

**‘Change4life for your kids’: embodied collectives and public health pedagogy**

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## **Abstract**

Recent work in human geography has begun to explore the fluidity of bodily boundaries and to foreground the connectedness of bodies to other bodies/objects/places. Across multiple subdisciplinary areas, including health, children's and feminist geographies, geographers have begun to challenge the notion of a singular, bounded body by highlighting the importance of, for example, relations of care and intergenerationality to everyday embodied experiences; remembered past/anticipated future bodies to self-perception and body image; affect/emotion to the production of embodied collectives; and connections to distant and proximate others to understandings of embodied rights and responsibility. In this paper we will review these areas of work in order to explore the ways in which this geographical work on embodied connections might contribute to recent debates concerning public health pedagogy and the production of embodied and emotional collectives in education. This will involve an analysis of the recent anti-obesity change4life campaign in the UK; used in this context as a way to explore how the campaign attempts to produce healthy bodies through a form of pedagogy which is centred upon notions of embodied connectivities and collectives.

## **Keywords**

Embodiment, relationality, intergenerational, obesity, geography, change4life,

## **Introduction**

In the 1990s, human geographical research, alongside other social science disciplines, began to focus on 'the body' as part of what has been termed 'the corporeal turn'. In so doing, a varied body of theoretical and empirical work emerged that highlighted the exclusion of the body in geographical research and considered the reasons for and the effects of this exclusion. As with other social science disciplines, the body 'entered' geography largely through feminist work (see Longhurst 1997, 2001) as a way of challenging essentialist approaches to gender through questioning the dualistic separation of mind and body in Western philosophy and the related association of the mind with 'rationality, consciousness, reason and masculinity' and the body with 'emotionality, nature, irrationality and femininity' (Valentine 2001 p.17; see also Rose 1993). Consequently, geographical work has sought to challenge and rethink the ways that the body comes into being through such dualistic thinking and feminist geographers have instead focused attention on the multiple ways in which our embodied lives are intimately connected to others. This is reflective of a 'relational turn' occurring in much of human geography that extends a critique of an 'individualistic liberalism,' which asserts the rights of already constituted subjects, by instead emphasising the 'relational constructedness of things' (subjectivities, bodies, spaces, etc) (Massey, 2005, p.10). In short, this is an approach to 'the body' that focuses on 'the connections that bind us together' (Lawson, 2007, 4) and reconceptualises space and 'the social' in terms of interrelations, multiplicity, heterogeneity and flux (Massey, 2005). Within such work, therefore, 'the body' is not understood as a bounded, singular body-subject but is instead involved in a constant, ongoing process of connection with other human, non-human, past, present and future bodies.

Given these recent developments in geographical work, and in response to the brief of this special edition – to explore ‘new theoretical and empirical understandings of issues relating to embodiment’ – our aim in this paper is to explore the potential offered by geographical work on relationality and ‘the body’ to contribute to a re-theorisation of the body-subject in relation to health pedagogies. In particular, we are interested in the extent to which health education campaigns address the relationality of embodiment or continue to further a neoliberal, individual notion of the body-subject. We therefore bring geographical work into conversation with recent work which questions the relations between school-based and extra curricular pedagogies (Evans J, *et al.*, 2008; Shilling, 2010), signalling the ways in which work on relationality provides an alternative conceptualisation of embodiment that challenges the performance and perfection codes through which bodies are evaluated (Evans J, *et al.*, 2008). In so doing, we focus in particular on the ways in which children and young people’s bodies are conceptualised within public health pedagogy surrounding obesity.

