“I think its dreadfully irresponsible to have fat children, there is no reason why a child should be overweight, ... my immediate kind of view is, it's almost a form of child abuse ... That might sound a bit black and white but I don't know, it's quite well for us to sit here in (name of Devon seaside town) and think that sort of thing”

(Tara, mother of two, interview participant)

Kate, Tim and Tara all describe a spatialization of class that operates in a similar way to the affirmative class separation of the snack swapper wheel, at a larger scale. Kate, Tim and Tara all articulate an idea of an 'other' place to that where they live, in which people are less healthy. For Kate, people in inner city areas lack a knowledge that allows them to eat healthily on a budget. Tim describes lifestyle differences between places that give rise to embodied difference, and Tara recognises that the place in which she lives is one of

privilege in which problems of childhood obesity are not really known. In these spatial imaginations, class difference to that of participant's own is cemented as something that exists elsewhere. Not only are class differences somatic and behavioural, but they are kept spatially segregated through discursive practices of distancing and boundary making (McDowell, 2006). For Kate, Tim, and Tara the classed other is kept at a distance through their discursive construction and spatial imagination that frames the very places in which they live as healthy, knowledgeable, and to all purposes, middle classed. This further acts to protect a class identity in which not only are the practices of parenting and body size framed as correct, but the spaces which they inhabit are spaces in which such practices are the norm.

The way in which place becomes linked to understanding body size, health and class is discussed within the literature on 'obesogenic environments', which variously seeks to attribute obesity to characteristics of the environment (see for example Guthman, 2012, Kim and Kawachi, 2010; Smith and Cummins, 2008, Townsend and Lake, 2009). Colls and Evans (2014) provide a critical account of research on obesogenic environments and argue that such accounts of environmentally determined obesity are "often premised on a morally tinged environmental determinism which exacerbates the marginalization of communities already stigmatized along racial and class lines through pathologizing their places as obesogenic" (p742). Herrick (2008) provides an example of how such moralised notions of body size, health, place and class become explicitly linked. Herrick uses the example of Austin, Texas, where the area to the east of the Interstate is poorer than the west, and more ethnically diverse. Herrick argues that the focus of Austin residents and policy makers on

the health behaviours and their interaction with place is used to mark socio-spatial difference, a difference that has been strategically appropriated by policy makers to frame certain groups of people as less healthy and environments as 'obesogenic'. That is to argue that specific environments can give rise to behaviours that make obesity more likely. While this model of obesity foregrounds structural causes of obesity over an individual failing, (Evans, et al, 2012) the examples from respondents within my research, and within Herrick's research, demonstrate that particular environments and their residents become negatively framed as unhealthy, and a burden on others, by virtue of their environment.

Through this section, a series of class encounters have been set out, both imaginary and literal, and at varying spatial scales, in which classed identities as a form of expertise are negotiated. Social class and expertise are closely linked through mechanisms of power, available to those with cultural capital, to define what correct knowledges and practices are (Rose, 1993). The encounters described here, in which parent's classed identities are reinforced, are based on a relational classed difference which has come to signify expertise and the ability to live life free of judgement upon parenting practices, body size and broader practices. However, these differences are rooted in multiple experiences and practices over time within the social context of the family, which inform the ways in which they approach parenting practices (Bourdieu, 1984, Warin, 2008).

Through discourses of class and knowledge, the illusion of 'parenting' as a narrowly defined set of correct practices, and 'healthy weight' arising through such practices, is created and maintained. Throughout this section, the focus

has been on the ways in which class and expertise intersect to produce particular inequalities around practices of parenting and body size that become categorised as 'right' or 'wrong'. The following section will foreground gender as the object of analysis; however, it is not one which is separate from class because, as McDowell observes 'ungendered class analysis is no longer appropriate, but then nor is unclassed gender analysis' (2006: 842).

5. Gender, body size, and familial relations

Theoretical engagements with gender difference have, on the one hand, foregrounded material embodied gender difference and the symbolic meanings ascribed to such difference, following the work of De Beauvoir (1953) and further developed by Irigaray (1985). On the other hand, the performativity of gender developed by Butler (1990), argues that gender is a discursive construction which comes to appear natural through the ongoing ways in which gender is performed, and is not rooted in any kind of material difference, but in the performance itself. The entanglement of gender as both a performative category that further structures everyday practices, and gender as a material-biological difference, come to the fore in discussing body size; an understanding of the body that can be understood as both located in the corporeal materiality of the body, and in the practices that constitute the ways in which body size comes to be known (Colls, 2007). Therefore, this section bridges the focus of this chapter on practices and relations, with the next chapter's level of analysis which is focused on the body itself.

5.1 Gendered understandings of body size: relational regulations

Many feminist writers (for example Bordo, 1993, Germov and Williams, 1999, Orbach, 1997), discuss the ways in which it has become 'normal' for women to relate their body size and gender to their position in society and self-value, which directly structures the ways in which life is lived. The following quote from Hannah illustrates a relationship to her body size and the way it structured how she carried out her life on the basis of her body size:

"I spent years of my life on hold, because I would always do it when I hit my goal, you know whatever diet I might have been on at the time... like, you know for probably my late teens and all my twenties it was like I'll go for that job, or ... I'll start running or whatever, when I have (lost weight), because I couldn't do it now because people would judge me, ... I'm not worthy to do some of these things now because I'm overweight aren't I, and it was probably not until I hit my 30s, that I was like well, I'm going to have to start living or my life is going to be over."

(Hannah, mother of three, focus group one participant)

What is also particularly noticeable is that Hannah's anxiety around her body size was based on a desire not to be judged by others. This is also a central strand of the feminist approaches to body size, in which it is argued that the regulatory male gaze is internalised and leads to self-regulatory performances of gender (Bordo, 1993, Evans, 2006, Johnston, 1996). The focus on the ways in which women may act to maintain an idealised body size is based on the Foucauldian understanding that women's bodies are regulated through a socially constructed patriarchal discourse of how they should look, and that this

discourse, for many women, has been internalised, and leads to 'docile bodies'; bodies that are self-regulating even when there is no direct gaze present. I would add to this to argue that for Hannah, the internalisation of the regulatory gaze has also led to her performance of body size being in line with a dominant discourse of what overweight people do, and in particular, do not do, namely exercise and work.

While many academics are in agreement that for women, the focus on body size is intensified, Bell and McNaughton (2007) actually point out that because there is such a focus on female fat, that as a society we find it hard to conceptualise male fat. Bell and McNaughton draw on a number of studies that suggest there is a large degree of body dissatisfaction amongst men, but that due to the association of fat and dieting with femininity, many men feel they cannot publically engage in fat and diet talk. The following examples from my research illustrate the ways in which parents understand their own size and how this is gendered. Within these examples, there is a sense that although women feel pressure to regulate their own body size, they also feel under pressure to regulate their male partner's body size too, and that there is a more complex gendered understanding of size than the simple 'fat is a feminist issue' (Orbach, 1997). Due to the fact that research participants were predominantly women, the following quotes are all from the perspective of women, so where they are talking about their partner's weight the voice of the partner themselves is obviously missing. However, this troubles the traditional argument that women's bodies are singularly regulated through a male gaze.

Heidi: *"My husband's aware of his weight, like now suddenly for the summer holidays, "right I'm going to lose a stone this summer", and then he'll go out*

cycling like mad but I don't think he quite equated it with what he eats"

Wendy: *"They still lose weight though don't they, that's the annoying thing"*

(Heidi, mother of three, and Wendy, mother of four, focus group five discussions)

"I worry for my husband more, because he is overweight, and he is conscious that he is overweight, and ... it's the exercise for him, it's not his diet, well ... you know, he exercises, he probably should exercise more but it's the time"

(Eleanor, mother of three, focus group five participant)

"We've had a conversation, I wouldn't fancy him if he got big, you know if he ever got really big I just blatantly wouldn't fancy you, and he goes well what about you, because obviously I'm probably a stone bigger now than what I was when we first met ... but I've had children, and, you know, that's just the way it's always going to be, it's always going to be there, (but) I wouldn't fancy you"

(Wendy, mother of four, focus group five participant)

These quotes raise three significant points around men and body size, and these points are tied into popular discourses on gender and bodies more widely. The first point is that there is an idea of a biological difference being evoked in the ability for men to lose weight. Wendy suggests that men have a different ability to lose weight than women, regardless of their attitude towards diet. The second point that arises from these quotes is that men, or at least the men described here, are indeed quite aware of their body size and feel a need to regulate it, and the final point is linked to this, and it is a question of where does this regulation come from. In the final quote, there is a strong sense of the

female participant in the study regulating her husband's size. However, I don't think it can be claimed that each gender regulates the body size of the other, but that there is a more complex regulation of body size than this. The standardization of bodies, and individual desire to regulate the body in line with that standard, is of direct benefit to those with power to profit from body dissatisfaction, such as the weight loss industry (Bordo, 1993, Gaesser, 2013, Germov and Williams (1999), and Monaghan et al, 2010). Through Foucauldian biopolitical strategies of governance, in which the 'standard' is set out through technologies such as the BMI system, and deviant (obese) bodies are sought out and targeted to bring in line with this standard, the power of 'normal' body size becomes pervasive throughout society. It can be argued therefore, that the regulatory capacities of the biopolitical regulation of body size are felt by all. However, the experiential effects of such regulation are not gender neutral.

I suggest two different ways in which the gendered regulation of body size within the home, as described by Wendy, Eleanor and Heidi, can be understood within a relational framework. The first explanation is that women are feeling under pressure to regulate the bodies of everyone in the household. Within my sample of parents, the responsibility for feeding the family lay predominantly with women, and therefore there seemed to be this sense that any overweight family members reflected on women's caring practices. In this case, the ways in which these women talk about their male partner's bodies is an effect of the pressure they themselves are under to regulate the size of everyone in the household. However, it could also be argued that men are simply also anxious about their body size and that this is being picked up upon by their partners, who are reiterating it through the research interview and focus group

discussions. As Bell and McNaughton argue, the differentially constituted historical construction of gender and body size has led to different gendered bodily ideals. While slenderness has been idealised for women, fatness has similarly become associated with femininity as both an ongoing struggle to avoid body fat, and through the association between soft flesh and femininity. Therefore for many men, a fear of fatness is experienced, but is entangled within a fear of being seen to have a feminine body. So, while fatness remains something to be feared and avoided regardless of gender, I argue that female embodiment remains constructed as something inherently flawed. Although the regulation of body size may be felt regardless of gender, it is tied up within a discursive construction of gender difference which is rooted in body type, and the feminine body as a body to avoid, and therefore the regulation of body size within anti-obesity discourse acts to continually re-inscribe gendered differences.

5.2. Creating the gendered child through practices of size

In section 5.1 the focus was on the ways in which adults negotiate their understandings of body size within gendered discourses of bodies. Here, the focus is on the ways that the bodies of children were talked about by participants, and again the same themes of regulation, and gendered biological reductionism can be seen, but by thinking specifically about how this is related to the bodies of children there are two additional points I want to draw attention to. Firstly is the way in which gender is performed in parenting practices that relate to body size, which acts to create a particular way in which that gender then becomes known to the child, and also to the parents who are reproducing familiar discourses. Secondly, there is a sense of acting on a body in the

present in order to shape the bodies of their children in the future. Evans (2010) explains that children are particularly targeted for action now in order to shape their future bodies, owing to enhanced metabolic plasticity relative to that of adults. The concept of acting on bodies in the present day in order to shape the future body is explored in detail in chapter six. Here, the fact that gender influences the perception of bodies in the future is highlighted.

Marianne was concerned about the size of her son's body and explained that:

“Eventually I just had to pat his belly and say ‘getting a bit big, you’ll have to watch that’ which actually I probably wouldn’t do with my daughter because I would be much more scared of giving her a complex, but maybe I think my son can take it more”

(Marianne, mother of two, interview participant)

Contrasting with Marianne's approach to tackling the perceived problem of her son's size, Hannah also had a child that she perceived to be overweight, but this was her daughter, and the way she approached this was very different to Marianne's approach. Hannah explained that:

“I worry about my attitude with food then having rubbed off, especially having three girls, I suppose it’s always traditionally been a girl thing hasn’t it, and I don’t want them to view themselves negatively, always being on a diet, always you know a New Year’s resolution”

(Hannah, mother of three, focus group one participant)

Although Hannah felt her daughter needed to lose weight, she felt that by virtue of her child's gender, she had to approach this in a very careful way to not

create body anxieties. Conversely, Marianne felt that her child's male gender meant that there would not be an issue with being very direct about telling him he has to lose weight. So, within these examples, in contrast to literature that suggest women have traditionally been framed as particularly needing to control their flesh (Grosz, 1994, Ussher, 2006), neither boys nor girls are being constructed by these participants as being more in need of regulating their body than the other. However, there is an understanding within these examples of girls as inherently sensitive, and in research this was set very much against the background of a spectre of eating disorders, and here, the futurism of Evans (2010) comes into this. As discussed in section 3.3, parents in my research were frequently returning to two future scenarios that they wanted to avoid. One was a future of fat, and with this a fear of possible associated health risks, and the other was a fear of a future eating disorder, however, this fear of future eating disorders was only related to girls. While it is the case that eating disorders are predominantly reported in girls and women, it is not the case that they do not exist for men. It is, however, the dominant way in which eating disorders are presented in the media, as a female problem, and one which links an assumed vulnerability of both flesh, and mental stability, to women (MacSween, 2013).

Although the dominant construction of eating disorders and emotional eating is of a female problem (Bordo, 1993, Orbach, 1997), I want to conclude this section on the creation of gender difference through body size practices by suggesting that when biological explanations of gender are drawn upon to explain body size, children's bodies are discursively frozen in place as an

outcome of their gender. In the following quote, the bodies of children are reduced to a gendered biological difference:

“Someone told me there’s only three things you need to know about boys, umm if they weren’t happy it was because they were tired, bored, or hungry, find out which one that it is and you will be fine, the girls, it’s anybody’s guess what’s wrong with them, and actually that’s a brilliant rule because he’s either tired, bored, or hungry, and usually if I shove some food into him he’s alright”

(Alice, legal guardian of her great-grandson and focus group five participant)

What is particularly interesting in the quote is the way in which this belief about biological gender difference is productive of gendered behaviour, so Alice has followed a rule by which if her great-grandson is unhappy she will feed him. In Alice’s understanding of gendered difference, girls are set apart from boys as being unfathomable. Conversely boys are positioned as straight-forward. Despite emotional eating having been discursively linked to women (Heenan, 2005), Alice does not foretell any problems with feeding her great-grandson as a response to a potentially emotionally derived problem. Instead, this is seen as a simple and unproblematic solution to any problem. Girls are otherwise framed throughout the encounters with parents and guardians cited in this section as less-predictable. It is the potential irrationality of their responses to body size, in the potential emergence of an eating disorder, which keeps the gendered framing of girls and body size as one of inherent vulnerability. However, the parents cited here have also demonstrated the ways in which their gendered beliefs about body size are in fact productive of different approaches to parenting around body size, based on gender. I argue that it is through these

practices themselves that discursive constructions of gendered difference in relation to body size are continually re-created and maintained.

5.3. Gendered responsibility for parenting practices of body size

Within research, the responsibility to look after the bodies of children was at the forefront of participants' discussions. There were two main themes to these discussions of responsibility. The first has been discussed in section 4, and is that the parents in my study framed themselves as responsible parents who fulfilled their parenting responsibilities, contra to 'other' parents who were irresponsible, who don't follow nutritional guidance and whose children may become obese. Secondly, and what I will focus on here, is the gendered division of responsibility within a family, and in order to cover that I'm going to subdivide this further into responsibility for, firstly, domestic food-work, and secondly, the responsibility for caring for children, in particular the responsibility for the regulation and care of their body size and health.

5.3.1. Gendered responsibility; food-work

In concluding the Changing Families, Changing Food project, Jackson and Pickering (2009) stated that feeding the family has remained a highly gendered practice. In line with the narrative of change that sees women working outside of the home more, and men taking a greater role in family life, the Changing Families, Changing Food project found that men are taking more of a role with food-work, but it tends to only be on special occasions, and rarely taking on the responsibility for food-work as a whole in the family. This was echoed within my research. The female participants were generally quite happy that men took on

more of a role than perhaps their own fathers had done, but it was clear that the overall responsibility remained with the women.

There were plenty of examples in my research of women being the default cook, but what I also found was that this extended to other practices like shopping for food too. For example, Emma, an interview participant and mother of two, explained how she worked part time and her husband worked full time, but in order to juggle child care her husband, James, had a day off during the week. During James's day off in the week, he did the food shopping for the family. While at first glance this appears to be an example of James taking responsibility for food-work, what is interesting about Emma's example is that she said she would sit down with him the night before and help him to write a shopping list. The shopping list that Emma would help James to write was very much based on nutritional needs, as their children both had some specific dietary issues. So, although James was taking responsibility for bringing food into the home, it was still Emma, the woman within the family, who was felt she needed to bear the responsibility for determining the nutritional content of the food that was brought into the home.

A further pertinent point that emerged throughout research with regards to gender and responsibility was the way in which female participants recognised an unequal distribution of responsibility for domestic tasks, including food-work, but didn't complain greatly about this inequality. When participants did complain about the inequality they experienced regarding the gendered division of food-work, the onus of blame was not on their male partner, but on their male partner's mother:

“My husband doesn’t cook but like you (other focus group participants) say it’s the mothering thing, he’s got two brothers, and his mother does everything and still does”

(Carolyn, mother of three, focus group two participant)

I had many examples of female participants who, like Carolyn, felt that the gendered inequality around food-work that they experienced was the result of their mother-in-law’s own parenting practices. This serves to reinforce the gendered division of responsibility for food-work as ‘belonging’ to women. In focus group two there was a very long conversation about this, and for all the women in this conversation their husband’s lack of awareness and skill with food was down to their mother’s having done everything for them. Some of the women in the group explained that they had taught their partner to cook. While participants in focus group two were happy to attach blame for their current experience of food-work inequality to their husband’s mother, they were also mindful of the potential to break this gendered division for future generations through the potential to teach their sons to cook. This is still somewhat problematic in terms of the goal of future gender equality around food-work because it does still serve to reproduce the intergenerational gendered responsibility of women. For even if participants are successful in creating sons who cook, these participants still emphasised that the responsibility for passing on these skills lies with the women within the family, and a failure to have a son who cooks is a failure of themselves, as women.

