
Introduction

Within advanced liberal societies health promotion discourses are increasingly targeting the risk of obesity and other lifestyle diseases through schools, media campaigns and community programs. Australian initiatives have been aimed primarily at changing individual beliefs and behaviour related to ‘risky’ food consumption and physical activity, as well as the provision of programs and infrastructure (Headley 2004). Drawing on Michel Foucault’s (1991) trajectory of thinking about biopower and more contemporary work that engages with risk (Lupton 1999; Rose 2007), this chapter critically considers how health promotion expertise works as a ‘technology of power’ to shape the conduct of family life. Coveney (2006 p.161) argues that family lifestyle practices have become a significant site through which health is governed:

With the focus of prevention very much on children, the home and the family are regarded as the safe haven for the pedagogical improvement of children's eating habits and the introduction of exercise regimes.

The discursive formation of the ‘healthy lifestyle’ in the 1960s can also be understood as part of a new politico-ethical terrain where family members are urged to exercise freedom via ‘technologies of the self’ organised around the prevention of ‘risk’ related to concerns about overweight and obesity (Foucault 1988; Coveney 2006). This chapter draws upon research with different kinds of families and their stories offer a compelling critique of health lifestyle imperatives.

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Obesity related policy initiatives in Australia have quickly mobilised the authority of scientific, economic, psychological and social discourses to explicitly link risk with the moral imperative to promote ‘healthy lifestyles’ as a problem of individual choice and behaviour. A range of truth claims about economic savings, longevity and reduced illness, greater productivity and individual happiness, support the ‘fight against obesity’. For example, the new ‘Eat well, be active’ (Queensland Government 2007) initiative brings together health, education and sport/recreation portfolios to promote particular kinds of physical activities and food consumption practices that are positioned as the risk reducing responsibility of individuals and families. Yet, despite the ‘well intentioned’ rationale of health promotion to improve population wellbeing we know little about the complex effects of linking the reduction of obesity risk with healthy lifestyle practices, on citizens themselves. How do individuals and families experience risk and respond to health promotion discourses? How do they negotiate the healthy lifestyle imperative amidst the competing demands of everyday life, social inequalities and complex relationships?

In this chapter I take up these questions to critically consider the effects (and affects) of healthy lifestyle discourses on the everyday leisure practices of several Australian
families who participated in a qualitative research project. In particular I am interested in how family members negotiate the public health imperative to ‘eat well and be active’ in light of the risks and pleasures that they experience when making everyday healthy lifestyle choices.
‘potentially risky’ bodies of individuals are simply biomedical or behavioural problems to be rationally measured and managed. Rather, the lived body can be better understood as a site of discursive struggle as competing meanings of health and lifestyle decisions are made in relation to the material circumstances and relational contexts of families (Moulding 2007). In addition, there has been little exploration of the embodied effects of particular health promotion discourses in terms of generating feelings of shame, despair or disengagement, that can undermine wellbeing and exacerbate social inequalities and problematic responses to the body (Fullagar 2003; Rich and Evans 2005; Thirlaway and Heggs 2005).

To explore these issues in greater detail I analyse ‘texts’ from a current health promotion campaign alongside the texts produced from the interview transcripts of four different kinds of families living in suburban Queensland. The juxtaposition of these texts enables an examination of the different rationalities and affects that arise from the embodied experience of negotiating discourses about healthy lifestyles and risk (Wright 2004; Fusco 2007). This discursive approach also brings different registers of meaning into relation with each other and repositions different sources of authority (expert and lay) alongside each other (Game 1991; Hermes 1995). This type of analysis unsettles the power-knowledge relations that inform truths about health promotion, in particular the expert authority of policy and the assumed lack of expertise of individuals who, it is assumed, need to be ‘better educated’ about risk and benefit. The analysis of family repertoires of leisure and lifestyle practices offers a critique of the imperative within much health promotion material that urges individuals to adopt particular health practices, such as physical activity and food consumption, in order to reduce their risk of obesity related illnesses.

In the next section I analyse selected aspects of the text from the Queensland government’s ‘Eat well, be active’ campaign that was distributed to each household during 2007 in a brightly coloured kit titled ‘Your life, make the most of it’ (Queensland Government 2007). This kit consists of a sleeve with detailed pull out information sheets and celebrity photos (such as Australian tennis champion Pat Rafter) that specifically target adults and children (with titles such as ‘active kids’, ‘bodyweight’, ‘family fun’, ‘activity guide’ etc). I interweave these texts with
contemporary ideas about the government of health as a means of identifying the tensions and contradictions that characterise the healthy lifestyle imperative.