Of particular importance then is work done by Children’s Geographers on relationality and embodiment. Dominated by the New Social Studies of Childhood (NSSC), this work has largely focussed on challenging dominant western constructions of childhood as passive, through demonstrating the multiple ways in which children and young people assert agency in their everyday lives, with particular emphasis on relations within home, school and play spaces (Evans B, 2008; Hörschelmann and Colls, 2009; Valentine and Skelton, 2000). However, more recently, geographers have begun to question the implications of asserting children’s agency within a context in which agency is tied to a conceptualisation of the embodied-subject as individual and

bounded. Here, Ruddick (2006) argues that the ‘dark side’ to this approach has been an increase in policy and legal cases where children and young people are held accountable for their actions in ways equivalent to adults (see also Batmanghelidjh and Gaskell, 2005, on anti-social behaviour orders). To counter this, it has been suggested that a relational approach offers an alternative way to challenge the conceptualisation of children as partial/non-subjects, by questioning the notion of a bounded, independent embodied-subject for all adults and children. The consequence of such a call has been explorations of the lived dynamics of age by centring relational concepts such as intergenerationality and intersectionality (Hopkins and Pain, 2007; Vanderbeck, 2007), intersubjectivity and intercorporeality (Ruddick, 2007a; 2007b; Hörschelmann and Colls, 2009). This includes research on collective responsibilities for children’s food consumption (Colls and Evans B, 2008) and the dynamic relations of care within families (Robson 2000, 2004, 2009, Evans R 2005, 2009, Evans R and Becker 2009, Holloway 1998, 1999). Drawing on this work, we therefore suggest in this paper that a relational approach is useful for critical work on embodied pedagogies in providing a means to acknowledge young people’s agency without individualising responsibility for health, or simply shifting blame between ‘responsible’ others (e.g. mothers, teachers, food companies, etc).

Our focus for this discussion is Change4Life, a social marketing initiative rolled out in England in 2009.<sup>1</sup> Change4life’s ultimate target is to ‘reduce the percentage of obese children to 2000 levels by 2020’ (DH, 2009, 5) and their stated means to achieve this is to ‘inspire a societal movement through which government, the NHS, local authorities, businesses, charities, schools, families and community leaders can all play a part in improving children’s diets and activity levels’ (DH, 2010, 7). Our

intention is to demonstrate how a relational approach to embodiment can enliven a critical account of the ways that change4life aims to produce healthy bodies. Specifically we will discuss the ways in which children's bodies are conceptualised as the product of *relations* between numerous other bodies (fleshy and organisational; past, present and future) and the multiple intersubjectivities through which change4life therefore aims to act.

Our discussion is divided in the following sections. First, we situate our discussion of a relational approach to embodied subjecthood within recent trends in health education surrounding obesity. Following this, we provide a general overview of work in geography which contributes to a relational approach to embodiment, particularly children and young people's embodiment. These general reviews are offered in order to provide interdisciplinary readers with some background to disciplinary debates of relevance to this paper. We then present some background to the Change4life campaign before providing an analysis of this campaign. Finally we reflect on some of the implications of this for critical health pedagogies.

### **The embodied-subject in health pedagogies**

As Chris Shilling (2010, 152) outlines, recent work on embodied pedagogies has begun to explore the relations between “the general forms of body *pedagogics* dominant within a society as a whole (and informed contemporarily by physical ideals in the realms of consumption, work and health), and the specific types of body *pedagogics* evident in curricula and schools”. Reviewing work in this area, Shilling (2010, 55-156) argues that two questions dominate: ‘Are ‘embodied subjects inevitably shaped

and imprinted by ... cultural ideals, working practices and government initiatives ... or do they have the capacity to selectively engage with, mediate and even reject these developments'; and how do 'broad societal developments actually get translated into specific institutions [e.g. schools] via policies, messages and practices'. At the heart of these questions is an antagonistic relationship between an individual body-subject/agent and the institutional/societal structures through which bodies are disciplined/governed. This tension between discourse/structure and agency/matter inflects work on embodiment across multiple disciplines (Prout, 2000) and reveals the dominance of an independent, bounded model of subjecthood within late 20<sup>th</sup> and 21<sup>st</sup> Century health policy. As Evans J et al (2008, 41) explain, this reflects 'a wider political ideology of liberal individualism, [within which] a discourse of corporeal individualism is offered as 'the solution' [to ill-health]...Schools, along with other key sites of social practice, including families, the media and the web, are positioned as pivotal in the process of correction, rehabilitation and repair' through informing people how to manage their bodies in 'healthy' ways. Ultimately then, it is the individual who is held accountable for making the 'right' choices and thus for their own (future) health (see also Lupton, 1997).