5.3.2. Gendered responsibility; caring for, and sculpting, children's bodies

The second gendered responsibility seen in my research is that of whose responsibility it is to care for and maintain children's health and body size. Food is a central theme here, as the idea of treat food with no nutritional content was deemed by my participants to be what their male partners would choose to give children, whereas they would be the ones working out nutritious meals and snacks. This is akin to the framing of an irresponsible 'other' discussed in section 4. Not only are self-styled experts, and conversely those lacking 'correct knowledge' on body size and health delineated by class, but they are also set apart by gender.

All female participants in this research were concerned about their child's health, which they understood as related to body size, yet many felt their male partner would not share this concern and the resulting desire to make what participants understood as responsible caring decisions. Instead, many participants explained that, for their partners, feeding children was not an act of showing responsibility for maintaining the health of children, but as a way in which to indulge children.

"I think we play a bit of good cop, bad cop in our family where dad gives them treats, he'll meet them from school and there might be something, that is defined as a, you know, you wouldn't want too much of, like chocolate or whatever, and if I meet them from school it might be a more sensible snack that I give them, it might be an apple, I'm hated for it (laughs) but it's kind of like I think so long as you've got that balance, if everyone was given chocolates when

they come out of school, for me it would be a little bit going on the side of things that don't contain all the necessary nutrients"

(Emma, mother of two, interview participant)

Emma felt her children really disliked her snack choices for them, but that what she was giving them was what they needed, and that she had to do that in order for them to get all the necessary nutrients. Unfortunately, I didn't get to speak to her husband James, but Emma feels that James does not feel the same pressures to provide nutritious food. Emma also spoke of snacks like chocolate being okay in balance with fruit, and so it appears that she wouldn't be adverse to giving these snacks sometimes, but because their father already does that, she feels that she has to provide something healthier, and doing this further cements, for that family, a particular set of gendered responsibilities for health and nutrition.

A further way in which traditional gender identities can be seen to be cemented through responsibility for children's size and health is through the particularities of the parenting practices for which responsibility is taken. Marianne is not alone when she says:

"Cooking is down to me (laughs). Although he takes a lot of responsibility for getting them active, he's the one who takes them swimming, takes them out for bike rides,"

(Marianne, mother of two, interview participant)

Marianne's comment reiterates some very entrenched gender binaries through the angle of caring for children's health. Firstly, there is the spatial divide,

whereby women are traditionally considered to be in place in the private sphere of the home and men within the public sphere (Blunt, 2005, Bondi and Domosh, 1998, Domosh, 1998), and secondly, is a binary of bodies, whereby women's bodies are framed as passive and men's bodies as active (Davidson et al, 2009, Grosz, 1994). In this way, gender binaries become continually intergenerationally reinscribed through everyday parenting practices with children, including those practices that are undertaken to avoid 'obesity'.

5.4. Challenging gender and body size.

Within my research sample, gendered family relations were predominantly performed along traditional lines. It is not that all the families fell into a neat nuclear family with traditional gender roles, but that in instances when there was some deviation from these static gender categories, it was still within an overall discourse of binary gender. Despite this, there were a small number of participants whose parenting practices around body size and health contained challenges to a traditionally gendered division of responsibility and care.

"It is absolutely equal, if I haven't been that organised and Ed gets home before me, invariably he does, he just whacks whatever on, he'll make either a pasta dish or something and chips, whatever, you know"

(Liz, mother of four, interview participant)

Although Liz does seem to be framing her husband Ed's cooking for the children as a response to times when Liz is not organised, Liz explained that Ed would not question that if he was first home, he would cook for the children. The interview with Liz took place in her home and she arrived home late from work

at the same time I arrived for the interview. In line with Liz's description, Ed was preparing dinner for the children when we arrived. However, it was Liz, not Ed, who agreed to take part in research, and who spoke throughout the interview of the ways in which she herself understood, cared for, and managed her children's body size and health in complex ways, and through the ongoing intensity of embodied parenting practices.

Following Butler's (1990) theory of subversive repetition as a way in which discursively entrenched norms can be challenged and reworked, with enough repetition, practices that challenge fixed categories of gendered norms, body size, and caring for the bodies of others, cast light on the performative nature of categories that appear natural, and as such, can destabilise these fixed categories. However, taking my particular sample of research participants as whole, dominant categories of gender and size were not destabilised, and were instead constantly reiterated and performed, albeit within a range of differing family relations, practices and contexts. Although this means that I am not able to demonstrate within my research any direct challenges to gender binaries and biomedical obesity, I can make some suggestions why this may be the case, by drawing upon McRobbie's (2009) development of post-feminism.

McRobbie (2009) used the term post-feminism to describe the ways in which the elements of empowerment and choice in feminism have been completely incorporated into political life, and are then disseminated as a discourse on what it means to be a modern woman as a kind of alternative for feminism. McRobbie argues that the result of this is that the notion of feminism becomes unattractive to those seeking the identity of a modern women, and this acts to suppress the (re) emergence of a coherent women's movement through offering

a series of equality compromises, which nonetheless perpetuate traditional gender inequality. In her example of working mothers, McRobbie draws upon Crompton (2002), and notes that

'young working mothers, it appears, draw back from entertaining any idea of debate on inequality in the household in favour of finding ways, with help from the government, to manage their dual responsibility'

(McRobbie, 2007:79).

This quote ties McRobbie's concept of post-feminism to the topics that have arisen in my research of parenting and governance. So following McRobbie, to be a 'modern women' one must both take on primary responsibility for children and domestic life, while also maintaining a career. This resonates with some of the ways in which the female participants in my research reflected upon their domestic life. While no participants spoke of a disavowal of feminism, many enacted a version of female life in which they both worked outside of the home, and maintained a high standard of domesticity according to set norms. In addition to these pressures Warin et al (2008) add that women, especially those from a middle class socio-economic background, felt a strong pressure to stay thin as the expected idealised performance of a middle class modern woman. Additionally within my research, participants voiced the pressure they felt under to ensure that their children, as embodied examples of their caring practices, also had socially acceptable slim bodies. Furthermore, participants often alluded to a belief that this is the way in which the life of a mother should be lived, and those who are assumed to not fulfil these dual roles and bodily norms

were in need of correction, despite simultaneously recognising the stresses of managing family-work and paid work.

In this way, while living what can be seen as the lives of 'modern women', traditional gender roles are nonetheless maintained. McRobbie also notes the role that the government has to play in the creation of the post-feminist family, with supportive policies for those women who take on the dual responsibilities of parenting and work. Meanwhile, McRobbie notes that popular culture glamorises the women-who-does-it-all through the lens of self-improvement, hyper-sexuality, and capacity (2007:80). In this way, traditional gender discourses are stabilised against a backdrop of increased pressure on women to be the perfect mother and manage a career, and somatic class identity through a healthy and attractive body too.

6. Conclusion

This chapter has illustrated differentially constituted family practices which exceed narrow policy definitions of correct parenting, and body size. The multiplicity of practices demonstrated in this chapter suggests that when carried out within a framework of an ethic of care (Gilligan, 1982), multiple practices are no less caring or correct, but are enactments of differing parenting ontologies. While anti-obesity discourse, which is variously construed but disseminated through networks of power such as government initiatives, seek to promote a narrow understanding of correct parenting to maintain a closely linked health and body size, the examples in this chapter have foregrounded the variations in practice. These variations are built upon embodied relationships that assimilate knowledge over time and through practice itself.

However, practices and relations are also negotiated through the structuring forces of axes of identity. Gender, class, and race all act to not only frame how we know ourselves, but how we come to know others. Within this research, class and gender were particularly clear structuring forces in the framing of understandings of body size, health, and parenting. This is not to say that racial discourses of body size, health and parenting did not affect the parents in this research, but that racial discourses were not explicitly drawn upon within the research encounters.

Taking a performative approach to parenting practices around body size, the structuring forces, which are discursively constructed themselves, act to frame our own practices and relations with others, and therefore shape that which we come to know as normal. As the example of gender within this chapter also specifically demonstrated, the structuring forces of identity also place pressures on individuals, practices, and relations which are felt and acted within. For example, the pressure of the discourse of what it means to be a 'modern women', and how this shapes parenting, and what it means to have a good body, shapes parenting experiences for individuals. This is both in terms of the dominant discourse of what it means to be a good parent and modern women, and in terms of governmental policies that support this model of gendered life, while applying subtle sanctions to the lives of those who do not follow this model.

Chapter six

Bodies; materiality and emotion

1. Introducing materiality and emotion

This chapter brings the scale of focus to the body itself. While the entire thesis has been about bodies, the ways in which they are sought to be governed, known and the caring practices that we undertake that are directed at bodies, here the body as a material entity and a location of emotional intensity is foregrounded. Bodies are described here in accounts that give space for material and emotional excesses, of parenting in light of anti-obesity discourses. Within human geography, one way in which the body as a material and affective entity has been theorised, is as a redistribution of subjectivities through a focus on relational agency (Lorimer, 2008, McCormack, 2007, Whatmore, 2006). This chapter adds to this literature with a specific focus on the relationship that parents have towards their children's bodies, within a framework of pervasive anti-obesity discourses. As demonstrated in chapters four and five, anti-obesity discourses are an enaction of sized bodies which create and maintain structures of governance such as class and expertise, and everyday practices within families such as foodwork. This chapter seeks to explain the performative enations of anti-obesity discourse through the body itself. Here the discussion of anti-obesity discourse is developed to not only consider how discourse acts upon bodies, but to consider how anti-obesity discourse is acted upon, by, and through material bodies.

Firstly, this chapter will focus on how we know our bodily boundaries, surfaces and what we know as fat in its presence or absence on ourselves or our

children's bodies. Bounded bodies are explored through the lens of 'body image'; however this neat framing of a bounded and self-contained body as the way in which parents have a body-image of their own and their children's bodies' is then disrupted through the pervasive notion of bodies as machines with flows of energy, which come into being through intra-action. These ontologies of bodies coming into being in relation to differentially constituted boundaries, demonstrate the performative maintenance of bounded bodies, the significance of this within anti-obesity discourses is further explored.

The next section begins by focussing on affective intensities which work within anti-obesity discourses to produce a pre-emptive politics of fear and hope, the framing of fat bodies as a risk to us all is discussed as a way in which the future becomes felt in the present, and that this is intensified around children's bodies. The ways that the effect of a separate mind and body work to frame body size as an outcome of the strength of individual will acting upon a separate fleshy body is then considered as the idea that body size can be controlled at will, as the result of strong self-determination and correct education remains central to anti-obesity discourses. This separation of mind and body, I argue is a part of the production of emotions such as fear, shame and disgust that are mobilised around fat bodies. Drawing upon the ways parents described fat itself, this section then considers the affective power of fat as matter through Kristeva's theory of abjection. The complexity of the presence of the abject matter of fat, or the threat of its presence, upon the body of a child is explored through examples which demonstrate the entanglement of affective intensities and matter to produce a divisive politics of bodies.

The final section returns to the topic of food. Food has permeated the relationship between anti-obesity discourses and parenting practices from its centrality within anti-obesity discourses and official policy, to the focus within families on foodwork as a practice that is directly related to body size. Here the relationship between the material substances of food and the body are explored as they meet each other in material entanglements which produce potential configurations of bodies, size, and boundaries. While anti-obesity discourses set out a trajectory of overeating as a personal failing, drawing on vital materialism (Bennett, 2010) helps to shed light on the complexities around food and size that are described by participants by allowing for the agency of food.

Throughout this chapter a number of theoretical framings of bodies will be drawn upon, acting in conversation with the voices of research participants in order to demonstrate the performative enactments of body size as it intersects with parenting practices.

2. Knowing surfaces and boundaries

Within anti-obesity discourse, body size is framed as the outcome of a basic energy equation, which relies on a simplistic notion of bounded bodies. This section addresses the work that framing bodies in this way does from participant's understandings of body size, and demonstrates the ways in which bodies spill out of these neat framings, yet are constantly performed as closed systems. Here I will focus on how participants evoked knowledges of bodily boundaries, surfaces and fat, in its presence or absence, on the bodies of themselves, their children, or others, and relate this to theorisations of bodily boundaries, surfaces and flows. This subsection adds to existing literature on

body image by turning attention to the ways that parents have a 'body image' of their child's body. This is a direct response to the popular discourse of childhood obesity whereby parents are often considered to not know their child's size (Colls, 2012). Building on Colls' argument that parents do have an image of the bodies of their children, and that this image is rooted in relational care over time, this section will then turn attention to the way that the body image is troubled by the permeability of bodies and the way in which bodies are discursively sealed by the 'energy balance' model of size. Demonstrating the pervasiveness of this model of body size amongst parents, theoretical accounts of visceral bodies are added to demonstrate the contingency of this model and the possibility of knowing bodies otherwise. The final part of this section will orientate attention to the role of material interactions as a way in which body size is known.

2.1. Perceiving the surface

In chapter two, section 5.3 Grosz's (1994) account of bodily boundaries was described and extended to establish what the generation of perceiving bodily boundaries does for our understanding of ourselves as bounded subjects. The disgust generated by transgressing bodily boundaries was related to fat through the work of Longhurst (2001) who describes how the leaky transgressions of the body challenge the notion of a bounded individual, sealed in impenetrable skin, and Colls (2007) who posits that fat on the body is one particular example of a challenge to the bounded, autonomous self, disrupting attempts to define the limits of the body.

This section will engage with research encounters that gave insight into the maintenance of a bounded self in light of the potential incursions of fat. Fat is attributed with the potential to disrupt the self, and the intensification of an understanding of fat as an invasion of the bounded body produced within anti-obesity discourse posits that fat disrupts the orderly workings of the body by accumulating in the wrong places (Change 4 Life, <http://www.nhs.uk/Change4Life/Pages/facts-about-fat.aspx>). Anti-obesity discourses not only create the sense that fat is an incursion on the self through the discursive construction of fat subjects as lazy or unintelligent (Farell, 2011, Obesity Action Coalition, 2013), but also act to destabilise the ability for individuals to have an accurate body image which represents their material body within space.

The difficulty is people do compare with their peers and as the whole population has got larger. What we consider normal has changed, and actually if we show parents pictures of four children, normal and degrees fatter and say which one do you think is normal weight, they always say the normal weight one is underweight because of the context and because of what they view, so that comparative thing, so we need to work on parental perception, and wide screen TVs don't help either, they just embed the social image in your head and they do just make people look stretched and we assimilate that as part of our norm.
(NCMP health professional)

Similarly it is widely claimed that 'parents don't see it' when their children are overweight (Colls, 2012). If parents do not know the size of their children's bodies, what does this mean for parents' embodied relationships, why do they not know or see what is broadly understood as a socially and medically

inappropriate bodily boundary on their child? Despite the argument in anti-obesity policies that parents fail to know their children's body size, the ability for parents to know their own bodies is not generally called into question. However research participants trouble this distinction which questions a parent's ability to know their child's body size.

"Yeah sometimes I look at her and I think well it's alright, it's all growing and going in different ways, and then other times you look at her and think she's got such a pot belly but there isn't sort of anywhere else on her body, she doesn't seem to be, just seems to be in proportion really, a bit of a larger child but you know, it's all the tummy."

(Tina, mother of two and interview participant)

Helen – *"I mean Ivy's always had a pot belly from being a baby she was a chubby baby but there is hardly anything to her now because we walk."*

Kirsty – *"and then it goes, and it comes back, and it goes,"*

Helen – *"yeah on other days you are thinking your belly is back again."*

(Discussion between Helen mother of two, and Kirsty, mother of two, focus group four)

Tina, Helen, and Kirsty's descriptions of their child's body size seem at first glance to reinforce the argument that parents do not know the size of their children's bodies. Tina and Helen both describe an engagement with their children's bodies in which they can never quite be sure of what they see as the limits of the body. Grosz (1994) engages with Schilder's understanding of touch, movement, and sensation orienting our understanding of our body's location in space. Such a focus on bodily sensations as the way in which a body image is

accumulated suggests that Tina and Helen's uncertainty of the limits of their daughter's bodies could be attributed to the fact that the child's body is not an extension of the self, internal sensations that locate the self within space cannot be sensed from looking at the child's body and therefore the parents never really understand the size of their child's body.

However I contend that these are in fact descriptions of a close engagement with children's bodies. Tina and Helen both describe an understanding of the morphology of their children's bodies over time. While they both express an uncertainty with the changing shape of their children's bodies I suggest that this uncertainty is not formed from a lack of understanding of the body, but from a desire to fix the boundaries of the body. A great deal of work goes into the control of leaky bodies (Longhurst, 2001) in order to maintain the effect of a bounded and self, a body that cannot be fixed in place presents a threat to the effect of a bounded body. Therefore the narratives of Tina, Helen and Kirsty act as discursive tools to attempt to account for the fluidity in size, to situate it within a narrative of its own and in doing so, to close down the possibility of labelling their child's body as transgressive.

These accounts of fixing the bodies of children in space are linked to wider socio-cultural histories of what it means to have a body, in which the autonomous bounded (white male) body has been accorded greater rights of citizenship than bodies inscribed as leaky or transgressive (Gilbert, 2007). Yet Butler (1993) argues that the bounded autonomous self is an illusion maintained by systems of language. The following section will deliver both an account of theoretical challenges to the bounded body, and empirical examples to support this through the example of the energy balance.

2.2. Bodies as balanced machines

While participants did evoke a body with distinct boundaries, this was challenged by the need for bodies to consume. Consuming bodies problematize the notion of a distinct bounded body, raising questions of where a separate self and food begin and end (Mol, 2008). Section 4 will focus on the acts of consumption and having a consuming body, but here the particular concept of the energy balance is considered as a way in which the permeable boundaries of bodies are sealed in a discourse that acts to account for bodily flows. Within anti-obesity policy body size is considered an outcome of an energy balance, or imbalance. The energy balance model of obesity is paradigmatic in its unquestioned pervasiveness and positions obesity as a straightforward mechanistic consequence of excess caloric intake relative to expenditure (Guthman, 2012: 952). It has been demonstrated that the energy balance is particularly reductive and fails to account for wide ranging complexities within accounts of body size (Aphramor and Gingras, 2011, Guthman, 2012, Wright and Dean, 2007) Despite this, the energy balance was understood by participants as an ontological truth as demonstrated in the following quotes.

“I’ve got a friend..., he’s out here, he likes a drink, as do I, ... but, he goes, oh I don’t get how, I hardly eat much, and I said ‘I’m sorry but if you are putting in too much food to the energy you using’, they are in denial, most people are in denial about it, they will find an excuse”
(Alice, guardian of one, focus group five participant)

“Your size comes by how much you burn off and how much you stuff in, and it’s a really simple equation.”

(Gabrielle, mother of one, interview participant)

“The body is an engine isn’t it, I think well, you, you’ve ridden your bike to and from school, you can have a little fairy cake, but if we have been in the car all day and haven’t done a lot, same with me really, if I have had an active day I think, yeah I can have a few biscuits, so ... umm, balance, but yeah, everything is balance.”

(Kirsty, mother of two, focus group three participant)

Understandings of body size focus on food and energy expenditure as material movements through the body, which comes to be known as the metabolism. Therefore the sized body is a body of flows. While these flows are complex and contingent, I suggest that the discursive framing of body size as a mechanistic flow of energy is an attempt to keep the boundaries of the bodies known and therefore fixed. Fat bodies challenge fixed boundaries through the materialisation of fat itself on the surface of the body (Colls, 2007). Therefore to reduce body size to a simplified equation in which that which goes into the body and that which is expended in energy should be in equilibrium, maintains the sense of bodies as a stable whole. As the above quote from Kirsty demonstrates, the mechanistic vision of an energy balance is reinforced through likening the body to a machine. This was echoed by other parents such as Natalie who explained:

“A gauge is good for children, so a gauge of how much fuel you put in a car and you wouldn’t want to over fuel it, that is quite, the visual, we need a lot more visual in this world.”

(Natalie, mother of two, focus group one, and interview participant)

While the energy balance model was not challenged by parents at all I want to highlight the extent to which this is a constructed understanding of body size. The energy balance is widely used to explain body size within broad anti-obesity discourses. Local health professionals who participated in research interviews referred to their initiatives being based on the energy balance, national anti-obesity initiatives state the energy balance is the ‘key’ to a healthy weight (Change4Life, <http://www.nhs.uk/change4life/pages/calories.aspx>) and media stories often cite an energy imbalance as the cause for the supposed obesity epidemic. By drawing attention to theoretical accounts of bodies which allow for the fluidity of boundaries and the flux of bodies, I subvert the energy balance by demonstrating the possibility for knowing the flows of the body and size differently through the example of challenging the bounded body within academic geography.

Longhurst (2001) argues that it is important for academic geographers to challenge the notion of a bounded body as all too often they have failed to account for the material flows of bodies, and in doing so have reinforced a masculinist politics of knowledge production. The energy balance model of body size acts in much the same way as bounded bodies in academic geography; it closes down the possibilities for multiplicity and interconnectedness. Guthman (2012) demonstrates the potential for a greater focus on material relations with

the environment in thinking about body size. Guthman draws on the emerging field of epigenetics to demonstrate that interactions with our environment can alter genetic expression which could have direct consequences for the ways in which our bodies store fat. The epigenetic account of bodies directly challenges the energy balance model by illustrating the permeability of bodily boundaries with the environment. This is an account of bodies that considers the multiplicity of socio-economic encounters with the environment which produce body size. Guthman's epigenetic account of bodies demonstrates the ways in which socio-economic inequalities become embodied through our permeability with the environment. This is not an account of body size that can be explained within a closed system of a machinic energy balance and challenges the simplistic notion that this is the only way in which we can account for body size and know our bodies, suggesting instead that our body size is the biological outcome of socio-economically mediated environmental encounters. Parents who participated in this research had no room within their discourse of body size as an energy balance for complex encounters with the environment. This results in parents recognising obesity solely as an energy imbalance in which the 'cause' for body size lies with the fat individual or the parent who is responsible for feeding the child and providing opportunities for exercise.

2.3. Bodies, objects, and actions

This subsection will continue the idea of body size as an outcome of the body as a relational assemblage. Within this section the focus of attention is on the way in which body size becomes constructed and understood through encounters with everyday material objects.

Barad's (2007) theory of agential realism, which was introduced in chapter two, provides a theoretical framework through which agency can be attributed to matter, and to how this shapes what we come to know as phenomena. Agential realism is a philosophical position which denies that there are representations on the one hand and ontologically separate entities awaiting representation on the other. Instead agential realism posits a performative alternative to representation in which it is through particular intra-actions that objects and phenomena emerge and become known to us as ontologically separate entities. So it is the relational actions themselves which create what we know as discrete phenomena, including the body. Drawing on accounts from participants, the focus here is on the ways in which the materialities of clothing intra-act with the body. So following Barad, rather than a pre-existing body size being illuminated through clothing, I argue that it is through material intra-actions with a range of objects and actants that body size is actively produced. Clothing is particularly pertinent to understandings of body size; it is personal, lying against the skin and blurring the exact boundaries of the material body, it forms a visual boundary between self and other, and it may be indicative of social categories, (Cain et al, 2014). The relevance of clothing within discussions of size was also demonstrated by research participants who often referred to clothing when explaining moments in which they felt their own, or their children's body size had changed.

"I never weigh myself, don't want to know how much I weigh, if my clothes start to be a bit tighter you know then I know it's time to just try and eat sensibly"

(Marianne, mother of two, interview participant)

“My girls, they fit clothes for their age, in the label it says 9, and they are 9, they are not too tall or too small”

(Amy, mother of two, focus group two participant)

Applying the lens of agential realism to these examples demonstrates the role of the relational engagement with clothing as part of the assemblage that forms Marianne and Amy’s understanding of their own, or their child’s body size. The role of clothing in these accounts suggests that the clothing and the body are ontologically inseparable, intra-acting components of the phenomena of a sized body image. It is intra-action which makes meaningful the properties or components of phenomena which are then seen as pre-existent as a result of us having perceived the intra-active phenomena. So not only does the relational intra-actions between the clothing and the bodies produce what is understood as a body image relating to body size, but it also produces the perception of a pre-existing sized-body and separate clothing. The extent to which the intra-active enactions between what appear to be discreet objects (clothing and bodies) actually create both the discreet objects and the phenomena of a sized body image can be further demonstrated in the quote from Hannah:

“They (Hannah’s children) are so much more conscious about these things, you know Chloe doesn’t fit into a number of different shops’ clothes, she is a bit of an awkward figure, as well as being a bit chunky she carries it all around her hips, she’s got these huge great hips”

(Hannah, mother of three, focus group one participant)

Hannah's perception of her daughter's Chloe's body size and shape emerges here as an outcome of her intra-actions with clothing. Hannah also explains that Chloe is conscious of her body size, and Hannah understands this predominantly as an outcome of Chloe's relational encounters with her peers and the clothing worn by herself and her peers, for as Hannah explains:

"That (Chloe's awareness of her size) is picked up from you know her peers at school, she sees them wearing things and so on and so forth."

Applying agential realism to these encounters, Chloe's body size and shape is not pre-existing but comes into reality through material encounters with clothing. Understanding body size as an outcome of relational encounters also enables the possibility to know bodies differently, with different encounters. For example Hannah explains that clothing doesn't tend to fit Chloe's 'awkward shape', yet her shape is only awkward because it doesn't fit the clothing. If for example Chloe's body size was no different, but all the clothes she tried on fitted her as body shape, it is less likely that the outcome would be Chloe's body being understood as an awkward shape. However the clothing and body do not exist in a vacuum, Hannah's described her perception of Chloe's body size in relation to how she felt about her own size, and related this to dominant narratives in anti-obesity discourse about what is framed as a good size and shape for a body.

In these three subsections, the ways in which bodily boundaries are known is illustrated through theoretical positions which add to the accounts of body size that research participants provided. In order to secure boundaries a number of techniques are used within both anti-obesity discourse and parents narratives of

size in order to simplify bodily boundaries and bring those bodies with insecure boundaries into the realms of 'known' bodies through such technologies as the energy balance. Having begun this chapter with an exploration of fluid surfaces, the following section moves to a focus on bodily interiority.

3. Materiality, emotions and affect

Evans (2010) states that in campaigns that target childhood obesity, affective states of guilt, shame and altruistic fear are harnessed, these affects are generated around a concern for children but are intended to be felt by the parents and caregivers who are targeted. Affect has been variously defined for example as motivational systems (Tomkins, 1984), a feeling of intensity outside of individual consciousness (Massumi, 2002), neurological entrainment with other people (Brennan, 2004) or a trans-human intensity which increases or decreases the ability for individuals to act, and can be engineered by those with political power (Thrift, 2004). What is similar throughout these accounts is that affect is closely tied to accounts of emotion, but while emotion tends to be conceived of as an individual expression of feeling, affect is located outside of the individual, it circulates and transmits. This means affective states are not the feelings of an individual but are wider senses of feeling. Ahmed (2013) however, favours the term 'emotion' but emphasises the ability for emotions to circulate. Ahmed focuses on how emotions circulate and what emotions do.

Hayes Conroy and Hayes Conroy (2013), Bondi (2005), Thien (2005), and other feminist geographers similarly view personal emotional experience as more useful for feminist theory and activism, especially because a focus on individual human emotion, as opposed to trans-human affect does not eschew the hard-

fought political battles over identity, difference, and personal experience that have been so central to feminism (Hayes Conroy and Hayes Conroy, 2013). Similarly a focus on emotional experiences is used within this chapter to illustrate the emotional experiences of participant's lives as discourses of body size and parenting meet individual feelings in everyday life.

However the affective components of anti-obesity discourse that were introduced in chapter two are particularly targeted at creating affective states around body size, especially that of children as agents of hope (Evans, 2009). Evans's insights into the affective capacities of anti-obesity discourse draw attention in particular to the ways in which affect is used in order to make possible futures felt in the present. Therefore this section will firstly address the ways in which participants experience an affective, pre-emptive biopolitics of size. Furthermore I will discuss the ways in which the creation of affective states linked to body size, creates an imagined boundary between healthy and unhealthy bodies which must be preserved in order to protect future life.

The section then explores the effects of the ontological separation of mind and body which is framed in anti-obesity discourse as self-control over a separate body. The concept of self-control is taken forward through the emotional politics of shame and disgust around body size. Finally, the materiality of fat is brought to the fore in order to explore how matter participates in the construction of meaning around it, and how material properties and the construction of 'disgust' as an emotional reaction are co-constitutive of one another.

3.1. The future felt in the present: affect and pre-emptive biopolitics of size

Through affective capacities such as fear and hope, the future becomes felt in the present (Anderson, 2010, Evans, 2010). As discussed in chapter two this is essential to the pre-emptive governance of body size. Here the focus is on these affects as they are experienced through bodies and understandings of bodies themselves; these affective discourses target bodies as both the object of biopolitical action and as the location of the translation of affect into meaning. This subsection will add to the literature on pre-emptive anti-obesity strategies and affect by demonstrating the ways in which affect works on and through bodies and relations between parents and children. Drawing on Ahmed's (2013) focus on what emotions do, here I argue that through the circulation of the discourses of a fearful future of fat, boundaries between good and bad bodies and embodied parenting practices are made.

Amongst research participants, the affective mobilisation of a fearful future was evident, fat was understood to be a potential threat to the future health of children. In line with the 'othering' of those whose practices differed from what participants understood to be correct, fearful futures were perceived to lie in bodies that were not those of their own or their children. Ahmed (2013) suggests that it is through emotions such as fear that we respond to others and boundaries are drawn. For Ahmed this is illustrated through examples of racial distinction being drawn through emotions such as that of disgust. Within the circulation of fearful futures research participants tended to draw lines between themselves as those who 'shored up' (Hinchliffe et al, 2013) and protected life now and in the future, through practices of body size, and those whose bodies and practices left them exposed to the potential future of obesity. Most

participants felt that they adequately mitigated a possible future of fat through practices of the body. However a concern for those who did not share similar bodily practices was part of the affective sense of a future of fearfully large bodies. Alice and Wendy, focus group five participants, discussed with incredulity the failure for Wendy's sister to act to protect her and her teenage daughter's future selves following a stroke at a young age.

Wendy – *“She’s just had a stroke, at 45, I mean she smokes and she’s overweight ... and she lost the use of all her right side, but umm, yeah, it hasn’t really had any,”*

Alice – *“Young isn’t it though really.”*

Wendy – *“Yeah and she was in hospital with like, they were all over 90, and, she was scared when she was in hospital for a like a couple of weeks, but then when she got home, she just, straight back into her old ways, and I was like well if you are going to have something like that and that’s not going to shock you.”*

Alice – *“I don’t think it does though.”*

Wendy – *“And her daughter’s exactly the same, exactly the same as her mum, big, smokes, just buys her fat club shakes, but she could have died.”*

The example of Wendy's sister illustrates the concern that is mobilised around large bodies; Wendy's fear for her sister is based on a future that is determined by her body size. While Wendy went on to explain that doctors did not attribute her sister's stroke to her body size, Wendy and Alice both still sought causal explanations based in Wendy's sisters' body size and embodied practices, while reiterating a fear of future obesity. It is also particularly significant that Wendy's

anxieties about her sister's future are extended to her teenage niece, as Wendy says 'her daughter's exactly the same as her mum'. Evans (2009) notes, children take on a particular role within the affective pre-emptive governance of obesity due to 'the affective power of childhood to provoke hope (and by equal measure, fear and tragic loss)' (Kraftl 2008, 84 in Evans, 2010: 24). Throughout the focus group both Wendy and Alice discussed the ways in which they parented with the intention of providing their children with a future free from obesity. Wendy's sister and niece were frequently referred back to within the focus group to draw a boundary between healthy practices and bodies, and unhealthy bodies and practices.

So the affective distribution of fear of a future of risk creates a boundary distinction between healthy and unhealthy bodies and practices. I suggest that the creation of such boundaries builds a sense of further protecting life by creating a distance between practices and bodies deemed fearful. While obesity is not contagious in the conventional sense of a communicable disease spread through contact, affective language within policy and media creates a sense of contagion through regular references to the 'obesity epidemic sweeping through' an area (Gard and Wright, 2005). Not only is obesity framed in the language of contagion, and as the outcome of an energy imbalance, but the behaviour of fat individuals is also attributed with blame for the size of their own bodies. This makes it possible to speak of fat people in certain ways which frames their bodies as an outcome of behaviour and constructs a distance between people with fat bodies and those with 'normal' bodies, this is further explored in the following section which focusses on a particular element of anti-

obesity discourse; the notion that the mind can act to control a seemingly separate body.

3.2. Mind, body, and body-control

Working with emotion as an individual expression of feeling, it is evident that there are particular emotional responses which for many are linked to body size and parenting in light of anti-obesity discourses. This subsection will go on to focus two particular linked emotions that were expressed by participants around obesity, that of shame and disgust. However firstly I use an example from a focus group in order to unpick some of the entangled ways in which mind, body, emotions and size were experienced by parents, demonstrating the conceptual difficulties with separating emotion and affect, and cognitive and pre-cognitive action.

In section two, some of the theoretical explanations of the various ways in which surfaces, flows and relations define the limit to the body were introduced. These theorisations trouble a simplistic notion of a Cartesian mind body split in which the mind can objectively perceive the body as a separate external entity. Instead I proposed that the body comes to be known through intra-actions with other material objects, but that through practical enactions the body comes to be known as an entity that can be acted upon by a separate mind. Here I want to suggest that emotions connected with avoiding obesity are both created through affective anti-obesity discourse, and effect the ways in which emotions and the body are discursively constructed as separate entities to the mind. This has the effect of framing obesity as a problem of the flesh which can be overcome through control from the mind.

“You saying about that mind set Corrine, you know, how you feel that you want to be in the right frame of mind to lose weight and it’s almost like our bodies become attuned to how we are, for me I’m going through a lot of personal stress at the moment and I am eating but I can’t keep it on, I am eating but it’s just burning off, but like for you, you are saying you have to be in the right mind set to take the weight off, but it’s like our bodies react to how we are at that moment in time and the pressure.”