This is clearly evident in obesity policy in the UK which has viewed obesity as a sign of individual irresponsibility (or immorality – see Evans B, 2006), to be rectified by public health pedagogies which encourage individuals to monitor and discipline their own bodies to ensure a 'healthy' weight. Whilst children have been at the centre of much anti-obesity policy in the UK, they do, however present a problem to this model of embodiment. The dominant construction of childhood as passive, unable or unwilling to take responsibility for their own health/behaviour, means that they do not easily

fit within the neoliberal model of individualised embodiment on which this approach is based. Since children ‘do not qualify as full liberal subjects’ (Maher et al, 2010, 235) they are therefore, at best viewed as possible vectors to carry information on ‘healthy lifestyles’ from educational spaces back to more responsible actors within the home (parents) or, more commonly, are conceptualised as incapable of acting responsibly, as the cause of irresponsible behaviours (as in the case of ‘pester power’) (Colls and Evans B, 2008) or their ill-health is blamed on inadequate parenting, usually mothers (see Warin et al, 2008).

As such, important work across the social sciences has challenged the ways in which children are positioned as ‘dupes’ or ‘dopes’ within health policy and body pedagogies by demonstrating the ways in which young people assert agency in relation to health (e.g. see Curtis et al., 2010 on children’s eating). However, as Prout (2000, 16) notes, empirical accounts of children’s agency leave agency untheorised, and there is therefore a risk that such accounts treat ‘children’s agency in an essentialist way. It is valorised, but treated as a given but previously overlooked attribute of children.’ In a similar vein, Ruddick (2006; 2007a; 2007b) has argued that simply asserting children’s agency without questioning the model of subjecthood to which ‘agency’ is attributed has led to an increasing responsabilisation of children within contemporary policy. Moreover, Ruddick (2007a; 2007b) goes on to argue that failing to question the notion of agency/subjecthood within which children are being fitted, leaves a situation whereby women’s and children’s rights are antagonistically positioned. Here, she states that the unacknowledged problematic relation of the child to a neoliberal (bounded, individual) concept of the subject allows a ventriloquist politics whereby the ‘rights’ of the child are used by those who claim to speak on behalf of the child to



‘undercut the rights of children themselves and a range of ‘unruly subjects’; and to re-establish neo-conservative, patriarchal and neo-liberal boundaries of the subject’ (2007a, 514). This is possible, she argues through the ‘distortion of sites of inter-subjectivity’ whereby the rights of different (individual) subjects are positioned antagonistically rather than recognising the ‘inter-subjective dimensions of child-caregiver relations’ (p.639).

In contrast to this, a relational approach does not attempt to assert the agency of any independent, bounded subject over another, rather it centres the relations between bodies. In the following section, we therefore explore three ways in which work which adopts a relational approach within geography might provide a basis to critique contemporary health imperatives surrounding children and young people without falling into the trap of re-enforcing an antagonistically constituted individual model of subjecthood: intercorporeality; the lifecourse, age and care; and geographies of responsibility.