(Sophie, mother of one, focus group three participant)

While Sophie understands bodies and body size to be closely related with an emotional mind set, the mind is still an ontologically separate entity to the body and emotions. For Sophie and Corinne the mind is a separate entity which has to be in a particular frame or ‘mind set’ to enable body size to be reduced. Sophie’s quote demonstrates the inseparable nature of mind and bodies and emotions when she explains her body’s failure to keep weight on due to personal stress. I suggest that this is evidence of an embodied subjectivity (Grosz, 1994) and the ontological irreducibility of mind and body to separate components. Yet Sophie explains this as a mind-set, created by her personal circumstances which cause stress, and therefore for Sophie this is framed as her mind acting upon a separate sized-body through an altering effect on her metabolism. However I suggest that what is actually emerging here is the effect of separate phenomena. Following Barad’s (2007) argument that through particular intra-actions that objects and phenomena emerge and become known to us as ontologically separate entities, it can be argued that through practices of body size which are rooted in discourses of controlling yourself and ‘mind over matter’, the effect of a separate mind and a separate body is re-inscribed

upon bodies. This acts to create a discourse of the separate mind being able to act upon the body. This ontological framing of mind and emotional body as separate is central to the pervading discourse that individuals who are considered obese, or parents of obese children, lack self-control, a control in which the mind acts over the body. This means that it is possible and even 'normal' to speak of and understand fat bodies in the way that Tara, an interview participant and mother of two described:

"I'm probably fattist to be honest which is dreadful I know but I think, I think there's probably lots of, lots of aspects to it but I think ... it's a lack of self-control that there's so many, ... I suppose if you are thinking about it on a really primal level its lack of self-control ... its people's reactions about being fat and reasons that they give for being fat, and err being insulted by it, I mean I, obviously I would, I agree with things like, well if you fill up two (laughs), I'm so glad this is confidential ²(laughs), if you fill up two aeroplane spaces then you should pay double, because I don't, you know. I do feel like that really and as much as I have an understanding of how awful it is for people to be fat, people look down on people who have drug habits, but when they are addicted to food, somehow, you know I, I, think the whole thing about the fat issue, gets to me"

Tara illustrates the ways in which it is widely understood that to have a body that exceeds normative boundaries, is a personal failing. This is a failing in which the mind is seen as unable to control the flesh. The concept of mind and body control is part of a wider debate, in which certain (white male) bodies have

² Tara was aware that this was a research interview and that it may be published so is not in fact confidential, but used the term confidential to mean that she was glad that any use of quotes would be anonymised.

long since been deemed to be able to better control the flesh, and as such have been accorded greater rights as citizens (Gilbert, 2007, Hooper, 2008). This extensive debate is of relevance here in that it underpins the concept within anti-obesity discourse that individuals are able to control their body size at will through the enforcement of a regime of the body through the strength of the mind. This creates a belief that big bodies are a result of poor self-control, and as such, are a shameful marker of excess and lack of restraint (Farrell, 2011).

3.3. Shame and disgust

Probyn (2000, 2005) describes shame as an emotion that teaches us about our relation to others and makes us feel proximately different. For Probyn, shame is something that is experienced as an individual response to feeling out of place, insecure and awkward, and works on an individual bodily level to teach us about our relations to others. In this way, shame is productive. As Natalie recounts, shame has a generative effect:

“I know my sister in law wouldn't go to Slimming World because she didn't want to be publically humiliated every week in front of 20 people... but I haven't got a problem with it, that's why I have gone in the past because I need to be publically humiliated to make it work (laughs)”

(Natalie, mother of two, focus group one and interview participant)

Natalie was the exception amongst participants, with a sense that her own body size was a source, or potential source, of shame. Most parents who participated in research did not describe shame in their own practices, but recounted seeing what was understood as shameful practices or bodies in others. Most academic

work around shame (Ahmed, 2013, Probyn, 2005, Sedgwick, 1995) focuses on the nature of shame as an individual response in which the boundary between self and object is lost through tandem feelings of a desire for invisibility and a desire to fit into place. For example, Natalie's feeling of shame motivates her to make hidden the body she has, and attempt to change her body to fit into normative understandings of body size. Probyn (2000) argues that shame is often banished from any understandings of the body in a politics of representation that sees bodies as the source of pride. This has been the case in the fat pride movement, whereby all body sizes (and in some cases, especially fat bodies) are celebrated as our corporeal selves, and something that we should love (Cooper, 2010, Murray, 2005, Wann, 1998). However, Probyn cautions of the limits in body pride, in subsuming disgust and shame in a model of pride, reflecting on why we feel disgust or shame is vilified, and the political potential of exploring such reactions is lost. A consideration of the socially specific generation of shame sheds light on boundary making processes and their specificity.

The following focus group conversation illustrates the way in which bodies that are understood as shameful are silenced, in this example, through the negative meanings attached to the word 'fat'. A consideration of why the term fat makes us feel awkward begins to shed light on shame. In particular, the ways in which it closes down possibilities for exploring exactly why some bodies are deemed a source of shame or embarrassment. Responding to another participant using the term 'fat', Kirsty remarks

Kirsty – *“Bad word, I tell people off all the time, when people say fat I tell them off all the time.”*

Louise – *“Why do you think fat is such a bad word?”*

Maria – *“Cos of all the negative connotations”.*

Kirsty – *“Yeah, Ciara is sometimes like ‘why is that man over there fat’ and I’m like ‘shh’ we all come in different shapes and sizes, and then I might say a joke say, like, he likes his cake, just to re-educate them slightly. Fat, hmm.”*

(Kirsty, mother of two, and Maria, mother of one, Focus group three discussion)

Kirsty’s silencing of her daughter’s question suggests a desire not to speak of that with negative connotations. Turning away from the disgust and shame that a fat body produces through ‘negative connotations’, Kirsty instead falls upon the normative discursive constructions of fat as a personal failing, the disgusting is ‘pushed underground as it were – it is still there but cannot be spoken, the chances of shame being transferred to the interlocutor are slight’ (Probyn, 2000, 129). In this example the guilt is laid at the feet of the ‘fat man’ that Ciara notices, the question of why he is fat is answered by rendering the man guilty of his own size through over indulgence in cake. And so the lines between some bodies as a source of shame and disgust, and others which turn away from shame and disgust are further drawn, reinforcing the harnessing of shame that is generated through anti-obesity campaigns (Evans, 2009). The possibilities of feeling shame at one’s own use of the word fat is not considered, fat shame remains attached to the fat subject. Kirsty is also reinforcing the discourse that not only is fat shameful and disgusting, but it is gained through eating of certain foods, she specifically mentions cake to her daughter to ‘re-educate her’, and in doing so, re-signifies her own and her daughter’s understanding of fat, shame, and disgust as the outcome of the corporeal pleasures of indulgence.

However, throughout this research it emerged that the effects of the signification of shame and disgust around fat bodies, work differently around the bodies of fat children.

“I feel really sad when I see large kids because I think why are you large, it’s not your fault, it’s like when you see dirty kids and it’s not their fault, it’s the parents and you think why aren’t you looking after them?”

(Amy, mother of two, focus group two participant)

Here, a number of mechanisms are at work which reinforces particular versions of fat bodies and parenting. Firstly, the child is framed as lacking individual agency. The body of the child, be it fat or dirty, is framed as a result of the agency of the parents; the child’s own agency is denied and they are instead cast as helpless bodies, existing only as an outcome of parental care. The possibility of a relational agency, in which children shape their own and their parent’s experiences (Holloway, 2014), is denied in Amy’s understanding of ‘fat’ or ‘dirty’ children. The guilt for inciting shame or disgust is transferred from the body of the child to the practices of the parent. Secondly, Amy hints at the meaning of fat by likening it to dirt. Douglas (1966) situates what we regard as dirt in any given society, as matter out of place, and labelling something as dirty affirms boundaries. Amy similarly hints at the role of material ordering and matter out of place as the basis of her disgust, yet this disgust is not just a material phenomenon. Drawing on Ahmed’s insights into the processes of the stickiness of disgust which was described in chapter two, section 5.3., certain people and practices become particularly linked to disgust, such as those parents whose practices may differ from those established as ‘normal’

(Redding, 2010). Once again, the boundaries between those who parent in line with discursive norms, and who have children with 'fit' bodies, and those whose practices and bodies transgress normative expectations, are reinforced through disgust.

This subsection introduced the mechanisms of shame and disgust as discursively working to continually reinforce normative constructions of what it means to have a healthy body, and how this is linked to what it means to parent well. Amy's disgust at a fat or dirty child hints at the materiality of disgust. While Mary Douglas' theory of dirt as 'matter out of place' helps to explain Amy's reaction to seeing a fat or dirty child, what this doesn't explain is the process of material ordering which place matter in or out of place. Sibley (1995) draws on Kristeva's abjection to explain that in making such boundaries between 'us and them', the abject is expelled. Furthermore, in Western society, certain groups are constructed as dirty or polluting, provoking responses designed to exclude or repel the 'other' that may threaten the 'purity' of the self. Anti-obesity discourses recreate the sense that fat is polluting through such statements that create a sense of fat hindering the self, and the fat subject as a problematic individual by virtue of their size. I suggest that it is the formation of boundaries between self and other that is at the crux of matter being framed as in or out of place, and that this is an essential component in understanding why fat provokes particular responses. The following section explores this in more detail, using Kristeva's theory of abjection.

3.4. Abject fat, abject families

Kristeva's abjection is the state of rejecting what is other to oneself. The abject is that which is situated outside of symbolic order, and therefore threatens to disrupt the orderly symbolic realm (McAfee, 2004, 45). McAfee describes this process as beginning with the infant, abjecting the body from which it came, and yet this is an awkward and always incomplete process, with other things coming to represent the original abject. Bodies and bodily fluids, and their blurring of the boundaries between self and other, inside and outside, become a potent representation of the abject (McPhail, 2009:1024).

"It's quite subliminal, um, maybe in our subconscious we associate it with umm, slovenliness, and laziness, and lack of self-control and all those sort of loathsome attributes, maybe they are just, we see them manifested in, in large people, I suppose, I don't know, I find that, I find that really, really difficult to answer I don't, I don't know what it is embedded in the national psyche that makes us go (mimics pulling away) you know... But there is something that I suppose is a bit grotesque about it, I, I suppose umm, I suppose, the same if we ate umm, ate some food that was bad, like (mimics being sick) you know that's gone off there's that natural instinct, so maybe it's, err, a self-preservation thing, you know that we need to be revolted by it in order to prevent ourselves going there, maybe."

(Marianne, mother of two, interview participant)

Marianne clearly articulates fat as an abject materiality. The abject threatens the boundary between self and other through some kind of breach. The self becomes threatened by something that we are aware is not part of our orderly

selves, the abject itself is neither subject or object. Similarly, focus group one participants, Natalie and Hannah, who both described themselves as fat, spoke of the materiality of fat as a substance that is both part of oneself, and hinders the self, and in the same way, both reinforces anti-obesity discourse, and has the potential to subvert it:

Natalie: *“Slows me down, I can’t do my shoes up, when my belly’s too big, when I roll over at night I can feel it.”*

Hannah – *“Yeah, I don’t like the feel of it.”*

Natalie – *“Yeah, its, umm, the wobbliness, don’t want to go for a run because I wobble.”*

As explained in chapter two, Kristeva (1984) particularly uses the examples of a corpse, or the skin on milk, as materialisations that fail to recognise order and so result in the process of abjection in order to maintain symbolic order. This process both leads to the recognition of certain matter as out of place, and provokes a response in ourselves to violently reject the abject. Therefore, materialisations which fail to stay ‘in place’ provoke a disgust response, a violent turning away from that which may threaten our subjectivity. Marianne’s mimicry of pulling away from an object while speaking of fat is illustrative of a desire to put distance between the self and the abject substance. Colls (2007) notes the ways in which fat not only fails to adhere to the ‘proper positioning’ of a body, but is different again from other abject substances: ‘fat is positioned on the body below the skin and therefore does not ‘leak out’ in the same way as tears, spit and vomit, yet it is ambiguous; placed simultaneously under the skin yet materialised as a substance in and of itself’ (2007:358). Colls further notes

that while fat does not function in the same way as abject body fluids, in their ability to seep out of the skin and exist in formless liquidity, fat, and the fat body, does have particular material qualities akin to liquid. In her description of her body fat, Stinson (1993) notes its waves and ripples, movements which destabilise the symbolic fixity of bodily boundaries. I suggest that this leads to a particular understanding of what a problematic body is. Rather than a body that falls outside of 'normal' BMI ranges (which were generally criticised for being overly reductive by research participants), it is the particular abject properties of a fat body that provoke not only an immediate response of disgust, but a whole set of understandings about fat itself, and fat people, so fat itself intra-acts to bring about its discursive framing within anti-obesity discourse.

“Anybody with a tummy in my mind I don't think of as fat, I think where fat bothers me is when you see a family of fat people wobbling along and their, their hips are wobbling and their arms are wobbling, and they are not fit because they are out of breath.”

(Alice, great-grandparent and guardian of one, focus group five participant)

Alice describes the wobbling quality of fat, that abject property which represents a threat to the bounded self. It is the wobbling, abject nature of the symbolic family that Alice describes which provokes a reaction of abjection, a discursive distance is drawn between herself and those in the room (including those with 'a tummy'), and the wobbling family. The wobbling family bother her; she states that the family are unfit. The term unfit has a dual meaning, it can relate to both physical fitness, and whether or not a group or individual is deemed 'fit' for national citizenship by virtue of a range of social and behavioural traits (Gilbert,

2007). While Alice describes the physical lack of fitness of the family, she only notices their 'fitness' by virtue of their body size, and in doing so, obscures every other detail about the life of this family. Body size is regularly framed as a barrier to participation in society, rendering the individual an unfit citizen (Dworkin and Wachs, 2009), and in need of body work to regain citizenly 'fitness' (McPhail, 2010). So although Alice states that they are physically unfit, her attention on the family can be framed by a discourse that sees fat bodies as a drain on the nation. The conversation about 'wobbly families' continued in focus group five:

Eleanor – *“I think you just seem to be seeing a lot more bigger people everywhere you go, and I am like oh my god.”*

Heidi – *“But I do think they are in families usually aren't they. The husband and the wife and the children and you just think oh god.”*

Alice – *“I saw a girl and she was out here. Her and her parents were wobbling along and, oh god, and it's not the child's fault because they don't go shopping, they don't think they are fat.”*

Heidi – *“I just think it's really sad how you see little children like that.”*

Alice– *“I think Jamie Oliver is right, its absolute child abuse, to overfeed them like that, they don't know how to control it.”*

It is the material properties of fat that drive Alice's understanding of the family she saw. Colls (2007) similarly draws attention to the material properties of fat intra-acting to bring about fat subjectivity. While a focus on the material properties of fat brings the potential to know fat subjects differently (Colls,

2007), I suggest that the negative material qualities of fat are not only abject in their blurring of bodily boundaries, but, to borrow Ahmed's (2013) term, 'stuck' to the discursive constructions of a fat person's subjectivity within anti-obesity discourse, and so it becomes hard to view fat subjects positively, as an outcome of the intra-actions of the material properties of fat, and discursive representations.

Forth (2014) proposes that negative stereotypes about fat subjects have been complemented or informed by perceptions about the material qualities of fat. Forth focuses on the unctuous, soft, and insensate properties of fat. These properties unsurprisingly came to the fore of participants' discussions when talking about the ways in which fat itself is imagined.

"Clogs up your arteries doesn't it? Err, puts pressure on your heart and err, puts pressure on all of your organs in fact doesn't it, stops you functioning."

(Tara, mother of two, interview participant)

Carol – *"Well, when I see fat people I'm also mentally, cos of working in the hospital, I mentally can see the fat in them underneath their skin, all the globules and umm, that's my mental image that I sort of see, when I see fat, ... from the posters they would have up about promoting healthy eating."*

Louise – *"what sort of images did they use?"*

Carol – *"It was a long time ago now but I've just still got stuck in my head this image of the , the, you know, slicing open the skin and the fat, you know, sort of, you know, a big layer of fat and you just think, ugh."*

(Interview discussion with Carol, mother of two, interview participant)

So from these two quotes, fat itself is a viscous material substance. It sticks, forming globules and clogging up arteries. It is something that can be seen if the skin is sliced apart, something 'other' that should not be there, and causes Carol to turn away in disgust as she remembers the posters depicting it. This invasive substance, suggests Tara, puts pressure on the organs and stops the body functioning. That is to say that fat itself is considered to have the specific property within bodies of blocking them from life. This is despite the necessity of fat within the body for life. In fact the absence of fat is also responsible for stopping the functioning of the body, for example, immunity (Demes et al, 2003), liver function (Sutinen et al, 2002), and thermoregulation (Bredella et al, 2012) are all compromised in the absence of fat. Of course, the dominant anti-obesity discourse of fat as a threat to life can be seen to exert its influence over what is said here. However, such discourse does not emerge out of nowhere, and paying attention to the material properties of the substance enables a consideration of how this discourse emerged as a result of the agency of matter. The viscous, oily, soft and insensate nature of fat itself has enabled the ways in which we speak of subjects whose bodies are fat. Crucially for this thesis, the agency of fat materialities also shapes the discourse that enables and constrains the ways in which we speak of those who care for bodies that are fat; parents of children considered obese.

Paying close attention to the material properties of fat itself, and the role of these properties in the discursive construction of fat subjects, decentres a top down understanding of anti-obesity discourse imposed on the population. Following Colls' (2007) assertion that this is not necessarily a more positive conceptualisation of fat, it is, however, one in which new possibilities are

enabled. Of particular importance are the possibilities for fat itself to be framed in different ways. While fat is understood in anti-obesity discourse as a soft, unctuous and insensate substance (Forth, 2014), a greater degree of understanding of the functions of fat within the body, has the potential to 'unstick' fat as an object materiality, and refigure fat as an active substance necessary for life.