## **Relational geographies**

### *i. Intercorporeality*

First, an attention to intercorporeality challenges a bounded notion of the subject since it draws attention to the relations that exist within and between bodies, both human and non-human. Here, work in geography has begun to interrogate the ways in which bodies are connected to, and through, material objects (Anderson and Tolia-Kelly 2004), affects and emotions (Anderson and Harrison, 2010). An interest in intercorpo-

reality therefore conceptualises the body as always and already in an infinite amount of relations at any one time. In short the body is a/are relation/s. This requires, as Horton and Kraftl (2006) suggest, a ‘materialised sensibility’ that draws attention to the significance of what they describe as ‘the smallest, daftest, most mundane, most throwaway, most humdrum, everyday, taken-for-granted things’ (p.73), allowing us to question ‘How we are always already surrounded by material things; how we continually do things with or through material things; how – in effect – material things ‘act back’ and continually affect or effect us; how things can really matter or mean something and have value’ (Horton and Kraftl 2006 p.73).

It also draws attention to the ways in which affects/emotions connect bodies. Here, there has been considerable debate as to the difference between these two terms (see Pile 2010) but, in short, affect is generally used to refer to a body’s capacity to affect or be affected and does not ‘belong’ to an individual body. Affects can be considered to be ‘relational reactions, in excess of emotions, and located in bodily habits or the situational ‘atmospheres’ between actors’ (Horton and Kraftl 2006 p.86). A focus on affect has therefore enabled geographers to consider the social, cultural and political significance of affective relations that occur between bodies by drawing attention to relations of care, love, anger, fear, hope, etc. For example, in his work on playful behaviour observed in a classroom setting, Harker (2005 p.56) describes how ‘In my playing moment during the Year 4 Science lesson, we could say that a mischievously joyful affect (briefly) flowed through the children and me. None of us ‘owned’ this feeling, nor was it located ‘in’ any of us. Yet it was crucial to our enactment of that particular moment.’

*ii. Lifecourse, age and care*

Secondly, a notion of the bounded, independent subject is being challenged through work on the lifecourse, age and care which draws attentions to the fluidity of age relations and the multiple and shifting relations of care across the lifecourse (also challenging the designation of particular periods of life as dependent). Here, recent work has focused on the relations between generations, on intersections with other categories of social difference and on cultural variations in understandings of age. Hopkins and Pain (2007: 290) thus argue that “different markers of identity may intersect with age in interesting and important ways, influencing for example how different generational groups perceive and relate to each other in different settings”. This idea builds on work on age and the life course conducted since the early 1990s that emphasises the relations between bodies of different ages and between place and the life course. Here, feminist geographies, such as Katz and Monk’s (1993) edited collection on the geographies of women across the life course, have demonstrated that bodies are always connected to multiple other bodies. The life course perspective adopted here means that women’s identities are not exhausted by those that reflect the relatively short period of intensive child care (which in any case is not a universal experience), rather familial and extra-familial caring roles and care needs are revealed as a constant presence in women’s lives intimately connecting bodies with other bodies in ways that shift and change throughout life and in response to changing socio-economic relations, state policies and cultural conceptions of women’s roles.

Work on men and masculinities complements this (Aitken, 2000, 2005) illustrating that men’s lives are also always relational. Moreover, research on young carers in

western societies (Aldridge and Becker 2003), shows that children's relations to others in family networks are more diverse than is frequently recognised. This is not about a simple assertion of children's agency, or that men take part in child care, rather it calls for recognition of the constant *interrelations* of care, challenging any reduction of care relations to ones of 'burden' or restraint. Other work in this area includes Sarah Holloway's analysis of mothering practices (1998, 1999), Helen Jarvis' work on families' time-space patterns (2005), Gill Valentine and John McKendrick's (1997), Sarah Holloway and Gill Valentine's (2000) and Valentine's (2004) work on parents' and children's contested uses of space, Valentine's work on family eating cultures (1999), and research conducted by Valentine, Skelton and Butler on the diversity of transitions into adulthood by d/Deaf, lesbian and gay young people (Valentine et al 2003, Skelton and Valentine 2003).

### *iii) Responsibility and Power*

Thirdly, work in geography on responsibility is utilising the concepts of intercorporeality and inter-subjectivity in order to highlight the significance of the relations we have with non-proximate others. Here, Massey argues that the 'cultural obsession with parent-child relationships' (2005, 186-7) in contemporary popular and legal discourse is part of a persistent association of care with proximity. This association she argues is 'the counterpoint perhaps to the persistent lack of acknowledgement of the strangers who have always been within' (p.186)... 'a persistent Russian-doll geography of ethics, care and responsibility... a hegemonic understanding that we care first for, and have our first responsibilities towards, those nearest in'. Yet multiple networks (virtual, migration, commodity production/consumption, etc) challenge this,

and through work on, for example, ethical consumption (Barnett et al., 2005), corporate social responsibility (Colls and Evans B, 2008), organ donation (Davies, 2006) and charitable giving (Silk, 2004) geographers are demonstrating that our bodies are intimately tied into intercorporeal relations with distant as well as proximate others (Smith, 1994). As such, this work contributes, through an attention to inter-subjective relations, to a re-theorisation of the subject through exploring ‘the relations of responsibility that exist between actors, rather than the responsibility that is placed upon them’ (Colls and Evans B, 2008, 628).

This work is therefore challenging, neoliberal notions of responsibility within which ‘people are implicated in their actions by reference to a linear chain of relations between free will, knowledge, voluntary action, causality, responsibility and blame’ (Barnett et al, 2005, 25; Massey, 2000). This, in turn, is tied to particular notions of human agency defined as an individual’s “powers” (or lack of them), ...to influence, organize, coordinate and control events taking place in their everyday worlds’ (Alanen 2001, 21, cited in Curtis et al, 2010, 300). This approach therefore also challenges any distinction between structure and agency in relation to questions of power, instead, recognising that networks of care and responsibility are part of the “myriad *entanglements* that are integral to the workings of power, stressing that there are – wound up in these entanglements – countless processes of domination and resistance which are always implicated in, and mutually constitutive of, one another” (Sharp, et al. 2000, p.1).

Across these three areas of work within geography, research is contributing to a re-theorisation of the embodied-subject which stands to make important contributions to

work on embodied pedagogies. What follows is a discussion of the Change4life campaign which analyses the ways in which this campaign attempts to shape children's bodies by re-figuring the relationships between children and other bodies, objects and spaces: first through questioning the ways in which particular intergenerational and care relationships are pathologised, secondly through questioning the ways in which emotions are problematised and third through questioning the ways in which responsibility is figured within this campaign. Before we enter into this discussion, we first provide a brief background to Change4life.

### **Background to Change4Life**

Change4Life is a £75 million three-year, Government funded social marketing campaign which was launched to the public on 3rd January 2009 in England and Wales. The campaign was (and is) seen as something of a 'flagship' intervention, being billed as 'England's first ever national social marketing campaign to reduce obesity and the most ambitious to launch anywhere in the world on this topic' (DH, 2009 p.3). The campaign is the social marketing component of a broader cross-government strategy for obesity in England – Healthy Weight, Healthy Lives – which launched in 2008. Responding to the Foresight commission's review of obesity science, Healthy Weight, Healthy Lives aims to shift the emphasis within anti-obesity policy from the individual to 'a broad set of social and environmental factors' (DH, 2008a, 3). Change4Life reflects this and is premised on the assertion that 'obesity is not increasing because today's generation is more gluttonous or lazy than previous generations' (DH, 2009, 13). Change4life therefore aims to mobilise social marketing techniques through networks of media, public and private sector partners to 'catalyse...cultural change'

(DH, 2008a, 27) and ‘create a movement, in which everyone in society plays their part, helping to create fundamental changes to those behaviours that can lead to people becoming overweight and obese’ (DH, 2009, 15).