This section has demonstrated the ways in which embodied materialities contribute to the construction of a discourse of size, which is further embedded in existing discourse, such as what it means to be a good citizen, and in the case of this thesis, what it means to be a good parent. This section has served to introduce the centrality of matter for its participation in its meanings, complicating a simplified understanding of bodies being inscribed with social meanings, and enabling an understanding of the fleshy matter of bodies participating in its own meanings. The examples used within this thesis demonstrate the ways in which parents within this research used the material properties of fat bodies to reinforce their own understanding of fat subjects, and reinforce a boundary between fit, and fat, good parenting, and bad parenting. However, as Colls (2007) argues, a focus on the materiality of fat also allows for a subversion of the understanding of fat bodies, through a focus on what the materiality of fat can do, which exceeds narrow definitions imposed upon fat subjects. The following section continues to allow for material agency through a discussion of the ways in which consuming bodies came to be understood by parents within anti-obesity discourse.

4. Consuming bodies

As explained in chapter two, section 4.4., the consumption of food is the primary target of anti-obesity policy, and it was at the forefront of parents' discussions. While chapter four focused on consumption as it is governed in terms of reducing obesity, and chapter five, section 3.1, focused on parents' food-work in light of anti-obesity policies and discourses, here, the focus shifts to the ways that food and bodies intersect and how that intersection is part of a relationship of care towards the self, or in the case of parenting, towards children. This section will consider the ways in which parents' understanding of embodied consumption, is influenced by anti-obesity discourse. As with the rest of this thesis, other influences on parents' understandings of food, consumption, size, and bodies will also be drawn in to the discussion. Specifically, the role of food, it's agential qualities and interplay with senses, will be examined, drawing on the work of scholars such as Hayes Conroy and Hayes Conroy (2008, 2013), and Probyn (2000), who have privileged a visceral way of knowing food, and our selves, through consumption of food.

4.1 Consumption and disgust

The focus on consumption within anti-obesity discourse has made it socially acceptable to condemn a fat person for consuming food. For fat individuals, this creates self-regulatory eating practices, such as avoiding eating in public due to the negative reactions from others (Hopkins, 2012). In section 3.2, the ways in which a fat subject becomes imbued with disgust was framed as an outcome of both discursive constructions of fat subjectivity and as an outcome of the material qualities of fat itself. The particular material qualities of fatty foods, and

foods that are understood by participants to create obesity, were similarly described by participants in a language of disgust:

"I can't remember the statistic now but I read it somewhere that you know, one bag of crisps a day was like eating a big bottle of oil a year and I said to my sister 'you wouldn't feed them that would you?', and she was like, 'well, no', 'well, that is what you are doing', and she was like, 'oh really', and I thought there must be lots of other parents that have no idea that this one packet of crisps is actually, I think I got that information leaflet from my nursery"

(Carol, mother of two, interview participant)

"I know that you can buy very cheap flapjacks and stuff, but I don't really like the greasy film they leave around your mouth."

(Martha, mother of one, interview participant)

These excerpts from participants discussing food which is considered to create body fat, is revealing of the particular interplay between discursive constructions of fat subjectivity and fat materiality. For example, Carol cites an information leaflet from a nursery as the source of her knowledge about oil in crisps. In the above quote, she explains how her sister gave her children crisps daily, and tells me about her sister's reaction to being told about Carol's understanding of the oil content of crisps. Akin to her earlier description in section 3.4, visual images of fat seem to have particularly influenced Carol's perception of the materiality of fat, in particular its unctuous qualities. The leaflet that she received about the oil in crisps 'sticks' to her existing imaging of fat to produce a reaction of avoidance to crisps, the food that she now imagines in terms of its

unctuous components. Conversely Carol's sister was surprised to be told this information, perhaps privileging the texture and taste of crisps themselves. Martha similarly notes, with disgust, the materiality of particular fats and her experience of that materiality as they leave a 'greasy film' in her mouth. Carol and Martha both express a disgust rooted in the particular materialities of fat's greasy and viscous texture. However, it is processed food which contains 'horrific' components which are concerning for Amy:

"A documentary has been coming out about what's in these foods and some of them are quite horrific, ... they are actually disgusting, you know when you break it down and you think this is what you are putting into this generation"

(Amy, mother of two, focus group two participant)

Although edible fat does provoke a reaction of disgust, with its potential to stick to the flesh, disgust in food extends beyond simply fat itself. How processed foods come to be known as disgusting requires further exploration, as the visceral reaction of disgust at certain foodstuffs is closely tied to disgust at parenting practices which use such foods, and a perception of fat bodies being created as a linear result of the consumption of particular 'disgusting' foods.

Benjamin (1978, in Probyn 2000, p137) states that all disgust is originally disgust at touching. While this grounds disgust as a visceral response, our visceral capacities to taste certain things as good or bad is shaped by our personal (Bourdieu, 1984) and our social (Hayes Conroy and Hayes Conroy, 2008, 2013) classed history. The total revenue in the processed foods market in the UK in 2014 was £2.4 billion, and is expected to continue to grow at a rate of 2.9% per year over the next five years (Uvais, 2014). Evidently many in the UK

do not find processed foods disgusting, or if they do, they continue to consume them anyway. By utilising Benjamin's assertion that disgust originates from touch, we can begin to consider the socio-cultural factors that shape the way in which processed food may be known as disgusting, and therefore suggest why some may find processed foods disgusting, while others do not.

Processed foods become 'sticky' through having touched, and become discursively associated with certain meanings. Processed foods are linked in media and policy documents to laziness, obesity, and working class bodies (Guthman, 2010). So to consume processed foods may be to come too close for some to the negative attributes that are linked to processed food consumption. Processed foods also go through a number of processes in which they are physically 'touched'. Amy also particularly noted that it was some of the specific ingredients in processed foods that she felt were disgusting; heavily processed foods are more likely to contain a wider range of ingredients. This is contra to the freshly prepared food privileged by many participants, and reflecting their cultural capital (Bourdieu, 1979) that enables them to privilege these ways of cooking and eating. In the absence of the close engagement with the ingredients that fresh preparation provides, processed food can feel unknown and untrusted. Multiple points of contact with unknown others may render food disgusting for some, but not for others. For example, participants such as Amy, who privileged freshly cooked food, tended to be highly aware of the work that goes in to processing foods, and the multiple locations involved from sourcing ingredients, to preparing, packaging, and distribution. The range of locations and opportunities for food to be 'changed' by processing was a key factor for those who emphasised their use of fresh food as a way to avoid

'unknown' food. Morales and Fitzsimmons (2007) further suggest that for consumers, the contagion of disgust can occur through real or imagined contact with an object of disgust while on a supermarket shelf. Therefore, multiple points of contact through which disgust may be communicated are present in processed foods. However, this argument would seem to suggest that those who consume processed foods are unaware of 'disgusting' elements. This is not necessarily the case. Skills, finances, time, and accommodating for the tastes of all in the family may lead individuals to buy heavily processed foods, even if they provoke disgust in some way.

For Amy, and other research participants, eating well is a visceral politics (Hayes Conroy and Hayes Conroy, 2008) of knowing food, in which beliefs about food and health are developed through sensory engagements with food. For Amy, it is disgusting to eat the unknown. However, for many people, eating processed food is not eating an unknown, it is the food they are used to tasting. Hayes Conroy and Hayes Conroy argue that our tastes do not emerge in a vacuum, but in a lived context of social representation (2008: 467). In visceral engagements with food, representations affect materiality, the body feels these representations according to the intensities that have been developed through previous lived experiences, and as such, taste becomes known differently according to embodied experienced and each engagement with food as we consume, speaks back to these experiences. In this way, the discursive can be traced through the body, so Amy's experiences, in which processed food is known as disgusting and fresh food is known as good, is an outcome of a discursive construction which become viscerally felt through the consumption of food. This means Amy's visceral experiences of consumption are in fitting with

discursive constructions of eating well and feeding children well, and leaves her feeling good about her eating habits and how she feeds her children. Conversely, some may experience visceral disgust at foods valorised in anti-obesity initiatives, such as '5 a day' fruit and vegetables. Unlike Amy, their visceral experiences would not fit with discursive constructions of eating well, and their tastes may become the target of attempts to 'educate their tastes', which are likely to fail by overlooking the social mechanisms of class, sex, and race, which 'materially impact on the experience of tasting' (Ibid: 467). The following two subsections both add to ideas about the ways in which food becomes known by the effects that it has on the body.

4.2. The agency of food

This section takes one food which research participants often referred to as having a particular ability to shape their bodies and actions, namely sugar. Bennett (2010) describes another food, potato chips (crisps), calling forth the hand which acts only quasi-intentionally as the chips provoke the hand to act, to take and consume. The example of sugar follows Bennett's conceptualisation of food as an actant in the formation of the assemblage that is human bodies. Participants often framed their responses to food for themselves and their children within a structure that only attributes agency to humans, and sees the failure of having an obese body, or a child with an obese body, as a failure of the self to exert control. However, Bennett's model of the agency of food allows for the participation of non-human agency in the construction of the sized body.

Sugar is at the forefront of anti-obesity policies and initiatives as a foodstuff which should be avoided. Change4Life states that "*Too much sugar means*

extra calories, which cause fat to build up and could lead to heart disease, some cancers and type 2 diabetes". (<http://www.nhs.uk/change4life/pages/low-sugar-healthy-snacks.aspx>). However, unlike dietary fat, sugar is commonly reported as akin to a drug which is "pressed on unsuspecting parents and children by a cynical industry focused on profit not health" (The Independent, 09/01/2014). Notably, sugar is reported as affecting the brain in such a way that it mitigates a 'mind over body' self-control, which is understood as desirable (as discussed in section 3.2). This potential for sugar to affect self-control, justifies regulation of consumption similar to that of alcohol (Lustig et al, 2012).

"It is addictive and I know it's addictive and I am guilty and I am guilty of it, I eat chocolate biscuits and I eat chocolate."

(Carolyn, mother of three, focus group two participant)

"I know some people are like 'I don't like chocolate', I am like 'how can you not like chocolate', to me that is very strange, probably like not breathing, so yeah, yeah, but I've also heard that you can kind of get a kind of addiction to sugar."

(Dora, mother of three, interview participant)

"My mother in law, ... she knows that we don't have chocolate, sweets and crisps in the house so when the children go to her up near London she piles the house full of it and the kids are like, yeah! And of course when they come back they are craving it, big time, and Ethan is almost in tears because I won't give it to him."

(Natalie, mother of two, focus group one and interview participant)

Lustig et al (2012) describe the addictive mechanisms of sugar in the body; that it suppresses the hormone ghrelin, which signals hunger, interferes with the hormone leptin, which produces feelings of satiety, reduces dopamine signalling, which means less pleasure is derived from food, and compels the individual to consume greater amounts in order to gain the same level of pleasure. Much the same narrative is used to explain alcohol or drug addiction. The actions of sugar in the body complicate a simple need for mind over body control in addressing issues of nutrition (Lustig et al, 2012). The above quotes from parents show an awareness of the agential properties of sugar within the body. Bennett (2010) explains that we enter a non-linear assemblage with food, in which the addition of small causes (affective foods) to an existing assemblage (the human body) cannot necessarily be seen straight away. Such affects may only slowly appear, or arise in unexpected ways, as the assemblage stabilises with the addition of the new components, such as through the processing of sugary foods, or the diverse feelings and emotions that arise through the consumption of sugar, such as pleasure or guilt. The effects of sugar on the human-non human assemblage known as the body, are slowly brought to light, as Natalie's son Ethan is reduced to tears when sugary food is no longer available, and Dora thinks of life without chocolate as 'like not breathing'. In this way, the outcomes of sugar consumption exceed attempts to reduce it to linear consequences, such as Change 4 Life's description of sugar building up and potentially causing particular diseases.

However, it is not just the effects of sugar within the body that reveal its agential properties. For other parents who participated in research, it was the

awareness of the potential for sugar to act in this way which similarly gives sugar agency.

“Recently it’s been in the media about sugar you know, sugar is addictive, and my son, I’ve, I’ve tried to get him to snack on healthy things, because he’s starving when he gets in from school, I try to just, cut down, you know, you are having your dinner soon, you know, save your appetite, and he’ll get quite a big bowl of raisins and I’m thinking you know, they are loaded with sugar, should he be eating that.”

(Marianne, mother of two, interview participant)

“If you are cooking with sauces and different thing and buying more processed stuff, we don’t use lots of in the oven ready meals, ... I can be really surprised how much sugar and things are in them so you can miss some, it is better to cook from scratch.”

(Tina, mother of two, interview participant)

As Tina and Marianne describe, because of their awareness of the effects of sugar in the body, they act to attempt to avoid sugar for both themselves and their children. Rather than see this solely as an outcome of anti-obesity discourse, I suggest that this is demonstrative of the agential properties of sugar itself, which works to organise human bodies around its consumption and avoidance. By foregrounding material agency, the desirable model of anti-obesity parenting practices, which see well informed parents making autonomous decisions based on public health information, is disrupted. By turning away from a model of individual actions as a singular cause for both

adult and childhood obesity, a more distributed agency of size can be seen. While this may complicate efforts to reduce obesity in the population, an understanding of the distributive agency which creates body size has the potential for reducing individual blame and stigma, which, as Muennig (2008) argues, is responsible for many of the health issues that are attributed to obesity itself.

4.3. Knowing through eating: self and food

The sensuous, visceral nature of eating means that it offers a strategic place from which to begin to understand identity, difference, and power as embodied food preferences and ethical and political decisions, which are situated within the social context (Hayes Conroy and Hayes Conroy 2008). This final subsection addresses the ways in which the visceral nature of eating, and the ethical and political decisions that are taken around food and feeding the family, are situated in a social context in which anti-obesity discourse circulates, but is not the only influence on the ways in which food based decisions are made. Probyn (2000) foregrounds alimentary identities, identities that are formulated through the visceral engagement with the world of eating. This section develops the ways in which the visceral process of eating shaped the ways in which participants came to know their own bodies and size, and how this was related through visceral engagements with those who they parent, as a way in which they similarly came to know their children's bodies. Firstly, however, this section considers the competing agencies of children, adults and food, in the way that food becomes known within families through consumption.

Alice – *“We have an 8 month old in the family, if you introduce foods up to the age of 2, they will eat it, this 8 and a half month old eats green olives, cucumber, all those things we have, and any veg, he’ll eat them.”*

Eleanor – *“Yeah,”*

Alice – *“She makes little aubergine rissoles thingies, he loves them.”*

Eleanor – *“I used to have that with mine when they were babies I gave them as many tastes, I didn't use jars, I always made it myself, so it never tasted the same, and the health visitors said that to us, try and make it yourself.”*

Heidi – *“yeah, yeah,”*

Eleanor– *“simple as anything.”*

(Alice, Eleanor and Heidi, focus group five participants)

Alice describes a classed ontology of taste and knowing food in which introducing a variety of foods to the diet of young children, will allow them to develop a taste for these foods. This framing of taste foregrounds the actions of parents in the early years, as holding the potential for taste to be ‘programmed’ through engagement with food itself. In Hayes Conroy and Hayes Conroy’s (2008) visceral politics of food, this could be framed as a way in which visceral representations become formed through a version of feeding children, which reflects a privileged style of food access and a particular culture of food. Eleanor notes that feeding children in this way is as ‘simple as anything’, hinting at her cultural capital (Bourdieu, 1984) and negating the issues that parents may experience in feeding young children a range of foods or preparing food themselves. However, this framing of the development of taste leaves little room

for competing agencies. Within this thesis, the two particular agents that influence the ways in which food is eaten, known, and fed to those who we care for, are the foods themselves, and children.

“It’s such a balance between using the veg box, so you know, you are not wasting anything, and umm, making something that is tasty, and also it being a balanced diet, umm, so another meal that I have discovered that Harry will eat is pasties, so umm, and they are great because you can put them in the freezer and take them out, and home-made pizzas, we do a lot because umm. So, this is what Harry will eat, he will eat quinoa and lentils but same thing a bit with soup, he’ll be like I’ll eat it a couple of times a week but don’t give it to me every day cos umm, cos I won’t, so yeah, some of it, some of it’s about experimenting with tastes and what he will like.”

(Martha, mother of one, interview participant)

“As babies they ate a huge range of different tastes and textures, we were really lucky that they took to it really well. My youngest, his taste has, he’s now 3 and a half, he’s gone from eating pureed butternut squash and broccoli and spinach and avocado, he wouldn’t touch any of those things now so his taste has narrowed a lot.”

(Sarah, mother of two, interview participant)

Martha and Sarah both demonstrate the agency of their children, as they participate in the construction of their own tastes and preferences. Sarah especially demonstrates that regardless of her efforts to introduce specific foods at a young age, her son’s tastes have narrowed. Martha illustrates the

engagements with food, and the negotiated consumption that comes to create her own and her son's engagement with food, and how certain foods and tastes are known. These examples all foreground certain kinds of foods, those that are generally presented to us as nutritionally 'good'.

It is not only tastes that becomes known through engagements with the materiality of edible matter, but eating can inform 'how one concerns oneself with oneself and conduct oneself in the world of everyday existence' (Rose, 1996, 135, in Probyn, 2000, 4). This is not merely a matter of how food makes us feel, but how our relationship to human and non-human others is forged in the moment of eating. While Bourdieu situates tastes as arising within the social categories in which we experience life, Probyn challenges this to argue that taste can 'speak back' to social categories, reworking our identities through acts of consumption. Natalie's self-narrative is an example of such identity formation through consumption, as it related to a sized identity and affects practices of parenting. Natalie participated in both focus group one, and a follow up interview in her home. Through my discussions with Natalie, a narrative emerged of her relationship to food in which her sized identity had been reworked through food to produce new ways of knowing and relating to herself. Natalie also connected through food to her dual-national identity, and her identity as a good parent who feeds herself and her children 'correctly'.