In addition to this shift away from an individual approach to obesity, in contrast to earlier anti-obesity policy in England, whilst Change4Life maintains an emphasis on children, it decentres school-based body pedagogies as a means to teach children how to stay thin, instead operating primarily as a society wide form of body pedagogics. As such, the DH explain that Change4life differs ‘from traditional government marketing and communication campaigns. Rather than taking a top down approach, the campaign set out to use marketing as a catalyst for a broader societal movement in which everyone who had an interest in preventing obesity (be they teachers, healthcare professionals, community groups, businesses, charities or individual members of the public) could play a part’ (DH, 2010, 13). Change4Life therefore positions children as intercorporeal bodies, as a product of societal relations. In so doing, Change4Life also aims to shift the emphasis in anti-obesity policy from the identification of overweight and obese individuals to recognise that ‘unlike other health promotion campaigns (smoking, drugs, alcohol), in which a given individual either does or does not exhibit risky behaviours, everyone exhibits the behaviours that can lead to weight gain...the difference between a healthy and an unhealthy diet or healthy and unhealthy levels of activity can be remarkably small....This will vary across the life course and between individuals. In this sense, we are all at risk and the whole population needs to examine its lifestyle if we are to prevent people developing obesity’ (DH, 2009, 17). Thus, the first phase of change4life aimed to ‘reframe the issue of obesity so that it was seen as being: not the fault of individuals or families but

the result of modern life; not about size or appearance but about fat in the body; and not an issue for a minority of very overweight or obese individuals, but an issue for everyone in society' (DH, 2009, 43).

However, this stands in contrast to the fact that the campaign will be evaluated using National Child Measurement Programme data (see Evans B and Colls, 2009 for a critique) and so success is premised on a reduction in the number of children classified as overweight or obese. Moreover, whilst Change4Life aims to be a 'societal wide' movement rather than an issue for specific individuals or families, in practice, DH argue that 'it is neither necessary...nor cost-effective to target the entire population. Some people manage to maintain a healthy weight quite successfully without assistance....This strategy will focus resources on areas of greatest need (i.e. those families whose current behaviours, attitudes and beliefs suggest that their children are most at risk of becoming obese)' (DH, 2009, 17). At the heart of the Change4Life strategy there is, therefore, a tension between an imperative to acknowledge that embodiment is relational, and an assumed necessity to target particular individuals and families. The explicit acknowledgment that obesity is not the fault of individuals, therefore masks the persistence of a model of responsibility within public health premised on the identification of those individuals, families or communities who can be separated from 'healthy' individuals, families and communities and identified as 'irresponsible' and/or at risk. This allows Change4Life, as a form of public pedagogy, to seemingly respond to criticisms of former health education campaigns which highlighted the problems of an individual, blame based approach, whilst this remains an implicit driver of the intervention.



In the following section we therefore draw on some of the geographical work we have outlined above in order to question the implications of this tension for the ways in which children's embodied-subjectivity is figured within Change4Life through drawing attention to the ways in which particular intergenerational relations are approached as the causes of or solutions to childhood obesity. In so doing, we suggest that a relational approach to embodiment might contribute to a critical approach to obesity pedagogy, offering a means to continue to challenge the persistence of a neoliberal bounded concept of the subject within policy which explicitly aims to decentre this model of the embodied-subject and therefore to continue to challenge the problematic ways in which young people's bodies are governed through such policy.

### **Change4Life: a relational approach**

Rather than targeting children themselves, Change4life aims to produce healthy bodies through acting on intergenerational relations, 'primarily focusing on families, with the objective of instigating healthier behaviours amongst their children that will serve them well as they grow up' (DH, 2009, p.5). An emphasis on parents and parenting is seen as particularly necessary on the basis that 'parents and parental behaviour has such a strong influence on child behaviour, excess weight problems in children can only be tackled in concert with tackling them in the whole family, and society more broadly' (DH, 2008a, 9). Thus, Change4Life aims to change a whole family's behaviour (rather than just children's behaviour). For example, advice on the website suggests that 'There are lots of fun ways to get the whole family moving more and enjoying a more active lifestyle. Things like swimming, cycling, playing and walking can all have a big impact on burning calories, as well as letting you spend more time

together as a family' (Change4life 2010a). Thus, Change4life aims to tackle obesity through identifying those intergenerational relations which are 'pathological/obesogenic' and refiguring these to be 'healthy' relations. It does this in multiple ways:

*1. Classed, gendered and raced intergenerational relations*

The emphasis on parents within Change4Life, in practice means that it is mothers who are the target audience for the campaign. Thus, DH (2009, 19) state that 'Within the family, our focus will usually be the mother, who is more often the gatekeeper of diet and activity' (DH, 2009, 19), and many of the TV adverts directly address or depict mothers being the providers of food. Here, particular emphasis is placed on 'working class' mothers with the family clusters targeted by the campaign being 'biased towards low income groups' (DH, 2010, 13) and the only 'healthy cluster' described as: 'affluent, older parents' (DH, 2008b 42) who 'take food very seriously. They are interested in organic, environmentally-friendly and Fairtrade products' (DH, 2009, 49). Change4life therefore explain childhood obesity as a problem of misdirected priorities within working class families, stating that, 'For some families, particularly those with low socio-economic status, concerns about a poor diet and low activity levels were not a high priority' (DH, 2008b, 12). The model of 'healthy' intergenerational and familial relations within Change4life is therefore one where particular classed and gendered parenting roles are seen as ideal. This model informs the interventions through which Change4Life aims to 'prevent' obesity.

However, the consumer insight summary on which Change4Life is based states that: ‘Adopting a healthy lifestyle was seen as hard work, stressful and unrealistic. It was also strongly linked to ‘middle class’ values and activities – yoga classes, gym membership, buying organic food. Many priority cluster families saw healthy living as the preserve of stay-at-home mums who can afford not to work and instead spend their time exercising and shopping for and cooking healthy meals’ (DH, 2008b, 12). As such, Change4Life aims to work by refiguring the familial relations to fit an ideal classed and gendered model, whilst masking this intention. For example, it is suggested that through mother and child cookery groups, ‘mothers and children could learn to cook together ... using school recipe books comprising recipes created by other mothers. ... [in order to avoid] the potentially alienating middle-class overtones’ (DH, 2008b, 54). Thus, whilst classed stereotypes are to be avoided, it is clear that those in need of this intervention, and those contributing to the school recipe books will not be middle class children and mothers.

There is a tension here between the stated aims of change4life – to be a societal wide movement – and the form that interventions take, namely targeting working class mothers. What this means is that, like earlier public health campaigns, mothers are seen as responsible, not just for the health of their own children, but for ‘societal health’. Thus, as Skeggs argues in relation to historical campaigns, “the solution to the problem was seen to lie in familial regulation, primarily through the mother. Working-class women, especially (potential) mothers, are both the problem and the solution to national ills. They can be used and they can be blamed” (Skeggs, 1997, p.48).

Ethnic minority families are also targeted by Change4life. The typologies used in the cluster analysis of ethnic minority families reproduce numerous problematic, racist discourses, not least through the factors identified as significant in relation to obesity. These include: faith, cultural foods (with traditional cooking seen as unhealthy), parenting styles, care responsibilities for family elders, length of time in the UK, and a lack of stigma associated with fatness. The result is that the cause of obesity is situated in the particular intergenerational and intercorporeal relations identified as ‘other’ to white, English families. In fact it is the strength of intergenerational and intercorporeal ties that is seen to be the problem. This reproduces problematic notions of assimilation where, over time and through distance from previous generations, ethnic minority families are seen to move away from problematic ‘ethnic’ family forms towards ‘healthy’ familial relations. Here, as Deborah McPhail (2009, 1035) argues in relation to obesity campaigns in early cold war Canada, “The exclusion, assimilation, and punishment of immigrants and Aboriginal peoples with nuclear family discourse reaffirmed the supposed superiority and prevalence of the patriarchal, bourgeois nuclear family while it also rendered white, middle-class families, and those who composed them, as ‘normal’”. In practice, Change4life therefore aims to refigure those particular forms of familial relations seen as problematic. For example, they aim to develop ‘new messaging linking activity and diet to educational and future attainment (since this is motivating for these groups)’ (DH, 2009, 50).