Natalie explained that when she was at the end of Primary School she was wearing size 22 clothes and her mum sent her to Weight Watchers. Talking about her relationship to herself, food and her body in the past, Natalie spoke of 'bitchy' classmates, being unable to fit into clothes, and sitting in front of the TV with a bag of crisps or marshmallows, eating without restraint. When she

speaks about her relationship to her child self, it is rooted in food. While it is hard to draw conclusions about Natalie's 11 year old self, her understanding now of herself at that age is guided by the ways in which she related to food at the time. Natalie's narrative of her self is reworked through her weight loss, which is maintained through a process of becoming with food. Her current self is closely entwined with food related practices, but Natalie recognises the fragility of her self-identity as a woman who practices healthy eating for herself and her family, and as such is continually monitoring her own practices, to ensure that she does not re-enter an unrestrained relationship with food.

Alimentary self-identities have been expanded upon elsewhere (Probyn, 2000, Rawlins 2009). What is particularly notable here is that food does not only connect us to ourselves, eating connects us to others through practices of communal eating and cooking for others. For parents, relational connections to children through food are intensified. Parenting relationships are intimately connected to visceral consumption, from breastfeeding the new born, spoon feeding a baby, and carefully preparing and sharing meals with older children; when children enter into visceral relationships with food, it is likely that parents are there too. Natalie articulated her knowledge of her son's body, his identity, and the forces that determine his life, through both her own visceral engagements with food, and through the specificities of having a close relationship of care towards her son. So Natalie's son's visceral engagements with food become known to Natalie through acts of care.

"My son's on the (autistic) spectrum and we have umm, a lot going on neurologically anyway, and I think that is part of it, and I think having sensory issues I really do believe, yeah, when to stop, he normally tends to stop when

his stomach is hurting. Not when he thinks he is full, or, feeling full is when you've got pain, and he has to go and lie down on the sofa and feel pretty ill."

This is one of many examples in which Natalie, through the specificities of the caring relationship of parenting, is present in her son Ethan's visceral relationships with food. While Probyn (2000) emphasises the force of alimentary identities in the ways we relate to our selves, this example points to the centrality of food as a way in which parents relate to their children, and also in how they come to know their children's bodies and identities. Returning to Hayes Conroy and Hayes Conroy (2008, 2011), the visceral relationship children have with food is rooted in social experience. Parenting is a part of that social experience. So the ways in which children are parented shapes their capacities for visceral engagements with food and the possibilities this holds for remaking identity, and similarly, parenting is informed by moments of shared visceral relations with food between parent and child.

5. Conclusion

This chapter has demonstrated the ways in which anti-obesity discourse acts upon the lives of parents at the level of bodies, both their own bodies and those of their children. Attention here turned to the materiality of the body and its intra-active production, the significance of the context in which a particular understanding of sized bodies is produced, and the parenting practices that are deemed to produce particular sized bodies which become circumscribed as good or bad practices. However, beyond that, it has also demonstrated the ways in which material agency intra-acts to produce particular sized bodies in particular social, cultural, historical and geographical contexts. Within anti-

obesity discourse, bodily boundaries are presented as sealed, the problematic transgressions of flesh and resultant disturbances of selfhood, are discursively closed in mechanisms of size, such is the energy balance. By turning away from moments and objects of disgust and shame, and imposing a simplistic construction of an energy balance, body size becomes reduced to a model which fails to account for complexity, and produces individual blame for body size transgressions from the 'norm'.

Throughout this chapter, various theoretical conceptualisations of bodies have been mobilised. Taken together with the empirical data from research, these theoretical conceptualisations of bodies demonstrate the contingency of ontologies of bodies, body size, and our relations that constitute these. Dominant anti-obesity discourse acts as a strong structuring force on ontological perspectives on bodies. However, the force of this discourse, owing to its focus on parents, extends its influence beyond our own bodies to act upon the ways in which parents conceptualise the bodies of children for whom they have a close relationship of care. The contingency of such understandings of bodies and body size is, however, always present, and can be illustrated through moments in the parenting relationship in which children themselves, and material agencies, perform enactions of bodies and size which demonstrate the always present possibility for knowing bodies and size differently.

Chapter seven

Conclusion

1. Introduction

This thesis has addressed the experiences of parenting in light of anti-obesity discourses, by examining the processes by which such discourses are incorporated and enacted within the collection of practices known as parenting. Through in depth research interviews and focus groups with parents, I have explored these everyday practices of parenting as they are enacted and related to wider structures of governance, social discourses, and caring relations that are performed at the everyday level of the home and bodies themselves.

This thesis has drawn from a variety of established areas of literature; the body, food and consumption, children's geographies, critical obesity geographies, fat studies, gender, and class, and has synthesised the insights from these areas within a theoretical commitment to demonstrating that bodies and practices exist in multiplicity, as practical enactions of ontological realities. This thesis speaks directly to a range of theoretical areas but perhaps most pertinently it responds to calls from within critical obesity geographies to critically consider how dominant constructions of obesity and fatness are experienced in a variety of spatial contexts (Colls and Evans, 2009). This thesis provides a detailed analysis of how parents experience such dominant constrictions of obesity and fatness and how this is translated into caring practices of parenting at the scale of the home and the body.

This conclusion will not provide an overview of each chapter, as each chapter has its own conclusion which serves this purpose. Instead this chapter will focus

on the key messages of importance to emerge in this thesis. While the detail of these key messages are elaborated upon and explored throughout this chapter they can be summarised as: the enactment of categories of body size and parenting practices as 'norm' and 'other', an excessiveness to parenting practices and body size which is rooted in the everyday experiences of discursive tensions and human and non-human relational agency, and a need to take seriously the enactment of life and the realities of body size and parenting that are produced within these enactments, thus validating lay knowledges as situated and responsive realities arising through practical engagements with the world.

This conclusion will begin by returning to the aims of the thesis that were set out in chapter one. Here I will identify the approaches, key findings, theoretical framings, contributions to the literature, and future trajectories that have emerged in the process of exploring these aims. I will then turn to the broad themes that have emerged as central throughout this research, and will use these themes to explore future directions for further research to build upon the contribution of thesis.

2. Returning to the aims

In the introductory chapter I set out the aims for this research. I now return to these aims in order to demonstrate the ways in which this thesis has addressed these, and in doing has so contributed to geographical debates relating to the enaction of everyday life, through the example of anti-obesity discourses.

2.1. Aim one: to explore the power of anti-obesity discourses in influencing parenting practices.

To address this aim I have explored the ways in which anti-obesity discourses have the power to produce affective lived experiences that are enacted within the caring relationship of parenting.

In approaching this aim three key findings emerged which will be explored in more detail below but which can be summarised as follows. Firstly, it became apparent that anti-obesity discourses do not exist in isolation from other discourses that structure life, but that they intra-act (Barad, 2007) with notions of normative parenting and bodies, healthy choices, and gender to produce the effect of certain enactions of parenting as 'correct' and 'normal', while other enactions become marginalised as 'other' and 'wrong'. Additionally in exploring this aim it became clear that anti-obesity discourses powerfully influenced understandings of body size and parenting in relation to a national responsibility and a need to control 'risky' bodies to adhere to the responsibilities of a good parent and citizen. It also became clear that anti-obesity discourses have gendered effects upon parenting practices.

2.1.1. Framing discourse through the research process

Through research interviews and focus group discussions that explored parenting practices, and relating these discussions to literature on the performance of discourse (Butler, 1990, Barad, 2007), discourse became framed within this research as a performative act which delineates that which is considered 'normal'. This performance of 'norms' surrounding body size and parenting become cemented through discursive practices such as anti-obesity

policies, media stories, advertising, and gendered social relations. Anti-obesity discourse is therefore not a singular phenomenon but a series of discursive performances which stabilise the effects of a particular discourse around what obesity is. In doing so, such discursive performances also reference and perform other phenomena such as what it means to be a citizen, healthy, and a good parent.

In this way the singular 'anti-obesity discourse' that I speak of throughout this thesis can be understood as one particular 'node' (Foucault, 1980) within a discursive framework that is both continually performed, and acts to constrain that which can be said, or indeed, 'performed'. So anti-obesity discourse is a powerful discursive structure with real life effects, and it is these real life effects upon parenting practices that this thesis has explored and will be summarised throughout this concluding chapter.

2.1.2. Delineating the 'norm': normative parenting and maintaining the 'other'

In considering the effects of anti-obesity discourses on parenting practices it became clear that the discursive construction of the norm works not only to constrain and enable that which it is possible to speak of but through the process of its performative re-enactment, 'the norm' and 'the other' have experiential effects on parenting. This finding demonstrates the power of class, expertise and knowledge as they interact within anti-obesity discourse and the performance of parenting practices.

Gill (2011) demonstrated the ways in which specific libertarian paternalist health policies, of which anti-obesity policies are one such example, have anxiety producing affects. This was similarly seen amongst respondents within this

research project. However, to go beyond this and examine what the production of this anxiety does for social relations, this thesis has demonstrated the ways in which, through parenting practices that reference anti-obesity discourse, divisions between 'norm' and 'other' are continuously re-inscribed. Furthermore, these reflect and reinforce traditional classed, raced, and gendered divisions of what it means to be 'normal and correct'. Indeed, it was argued in chapter four that the classing of anti-obesity policy presents white, middle class practices around food and the body as the ideal standard and that which the working class should aspire to, and similarly presents a standard of what it is to be middle class. Building upon this in terms of parenting practices, in chapter five I demonstrated the extent to which this classed presentation of food and body practices compels those who are invested in a discourse of 'correct parenting' by virtue of their habitus, to act in certain ways in order to maintain the ideal family and bodies through classed practices and constant vigilance to ensure the child does not become overweight.

However, this carries the risk of 'failure'. Such failure is constantly set against the background of 'the other', the other being the parent who has failed to maintain 'good bodies' for both themselves and their children. They may be seen or assumed to feed 'bad' food, and participants in this research related such practices to a variety of linked discourses; poor education, ignorance, lack of care, and 'burdening the state'. The example of the Rawmarsh Mothers set out in chapter four exemplifies the vilification of parents that appear to act outside of 'the norm'. Within this research participants understood themselves to parent well and have 'good' bodies. However the ongoing maintenance of this position was revealed through the research encounters themselves. For

example, as discussed in chapter three, a focus group participant who admitted to eating biscuits, quickly modified her statement to emphasize her consumption of the fetishized health food 'carrot sticks and hummus' upon being condemned by another member of the focus group.

Within anti-obesity policy, the discourse of the 'other' is approached as those that require education in order to fall in line with pre-defined 'correct norms', those that fit within established categories of normative gender relations and white middle class parenting. For most participants in this research project, their own habitus (Bourdieu, 1984) was in fitting with this normative understanding of correct parenting in anti-obesity policy, and therefore their own practices were reinforced as correct. Likewise, and in line with the approach in anti-obesity policy, those who do not parent in line with this discourse were understood to require educating.

2.1.3. Parent-citizens: minimising risk through the 'healthy choice'

Discourses of risk and responsibility pervade anti-obesity policies, reflecting the neoliberal aims of individuals taking personal responsibility to act to minimise risk, both to themselves and to the nation. For example, the HoC Health select committee report on obesity (2004) poses a simplified explanation for overweight and obese bodies rooted in the failure of the individual to manage their body, resulting in a risk to us all through references to the cost of obesity to the nation (Evans, 2006).

Throughout an exploration of this aim it became clear that the discursive statement of 'healthy choices' is central to the minimisation of future risk. This is a future risk that is experienced by parents as both an individual embodied risk

for themselves and their children, and a national responsibility. So, through the performance of risk within anti-obesity discourse, national responsibility becomes felt as individual responsibility, and is therefore practiced by parents upon both their own bodies, and upon the bodies of children through parenting acts of care.

With body size being discursively linked to health and the nation, many participants in this research voiced concerns that obese citizens would require NHS treatments for linked health problems and therefore become a burden on the NHS, the national economy, and through taxes, a cost to society. A number of participants felt that the bodies of others that were obese, were of concern to them through the strain they place on seemingly limited national resources.

However, rather than understand body size as a relational outcome, I argue that the effect of anti-obesity discourse is the distilling of the multiplicity of factors contributing to body size to a simple choice, with the 'good choice' being one which does not take any resources from the nation. This choice was reiterated throughout my research as the 'healthy choice', a decision made by individuals acting freely on available knowledge, rather than a constructed concept, the access to which is variously constrained. Furthermore, body size was discursively linked by participants as a linear outcome of whether or not an individual has made healthy choices.

In chapter five, two participants in particular, Alice and Marianne, demonstrated the strength of 'healthy choices' as a relational parenting practice that is undertaken with a view to shaping the child's body and behaviour in the future for the good of the individual as a citizen of the nation. The individual body

remaining autonomous and never seemingly requiring 'national resources' is seen as the successful outcome of parenting practices in which 'healthy choices' are made. In this way the links between the goals of the nation state, parenting, and bodies, are made visible within this thesis through attention to the ways in which parenting practices upon bodies are situated within anti-obesity discourse which itself references and enacts wider discourses of neoliberal individualism.

2.1.4. Gendered effects

One particular effect of anti-obesity discourse to emerge in the course of this research was the reproduction of gendered norms through practices of size. This is an effect of anti-obesity discourse that both acts upon everyday practices, and also continually re-inscribes gender categories as natural, creating truth claims around categories of size in relation to essentialised framings of gender. Based on detailed accounts of parenting within this research, I argue that both anti-obesity discourse which frames larger bodies as 'bad', and a discourse of naturalised gender, mutually reinforce each other and that this has tangible effects upon the lives of parents. However such discourses of essentialised size and gender are so entrenched, that they have the effect of being seemingly 'natural' (Butler, 1990).

The gendered effects of anti-obesity discourse were explored within this thesis through attention to the gendered practicalities of parenting. In this respect the gendered division of food, work and care fell predominantly upon mothers, a gendered distribution of labour that went unquestioned by participants. Gendered effects of anti-obesity discourse are also demonstrated within this

thesis in terms of a division of bodies and flesh. So not only is the work of parents upon sized bodies gendered, but sized bodies themselves are inherently gendered.

While Fikkin and Rothblum (2011), and Monaghan (2014) provide useful discussions about the gendered experience of body size, this thesis brings a new angle to this argument through a focus on the way in which children's sized bodies and gender are performed through parenting practices of care enacted upon, and with them. In chapter five I argue that when biological explanations of gendered behaviour are drawn upon to explain body size, children's bodies are discursively frozen in place as an outcome of their gender. Therefore gendered difference in relation to body size is continually recreated and maintained.

2.2. Aim two: to understand other discourses that parents may draw on to complement or contest anti-obesity discourses

Here I aimed to go beyond a narrow version of life that may be evoked by simply thinking about what parents do in light of anti-obesity discourse. It emerged in the course of this research that practices and discourses exceed any narrow version of life, so firstly this aim will be discussed through a framing of the concept of 'excess' as a way in which relational life and anti-obesity discourse can be further explored. Building upon the excesses of life, I will then describe a range of discursive tensions that arose between anti-obesity discourse and the other discourses that exert a force upon family life.

It emerged within this research that not only do other discursive structures exist in tension with anti-obesity discourse, but they may mutually reinforce one another. These mutually reinforcing discourses are discussed as the final

finding from aim two by drawing upon the finding of this research that anti-obesity discourses and discourses of class and expertise are mutually reinforced through the practices of parents.

2.2.1. Excess

Despite a relatively homogenous range of respondents within this research who acted largely in line with normative definitions of good parenting, a range of excessive knowledges and practices emerged through their situated immersion in infinite relations with human and non-human others. In order to attempt to grapple with this excess this thesis draws upon the argument built by Mol and Law (2002, 2004, 2011) that there are differing ontological realities through which we come to know phenomena, and that it is through the practices that we enact, that we can access differing ontological realities. So while some participants enacted a reality of health and nutrition through engaging in a quantification of food and body size, for other parents the ontological reality of health and nutrition is something that is viscerally felt.

The excess of relational life meant that the experience of parenting always exceeded attempts to make sense of practices within a narrow frame of anti-obesity discourse; both as a research project, and for parents themselves in their daily life. The examples discussed in chapter four of Wendy's daughter who was ill after eating too much fruit, or Nadine's daughter whose food allergies shaped the family's consumption practices, hint at the unpredictable excesses of practices, relations, and bodies, which always contain the possibility of unpredictable outcomes.

The following findings in relation to aim two focus on 'other discourses' that complemented or contested anti-obesity discourse. From the very beginning of this research project I sought to understand what else shaped parent's engagements with body size. However, through the research process I realised it was not as straightforward as this aim suggests. Discourses themselves are excessive, they cannot be neatly encapsulated. Parenting is not simply practiced with reference to one particular discourse. As I have previously argued, discourses are performative, not only do they create that which they speak of, but in the acts of performing, in those mundane everyday relational practices, multiple discourses are performed and potentially subverted.

2.2.2. Discursive tensions

The discussion here focuses on two particular material-discursive structures, food and parenting. It was found that these structures are often experienced in tension with anti-obesity discourse and that they have a tangible effect upon the experience of parenting, and the ways in which parents make sense of anti-obesity discourses.

Food is central to anti-obesity discourse, through messages such as 'healthy choices' which link consumption to an individual responsibility to maintain health. Probyn (2000) asserts that the embodied act of consumption connects us to wider relations and structures of power. Hayes Conroy and Hayes Conroy (2008) build upon this to argue that taste is an embodied structural force, therefore decisions that are made around food choice through 'taste' are shaped by wider structures and discourses that are established over time. The discourses that arose in contestation of anti-obesity discourse around food can

be understood as arising by virtue of an embodied knowledge, through which the forces that shape life can be illustrated by paying attention to food practices. Embodied consumption is drawn upon in more detail in response to the third aim, but here it will be discussed in terms of the discourses that are mobilised around food that exist in tension with anti-obesity discourses. These tensions exist and are experienced for many parents as part of everyday practice, in which parenting decisions involve a negotiation with such discourses that act upon life.

A particular tension between the central strand of anti-obesity discourse of making a 'healthy choice', is the cultural practice of giving treat food. This was experienced by parents with a particular emphasis on who 'gets' to provide treat food to children. For example in chapter four, section 7, the tension between the school providing puddings with school meals while banning crisps was explored, and in chapter five, section 5.3.2, a father giving treat food after school which meant that the mother felt she had to provide 'something healthy', is demonstrative of the practices that are shaped by discursive forces and how the effects of these tensions experienced through food are not gender neutral.

However, this is not only gendered, with mothers often feeling the pressure to follow healthy eating advice for fear of being seen as a bad parent, but is also situated. The school becomes invested with the power to dictate what an acceptable treat food actually is through recourse to expertise, such as that of the kitchen manager's nutrition degree as discussed in chapter four section 7. Through food and consumption the discursive tensions of everyday life can be explored and related to wider structures.

Although the focus throughout research was on body size, participants voiced tensions around food that went beyond this. For example the ethics of food production played a part in influencing consumption choices. However a particularly evident tension was seen around food safety. In particular, the drive within anti-obesity policy to cut sugar was understood as problematic by a number of participants as it tends to result in replacement with artificial sweeteners. For these participants, artificial sweeteners were deemed as more harmful to health than sugar and the focus on sugar within anti-obesity initiatives was therefore considered evident of a narrow approach to health which fails to consider the excessive properties of food as it is consumed and interacts with bodies. So while sugar may be consumed by some parents it is not a consumption choice made with an ignorance of the advice within anti-obesity policy on sugar, but is instead a decision made with a broader range of evidence from which the factors that resonate most with their own enactment of parenting, is acted upon.

2.2.3. Structural constraints

For participants in this research parenting practices around body size and health were often constrained by finances. This is despite a relatively affluent sample of participants within this research. While anti-obesity policy dismisses structural constraints as myths, for example through the Change4Life programme, the extent to which structural constraints shape practices of relatively privileged parents suggests these constraints are not mythical, but a reality.

A further structural constraint on parenting practices was time; perhaps being particularly reflective of the middle class sample following Warin et al's (2008) argument that mothering was a 'juggling act' for their middle class participants between time constraints and affording their child extra-curricular opportunity. For participants in my research, time constraints impacted upon the extent to which their practices followed those extolled in anti-obesity discourse and this was explored in chapter five, section 3.2. Juggling a perceived need to provide opportunity for children to develop beyond school with a demand to produce home cooked healthy foods, meant that for a number of participants parenting is experienced as a series of tensions or failures; the parent who does it all can never be fully realised.

2.2.4. Discursive support

I argued in chapters three and four that the discursive production of phenomena actively brings into being the phenomena which it names, and in doing so draws upon other discursive categories that support it. Through this thesis it has emerged that anti-obesity discourse is particularly situated within, and actively reproduces the discourse of the parent-citizen as an individual with responsibility to the nation of neoliberal discourse, the middle class parent as holding a 'correct' knowledge, and gender as a binary division.

These discourses do not exist in isolation to one another but are mutually supportive. The attentiveness to practice and meaning within this thesis has drawn out the ways in which anti-obesity discourse reproduces other mutually reinforced discourses. The intersections of gender, expertise, class, national responsibility and body size pervade parenting practices and act to shape that

which is framed as the 'correct' version of life and to close alternative possibilities. It is particularly significant that these practices of care are practiced relationally with children, inscribing upon them the constraints of discourses that co-enact a particular version of life. Through paying attention to the performative enaction of discourse, and whose aims are reproduced by dominant discursive structures, other ways in which life can be lived may be realised.

In particular, through the particular sample of research participants, this thesis has explored the way in which discourses of class and expertise are reproduced and mutually reinforced through anti-obesity discourse. In chapter five, class is explored as a somatically enacted social category which is bound to discourses of governance and intervention into the lives of those whose bodies and practices are found to be 'unfit'. It has become acceptable to intervene in 'working class' lives in order to ensure they do not threaten middle class, 'normative' lives (McDowell, 2006). The framing of embodied middle class practices as 'normal' and correct pervades anti-obesity discourse in which larger bodies are assumed to be in poor health due to a lack of education (Warin, 2011), laziness (Evans, 2006, Hopkins, 2011), and commitment to maintain health and contribute to society (Guthman, 2009, Wright, 2012). Within the sample of parents who participated in this research project the close discursive construction of class, expertise and anti-obesity discourse had the effect of reinforcing a singular version of the world in which there is a 'correct' way in which to parent and care for bodies in order to produce what is seen as a singular 'good' body.

2.3. Aim three: to understand the embodied experiences of parenting in light of parent's understandings of obesity

This aim is based in the corporeal realm; how bodies are thought about in light of anti-obesity discourses, and how anti-obesity discourses affect the experiences of the embodied relational care of parenting. This aim explored both the materiality and emotion of parenting experiences. Findings are addressed firstly around the ways in which bodies become framed as mechanistic through anti-obesity discourse, and the effects of this framing on how parents understand bodies and practice care. The next finding that is addressed in relation to this aim is that of embodied consumption and the ways in which consuming body of the self and of children is understood and experienced in light of anti-obesity discourse. Here it emerged that the vital materiality of food is experienced in relation to anti-obesity discourse. The vital materiality of fat itself is then addressed as it emerged through accounts of body size and how the very materiality of fat participates in anti-obesity discourse. The final finding addressed here in relation to aim three is that of embodied relational care, I argue that the close caring relationship of parenting leads to a close and situated knowledge of the body and size of those who are cared for.

2.3.1. Mechanistic bodies and mind over matter

One particular 'truth effect' to emerge from within anti-obesity discourse is the concept of body size as an equation; the energy balance. This is an equation whereby body size is the outcome of calories consumed and calories burned. Guthman, (2012) argues that the energy balance model of obesity is paradigmatic in its unquestioned acceptance, similarly the energy balance was

understood by participants in this research as an ontological truth and this was discussed in particular in chapter six, section 2.2.

Related to this mechanistic framing of the body is an ontological framing of mind and emotional body as separate which was addressed in chapter six, section 3.2. This separation of 'mind and matter' is central to the pervading discourse that those individuals who are considered obese, or parents of obese children, lack self-control.

Through this research it emerged that the framing of body size as a machinic outcome that can be acted upon and controlled through a will of the mind reinforces discursive constructions of what it means to have a larger body, or to have a child with a larger body. For when body size is seen as something that is easily controlled by individual will, it becomes possible to speak of overweight individuals, or parents of overweight children, in terms of a lack of self-control or care towards their own body or the body of their child.

2.3.2. Embodied consumption

Probyn (2000) asserts that food is not only central to biological life but that our modes of living register most forcefully at the level of the gut. Within this thesis, through the consumption of food, the embodied experiences of parenting in light of anti-obesity discourse have been explored as both an individual experience, and one which sheds light on the powers that govern the individual. The excesses of consumption were explored in relation to aim two with a focus on tensions in parenting practices that arise through food and how this is related to class and expertise. In relating food and consumption to aim three, attention is turned to the embodied experiences of consuming food.

Following Hayes Conroy and Hayes Conroy's (2008) argument that our tastes emerge in a lived context of social representation, discursive effects can be traced through bodily experiences. Participants' descriptions of the experience of embodied consumption highlights the discursive affects upon the materiality of the body. These affects may become known as 'taste' but to follow Probyn (2000), and Hayes Conroy and Hayes Conroy (2008), they are an outcome of social experience registering at the level of the gut. Through such sensations as disgust, guilt, and pleasure that participants evoke through consumption practices, particular groups of food, and those who consume or serve such food, become seen as good and bad. The embodied experiences of consumption may reinforce or contest anti-obesity discourse through a material affective response. But that is not to draw the body and discourse apart, but to argue that this is an example of the structured social history of the individual being represented through embodied responses.

Through attention to embodied consumption this thesis has also drawn attention to the agency of non-human materiality. In doing so this has extended Bennett's (2010) notion of the body as a body-assemblage by extending upon the potential for food to alter the body-assemblage in ways that are both material and discursive. In chapter six, section 4.2, this was discussed in terms of the effects of sugar consumption as experienced by research participants. Rather than seeing the effects of sugar upon the body-assemblage as a material outcome, I argue that this is both an effect of the discursive positioning of sugar, and the agential properties of sugar itself which works to organise human bodies around its consumption and avoidance. The attention given to the material agency of food within this thesis both captures the ways in which

discourse becomes encapsulated within matter, but also acts to decentre the human. Within anti-obesity discourse, well informed parents making autonomous decisions based on public health information, are idealised. By turning away from a model of individual actions as a singular cause for adult and child obesity, a more distributed agency of size can be seen. While this may complicate efforts to reduce obesity in the population, an understanding of the distributive agency which creates body size has the potential for reducing individual blame and stigma, which is responsible for many of the health issues that are attributed to obesity itself (Muennig, 2008).

Such tensions are not just felt through consuming bodies; they act to structure parenting practices themselves. For example many parents voiced concerns around food policy where the advice has changed numerous times. In light of these 'changing goalposts' some parents instead voiced a preference to base their food decisions on an ontology of food based on qualities of food that become known through the act of consumption, rather than an arbitrary number of portions to consume. So through the embodied experiences of consumption, which itself is an outcome of material and discursive forces, parenting practices become shaped. Here the experiences of parents' own embodiment, structures how they know food, this embodied and situated knowledge of food is enacted in parenting practices of care, demonstrating the role of situated, visceral experiences and embodied knowledge on the enactment of parenting practices.

2.3.3. Material bodies

Not only did the vital materiality of food inform participant's embodied experiences of parenting, but the materiality of bodies, and in particular fat

emerged through accounts of parenting as a force that is productive of a particular understanding of bodies. When participants were questioned about fat itself, the vital agency of matter was often brought to the fore in descriptions of what fat itself does.

Longhurst (2001) demonstrates that the leaky transgressions of the body that challenge the notion of a bounded individual are sealed in impenetrable skin, and are carefully hidden away through practices of the body. Fat on the body is one particular example of a challenge to the bounded, autonomous self. The very substance of fat on both participants' own bodies, and those for whom they care, was evoked in accounts of an embodied experience of everyday life. Fat was recalled as a substance which hinders the rest of the body. Its viscous, soft materiality gets in the way. Just as fat is evoked in anti-obesity discourse as a substance that 'blocks' the body from functioning properly be it by clogging arteries or putting pressure on the heart, for some participants the experience of the materiality of fat acts to hold up everyday life in the most embodied way.

The alignment of these embodied experiences with anti-obesity discourse is not mere chance, but an example of fat participating in its own discursive trajectory. This has not only embodied effects but social affects too. For example the performative resignification of fat as 'blocking' the self, led to one participant, Hannah, explaining how she spent years of her life 'on hold' because of body fat. Colls (2007), Pausé (2014), and Asbill (2009) have demonstrated the potential for fat to be differentially performed through its own force, virtual significations, and staged performances respectively, and in doing so to subvert and participate in its own discursive construction in more positive, affirmative ways. This possibility to subvert the material discursive construction of fat holds

within it the possibility for a more positive relationship with the self, but also for a more positive relationship with those to whom we are in caring relationships, or indeed those who are framed as 'other' to normative constructions of what a good parent and a good body is or should be.

2.3.4. Embodied relational care

The embodied, proximate and relational experience of parenting is demonstrated throughout this thesis to lead to a close situated knowledge of the embodied needs of those to whom we care for. I theorise this relationship using Gilligan's (1982) 'ethic of care' to argue that from caring relationships arises knowledges and practices that are situated, and responsive to need. While this may give rise to practices that appear to act against the taught knowledges of anti-obesity initiatives, I argue throughout this thesis that this is an effect of the enaction of differing knowledge ontologies (Mol, 2002, Mol and Law, 2004, 2011). The demonstration of the enaction of parenting knowledge through embodied, responsive, caring practices, that gives rise to diverse knowledge ontologies runs throughout this thesis. This is a political statement about the way in which we know the world, realised through the embodied relations between parent and child. While these different parenting ontologies may be seen as normatively more or less correct, for example within health policy, understanding different knowledge ontologies as situated in practice is, as John Law (2011) argues, politically important, as this exposes the construction of a dominant and overarching 'real'.

By focussing on the knowledge ontologies of parents, the relational enactions of parenting knowledge can be seen through a caring engagement with the human

and non-human actants which are enrolled within everyday parenting practices. Crucially, by focussing on the enaction of parenting knowledge, the capacity for the child's body as a relational agent in the co-creation of parenting knowledges can be foregrounded. It is not merely the materiality of the body that is realised here but the potential to better account for the agency of children in diverse ways, going 'beyond voice', to include the effects of the relational agency of children on the lives of parents. In doing so this thesis extends Kraftl's (2013) notion of hybrid childhoods and builds upon Holloway's (2014) assertion that a focus on parenting within children's geographies enables an exploration of 'the ways adults' lives are shaped by the presence of children' (2014, 384).

3. The contributions of this thesis to contemporary academic debates

3.1 Contributing to critical geographies of obesity

Critical obesity geographers have engaged with anti-obesity policies and initiatives, exploring the discourses, assumptions, and strategies used within such techniques of governance (see for example Colls and Evans, 2010, Evans and Colls, 2009, Evans, 2010, Evans et al, 2011). This thesis has built upon the insights of this work by taking these policies and initiatives collectively and considering the ways in which the anti-obesity discourses in which they are enmeshed, is enacted in everyday life. Through close attention to the enaction of anti-obesity discourse in everyday life, this thesis has also shed light on the mundane creation and maintenance of anti-obesity discourse through caring practices, and through engagement with the materiality of fat itself.

The materiality of fat has been given attention within critical obesity geographies by Colls (2007, and 2012). The accounts Colls provides create an important and

renewed focus on the role of the materiality of fat to intra-act and create a fat subject. Building on the insights from critical obesity geographies on both the materiality of fat, and the enactment of anti-obesity discourse in government policy and initiatives, this thesis provides an account of the emergence of anti-obesity discourse across these spatial scales. Additionally, the focus on everyday parenting within this thesis, provides insight into the ways in which mundane practices, and embodied acts of care, are not simply reactions to an external discourse, but that they participate in the emergence of that discourse. That is to say that there is no stable category of fat as 'bad' but that through the enactment of body size at the levels of the body, home and relationality, and government policies, it comes to seem that fat as inherently bad becomes an unquestioned truism. It is the specific multi-scalar analysis that is accessed through a focus on parenting practices that allows this thesis to make this argument to build on the work of critical obesity geographers.

3.2. Contributing to debates on care ethics

Within this thesis I draw upon debates on the 'ethic of care' (Engster, 2005, Gilligan, 1982, Tronto, 1987) and relate these to parenting practices around body size. Geographers have engaged with both care ethics, and used care as a way to explore issues of place (Milligan, 2003), domesticity and intimate care (Twigg, 2000) and linking the spatialities of care to the nation state (Staeheli and Brown, 2003, and Dyck et al, 2007). The work of this thesis builds upon these engagements by linking the work of care in the home into the wider national context. Through the caring practices of parenting and the topic of body size, this thesis contributes to geographies of care by linking a pervasive discourse of what it is to be a good citizen and carer, to the body itself,

demonstrating that the classification of acts of care as 'good' or 'bad' are co-constituted within a discourse of responsibility to reproduce 'fit' citizens.

By foregrounding the basic virtues of care as described by Engster (2005), and following Gilligan's (1982) ethic of care which is rooted in caring practices, an understanding of what it means to 'care well' can be maintained while allowing for diverse, situated and relational caring practices to flourish rather than be marginalised in favour of a singular constructed correct practice that reflects only that of dominant groups. The examples from my research with parents illustrate the relational ontologies of parenting knowledge which are understood as caring practices through the lens of Gilligan's (1982) ethic of care. These examples demonstrate how, through a focus on practices, relational and embodied knowledge is developed through everyday care. This thesis has argued that it is through the practice of everyday care that relational and embodied knowledges are developed as contextually specific and equally valid ontological realities in which children may be cared for.

3.3. Contributing to understandings of parenting and the state

Building on the contributions to academic debates on care, this thesis has contributed to debates on the specific caring relationship of parenting, with specific emphasis on the interrelations between parenting and the state. Geographers have paid increasing attention to the parenting relationship following the attention given to parenting by policy makers (Jupp and Gallagher, 2013), turning attention to the intersections between the aims of the state and the everyday experiences of parenting (Gambles, 2013, Holloway and Pimlott-Wilson, 2014, Jupp, 2013). This thesis contributes to this area of literature with

the specific example of parenting in light of anti-obesity discourses, and with particular theoretical attention to the ontologies of parenting knowledge and the politics through which particular ontologies become framed as 'correct'.

Through empirical research with parents I have argued through this thesis that there is no singular correct knowledge that parents should have, but as Mol and Law (2004, 2011) draw out in their research, there is no singular of any phenomenon; rather it is the situatedness of practices which create different ontologies. The notion of a dominant and singular 'real' removes reality from non-dominant groups, placing them in the position of myths or false knowledge which require correction in line with the dominant reality. Within anti-obesity policy this can be seen through examples such as Change4Life's 'me sized meals' campaign in which a child narrates a teacher correcting the knowledge of a mother which is framed as 'faulty' (Evans et al, 2011). Throughout this thesis I have provided an account of multiple parenting knowledges as situated and relationally responsive acts of care, in order to give credibility to practices that do not fit within white, middle class dominant norms. Despite the largely 'middle class', white sample of parents within this research, and their general alignment with dominant discourses of parenting, these parents and their practices can be used as a point of departure from which to think about the practice based and relational constitution of parenting knowledge.

By focussing on the knowledge ontologies of parents, the relational enactions of parenting knowledge can be seen through an engagement with the human and non-human actants which are enrolled within everyday parenting practices. Crucially, by focussing on the enaction of parenting knowledge, the capacity for the child's body as a relational agent in the co-creation of parenting knowledges

can be foregrounded. Whether that is Maria's daughter's body which participated in her understanding of size and health, Deborah's daughter's body which exceeded statistical representations of health, or Lucy's daughter's bodies which acted within a relational network to reshape Lucy's parenting practices, these case studies are all stories of the co-creation of parenting knowledge through enactions with children's bodies which are not passive, but act to shape the meanings that are ascribed to them.

4. Addressing limitations and suggesting future directions

As with all qualitative research, this research has provided a situated and partial insight into particular experiences that are explored in depth. While this is not to understate the relevance of the work of this thesis in contributing to the areas of knowledge already outlined within this conclusion, this does mean that there are limitations in the experiences that are accounted for here which can be taken forward with further research. However the research itself also raises further theoretical and topical questions. As such I will suggest some key areas that have been raised within this thesis that could be taken forward and built upon to further develop these themes and address limitations within the scope of this research.

4.1. Methodological

The methodological approach of this thesis was grounded in feminist theory and empirical ontology in order to account for multiplicity in practice. However the subject matter of this thesis has also been rooted to current structures of the governance of body size and parenting. So, on the one hand, I have developed a detailed analysis of the discourses and contemporary structures of these

systems of governance, and on the other hand have paid close attention to the everyday practices and embodiment that relates to these structures of governance. In this way I have developed Dyck et al's (2007) argument that structures of governance can be seen through everyday caring practices. As contemporary governance in the UK focuses ever more on a discourse of individual 'aspiration' and responsibility in tandem with a scaling back of the welfare state (Pimlott-Wilson, 2015) it would be pertinent to increase academic attention to the everyday practices and experiences of care under these emergent structures of governance. Such a focus enables both an interrogation of the multi-scalar effects of contemporary methods of governance as they are enacted on bodies, relationships, and practices of care towards the self and other, and contributes towards further understanding the linkages between discourses of governance, and everyday life.

4.2. Self and other; performative practices and citizenship in the contemporary UK

The performance of correct parenting, bodies and health, along with the marginalisation of 'others,' became a central theme throughout this thesis. Here I have added to understandings of the enactment of gender, class, and to a lesser extent, race, by demonstrating the ways in which performative identities become enacted within discourses of correct body size and parenting. The participant demographic of this thesis was able to shed light on this interrelation by paying attention to the ways in which classed, gendered and raced discourses were enrolled within references to good and bad bodies and parenting. However, even amongst a sample of participants that were predominantly empowered by virtue of their class and race history, and

performance of normative gender, everyday life gave rise to a multiplicity of practices that could not be adequately accounted for within narrow categories of 'correct' parenting and body size. The complexities of the relational, caring, and embodied practices of parenting meant that being seen as a 'correct' parent demanded maintenance of the position of the 'other' parent as consistently different from the self. This difference was inherently classed and often attributed to the parent's education or level of care towards their child, with the 'other' being one who has less education and a less caring attitude towards their child.

Taking the themes of self and other in a caring relationship forward from this thesis, further work could interrogate the self/other relationship in parenting practices beyond those based on food and body size that have been the focus of this research. Additionally, further research may seek to give space to the experiences and meanings of parenting practices for those who are marginalised within the category of the 'other', as the sample of parents who participated in this research predominantly represented parents who recognise themselves within dominant narratives of correct parenting and expertise. Future research could work with parents who are marginalised through performances of class, race, and gender that are seen as 'other' to the dominant and empowered performances of these identities, and to those who are also considered 'other' by virtue of body size and practices of care; care of both the self and the relational other. This would also contribute to further understanding of the intersectional nature of body size, or other material embodiments, with these enactments of expertise, self and other.

It has also been demonstrated throughout this thesis that the links between everyday personal relationships of care, and their gendered, classed and raced performance is linked to understandings of 'worthiness' to be a citizen. The worthiness to be a citizen was understood by research participants to be linked to a personal commitment not to place any kind of burden on the state. The research for this thesis was undertaken within the context of government austerity under the 2010-2015 coalition government. Since completing this research, and under the new (07/05/2015) Conservative government with increasing austerity measures, the extent to which this impacts on notions of personal responsibility and defining the 'other' who is both personally irresponsible and a 'national burden', is worthy of further attention. This is particularly pertinent as the UK National Health Service faces increasing pressure on resources, and as such the bodies of individuals increasingly become of political concern. In this evolving political landscape an ongoing attention to the framing of 'self' and 'other', and 'normal' and 'deviant' through embodied practices of care has the potential to provide valuable insights into the effects of contemporary governance on the lives of citizens at the scale of the body, interpersonal relationships, and everyday practices in the home.

4.3. Material agency, consumption and care

This thesis has uniquely focussed on the effects of anti-obesity discourse on the ways in which the bodies of those to whom we have a close caring relationship is understood. In doing so this has additionally provided insights into the ways in which practices of self-care, body image and our own experiences of body size as parents contributes towards how we understand the bodies of our children. However it is not only human agency that exerts influence over these practices

of care for the self and other. Through attentiveness to the material effects of consumption, and the materiality of the body, the vital agency of matter can be accounted for. By drawing on accounts of vital matter (Bennett, 2010), and phenomena as intra-active (Barad, 2007), a distributed account of agency can be understood. Within this thesis such a framing works towards an understanding of body size not as the outcome of a simplistic energy balance, but as a distributional agency that is the result of the enaction of discourse and vital matter. What has particularly emerged within this research is that the materialisation of food and bodies intra-act with their discursive representation. Taking this forward, the possibilities for discursive representations to be challenged through material reconfigurations could further build on the work of Colls (2007) to find potential within material agency for subverting dominant framings, and to better acknowledge the role of non-human agency in making the world.

4.4. Eating disorders

While it was not an aim of this research project to address eating disorders, they nonetheless emerged as a phenomenon that affects the ways in which parents perform body size and health. Similarly, eating disorders are not mentioned in anti-obesity policy documents other than a brief mention in 'Healthy Weight Healthy Lives: a call to action on obesity' (DoH, 2011a) which signposts to 'No health without mental health: Delivering better mental health outcomes for people of all ages' (DoH, 2011b.) Despite this attempt in policy to separate these two areas, it was particularly clear that in the reality of everyday parenting, eating disorders are experienced as a 'flip side to obesity'. This is a parenting knowledge that has been established over time and through relational

practices, with many participants drawing on experiences of eating disorders, in some cases experienced themselves, but often known through relational engagements with friends and family. With the reality of eating disorders known to some participants as 'healthy eating gone too far', this had a direct effect on the ways in which anti-obesity discourse was enacted and is discussed in chapter five, section 3.3.

The knowledge of eating disorders, situated within a relational framework and existing in practice often in direct opposition to anti-obesity policy is one which needs further exploration both in terms of its effect on lived experiences of body size and health, and the policy implications of this. While this thesis focused on obesity, what many participants see as the 'opposite problem' of eating disorders was similarly an issue that concerned them and acted to mould their parenting in order to mitigate the risk they perceived from the threat of eating disorders. I argue it is not merely a 'perception' that eating disorders are the 'opposite' or 'flip side' to obesity, but that parent's knowledge of this needs to be taken seriously. For not only does this mean that parenting and body size is experienced as a "careful negotiation of remaining vigilant that the child does not become overweight, whilst trying not to create a body conscious child" (Valentine, 1999b), but it also suggests that the knowledge of parents should be given value within policy. An approach to body size within health policy that recognises the inextricable links between the avoidance of obesity and the threat of eating disorders would more accurately address the lived experiences of parenting and body size.

5. Final thoughts; positive bodies, parenting and size.

Throughout this thesis accounts of parenting have been used to demonstrate the lived experiences of anti-obesity discourse on the lives of participants. This research found that the enaction of body size, parenting, and health reproduced normative categories of class and gender, and reductive accounts of bodies, knowledge, and agency whereby a multiplicity of bodies and practices is denied, with certain bodies and practices being framed as 'correct' and others as 'wrong' and in need of correction. However by focusing on parenting practices around body size and health as enacted within situated knowledge ontologies, grounded in relational practice, multiplicity can be understood beyond narrow accounts of 'right' and 'wrong'. Law (2011) argued that understanding different knowledge ontologies as situated in practice is of political importance, it exposes the construction and multiplicity of reality and in doing so, creates the possibility to know bodies, practices and relationships in other ways. To do so gives credence to knowledges, practices, bodies and relationships that may otherwise be marginalised, and enables an acknowledgement of the excesses of life, that life can be lived in multiple possible ways, and that realities that fall outside of dominant discourse are no less 'real' or necessarily 'incorrect'. Most importantly for the subject matter of this thesis, an understanding of life and knowledges as multiple and situated enable us to know bodies in other ways which do not assume an intrinsic negative quality to those labelled 'obese'. To understand the enaction of body size as a relational outcome, rather than an individual failing, enables us to care for ourselves and proximate others with love regardless of size, providing the possibility of enacting a more caring, responsive and situated reality.

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Appendices

Appendix 1 Sample email send to headteachers

Dear [*name of school head*]

I am a PhD research student at The University of Exeter, supervised by Professor Jo Little and Dr Jennifer Lea, and funded by the Economic and Social Research Council. My research is looking at the ways in which policies and messages about health, specifically around obesity, affect parenting practices. I am going to be running a series of focus groups with parents to discuss these issues. I am writing to ask whether you could help me recruit parents for these focus groups by way of letters which I would provide to go home to parents. This would incur only very minimal work for the school. The letters would contain a reply slip to be brought back into the school and I would collect these at a time that suits the school.

I have prepared a description of the study and draft of the letter for parents, both of which I have attached separately for you to read. You will note in the draft letter to parents that there are a few options for where focus groups could be held. One of these options being the school itself, but this is dependent on the school being able to accommodate this and other options are available to me should this not be possible, or if it would be at all inconvenient to the school.

Ideally, I would like letters distributed to parents within the first half of the Autumn Term, but I am very happy to be guided by you about when would be best in the school year to do so. As a parent of primary school aged children I

am aware that some times of the year are very busy and I do not wish to cause any disruption especially at these times.

I hope that you find the attached project of interest. Please feel free to contact me if you have any queries. Alternatively, you may wish to contact my lead supervisor, Professor Jo Little (by email - J.K.Little@exeter.ac.uk or by telephone - 01392 723351) if you would like a reference or other information.

Many thanks for taking the time to read this and I hope to hear from you soon.

Yours sincerely,

Louise MacAllister

PhD Researcher: Shaping the family: anti obesity policies and family life

Human Geography

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Appendix 2 Text from sample recruitment letter sent to parents and carers

Dear Parent/Carer,

I am conducting PhD research at the University of Exeter and writing to invite you to participate in this.

As a parent myself I have found that I am often hearing about healthy living and body weight both for myself and my children. My research is about how parenting may be affected by what we are told about health, specifically with regards to body size, weight, and obesity. The research is entirely non-judgemental and is interested in experiences of engaging with, making sense of, and contesting various sources of information around body size and weight for ourselves and children, there are no 'right ' or 'wrong' answers, it is the experiences of parenting that are of interest. This research will be used to contribute to our understandings of the ways in which size can influence our lives.

In order to carry out this research I will be holding a number of focus groups with parents to talk about these issues. These will be informal conversations, refreshments will be provided, and they will run for a maximum of two hours and be held in a local venue.

For parents who are unable to make the focus group sessions or who may prefer a one to one interview these can also be arranged and can take place in your own home or a local meeting place.

If you are interested in taking part in this research please complete and return the reply slip to SCHOOL NAME by DATE. I will then contact you to discuss

participating. All data collected will be confidential, and participants can opt out at any time.

If you have any questions at all please do not hesitate to contact me by email – lh266@ex.ac.uk or by phone – 07542 698472.

With Best wishes,

Louise MacAllister

PhD Researcher

University of Exeter

Name.....

Contact telephone number.....

Contact email.....

Would you prefer contact by email phone call or text message

I can confirm that I am happy to be contacted about taking part in this research.

I am aware that all data collected will be confidential, and I can opt out at any time.

Signed.....

Date.....

Appendix 3 Parent Interview schedule

- Brief overview of research
- Get signed consent.
- Explain data will be securely stored and confidentiality.
- Give sheet (optional to complete) for socio-economic background, and family members.
- Ensure happy to proceed – give an overview of the topics we will discuss and why. Explain no right or wrong answer/non-judgemental.

Topic	Questions	Follow up questions if not covered
Influence of anti-obesity policies.	There is a very large government initiative called Change 4 Life that has been running for a while, have you seen that?	What do you think of the campaign? Have you engaged with any of their resources? (if yes, experiences of that). Do you agree with the messages and the approach of the campaign?
	What about the 5-a-day campaign, do you think much about that?	Do you agree with the message? Do you follow the advice? (talk about the practices of following the advice, or not)
	And food is often labelled	Does it influence you?

	with a traffic light system now which is intended to show the nutritional values in a simple way, have you noticed this?	Do you think it is a good idea?
	Ask about school years of children as intro to NCMP – so when your child was in reception/year six/this year, you will have had a letter about the National Child Measurement Programme where they weigh and measure children, do you remember this?	Did you agree for your child(ren) to participate? (if yes how did they find the experience, if not, why not). Why do you agree/disagree with the programme?
	Has your children's school implemented any measures around body size and health? (eg use crisp ban as an example)	What did you think about it? What did your child think about it? Has it influenced you?
	Do you think about these campaigns and initiatives, and the messages within them, much in everyday	How do you decide which advice to take? (if any)

	life?	
Practices	Turning to everyday practices, and firstly those around food, describe your experiences of food shopping	Is shopping in your household mostly down to you? How are shopping decisions influenced by others in your family? What else influences what you buy? Do you plan ahead for what to buy? What guides your planning?
	What about cooking, what influences the ways you go about cooking for your family?	Is cooking something you do for your family or is it something that is predominantly undertaken by another family member? (why).
	How do you 'do' mealtimes in your family? (eg, at table, formal, informal, not at the table etc)	Why? How do other in the family influence the ways you eat? What does eating mean for you and your family?
	And what about physical activity, what do you and your children tend to think about that?	Do you take part in exercise? Do your children? Why, what motivates that? Does body size come in to your

		decisions to exercise?
	Practices – other possible follow up questions in discussion	Is this the way you have always done that? Tell me more about how you go about doing that? How do other family members influence that (practice)? Others that may influence practices?
Bodies	Do you think about body size and health much as you go about your everyday life?	How do you judge yourselves and children as healthy?
	What do you think it is about fat on bodies that tends to make us want to avoid it?	
Opportunity for participant to make any further comments or ask me any questions before we finish.		

Appendix 4 Sample professional interview schedule

Interview Schedule – professional: co-ordinator of a relevant local level initiative

(name of initiative removed and referred to as ‘the programme’)

- Brief overview of my research and introduction
- Signed consent.
- Explain data will be securely stored and how it will be used.
- **So to begin, I have had a look at the online information, and the video on Youtube about the programme, but can you just give me an overview yourself of what the programme aims to do?** So what messages it aims to pass on to children and parents, what skills you hope to foster, and practices do you hope to change with regards to how these parents care for their and their children’s bodies?
- **So with these particular aims, what kind of scientific knowledges, or government directives, are you drawing on in the creation of the programme?**
- **Are there particular groups of people that you aim to target?**
- **So how this works in practice - could you talk me through what the programme sessions involve?** expand on points where certain practices may be touched on for example conversations people have, recurrent ways of thinking about nutrition and cookery that are seen, recurrent gaps in knowledge etc.

- **And what about how results are measured?** Are indicators of health measured directly with children?
- **What evidence do you gather on how the messages are taken home to the family and the success of these messages in effecting behaviour change within the home?** And then on the level of individual health measures eg improved cardio vascular health or weight loss?
- **So within the school based interventions are there specific messages which children are encouraged to take home to their families?** Is this central to the success of the programme? How do you think children actually transmit these messages to parents and do you think it could cause tension in the home?
- So just to finish off, is there anything you would like to add that you think would be of relevance that we haven't covered yet?

Thank for time.

Appendix 5 Coding categories and sample coding trees

+	What is obesity	1	1
+	Tensions in group (focus groups)	4	15
	Teeth	3	6
	Settings	0	0
+	School	15	43
+	SCALES	0	0
	Risk	3	3
	Relationships	14	55
+	Referring to 'other'	19	66
+	Parenting	2	2
+	NHS	8	11
	Nation	1	1
+	Media	11	21
+	Materialities	2	2
+	Life experience influences	14	37
+	Knowledge	5	14
+	Health	6	9
+	Governance in practice (professionals)	2	2
+	Governance	15	33
	Genetics	11	23
	Gender	24	59
+	Future	10	27
+	Food	3	8
	Exercise	21	56
+	Environment	5	9
+	energy balance	17	57
+	Eating disorders	3	3
+	Disliking fat	1	2
	Cultural pressures	13	36
+	Class	12	25
+	Choices	11	34
+	Body image - self	9	16
+	Being Overweight	2	2

Coding categories: 'parent nodes'

Knowledge		absence, perceived need for education		Classed		Assumption of target parent		Creating a story behind knowledge		A symptom of modernity	
relational		Peers and siblings		Clothing		Relating		Understanding bodies in light of oth		Creating a narrative story	
Knowledge from policy		Agreement		Practical engagement		Complexity		Following ad		Critical	
Intergenerational knowledge		Children sharing knowledge with par		From measurements		Measuring food		apparatus		Contested scientific ki	
Knowing bodies - child		Experts		knowing bodies - self		Having actively sought know		From what bodies do		mind-body	
From learned experience or practice		food		insirchiveness		Babies		From what bodies do		mind-body	
From media sources		Babies		Own profession		Myths'		From what bodies do		mind-body	

Code map under parent node 'knowledge'