Whilst Change4life does acknowledge the role of intergenerational relations in familial life, it is significantly different from geographical research outlined above. Rather than exploring the fluidity and complexity of relations through which lives are connected throughout the lifecourse, Change4life aims to pathologise particular forms of

intergenerational relations and constructs a middle-class, white, nuclear family with stereotyped gender roles as healthy. In so doing, whilst Change4Life approaches children as intercorporeal subjects, a neoliberal, rational model of embodiment in which a healthy body is seen as a product of conscious control persists as the assumed 'healthy' model. Thus, whilst change4life recognises that bodies are intimately connected to other bodies and works to shape bodies by refiguring these inter-corporeal relationships, ultimately it is about mitigating the effects of these relations. This is even more evident in the ways in which emotions are figured within familial relations.

## *2. Emotional ties*

The consumer insight summary which informed the development of Chage4life concluded that 'the desire to make their children happy often led parents to embrace unhealthy behaviours' (DH, 2008b, 11). An earlier, proposed social marketing campaign, 'killing with kindness', was therefore premised on the suggestion that it was necessary 'to motivate parents into changing their behaviour by showing them that their desire to love and nurture is actually harming their children' (see DH, 2008b, p.61). Whilst less extreme, Change4Life similarly aims to generate an affective response through suggesting in the initial TV advert that '9 out of 10 of our kids would grow up to have dangerous levels of fat build up in their bodies, which meant they'd be more likely to get horrid things like heart disease, diabetes and cancer. And many could have their lives cut short' (Change4life, 2010b; see Evans B, 2010 for further discussion of this). Moreover, love is important throughout the campaign. For example, the TV advert which accompanied the campaign for 'me size meals' begins as follows: 'Mum loves me. And thinks lots of food will make me big and strong. But

she gives me enough to feed a horse...she forgets I don't need grown up portions. My teacher said if we eat too much and do too little, food gets stored as fat in our bodies.'

Here love is as a cause of 'unhealthy' parenting (mothering). Love is seen to cloud parents' judgement in making the right, rational, healthy choices about their children's lives, and this is positioned in opposition to a rational, knowledgeable approach to eating brought into the home from the school (we will discuss this further below). Excess body fat therefore becomes the materialisation of excess love/emotionality in the parent-child relationship. The ways in which change4life aims to mitigate for the effect of love is therefore to provide objects and knowledges which can intervene in this relationship, replacing emotional motivation with rational choice and allowing parents to perform love differently. For example, Change4life provides parents with a 'snack swapper'. The TV advert that accompanies the snack swapper begins by showing a child hugging her mother and her mother giving her sweets. Then, following a discussion of the 'dangers' of too much fat, the child explains: 'Mum's got this new game, Snack Swapper. We turn the dial and swap some of our snacks for healthier stuff that we like. I think she really loves me' (Change4life, 2010c). To accompany this, the website contains advice that 'some families find a good way of limiting snacks is to introduce a snacking limit such as '2 Snax Max' and in a section titled 'It's not you, it's the rule', it then advises: 'Kids, don't blame Mum! She's just sticking to the rule - '2 Snax Max'. Mums, don't feel guilty. If it helps, blame Max!' (Change4life, 2010d). Thus, the intervention of rational, object/ive actors into the mothering relationship, is seen to restore a healthy body through overcoming the dangers of an irrational, emotional, feminine subject (mother), reinstating a neoliberal, rational, objective subject, the epitome of a healthy body, as the one responsible for

family health. Also clearly evident here is that the child-parent relationship surrounding food is positioned antagonistically, a battle laden with guilt and blame. As Ruddick (2007a, 2007b) explains, the persistence of a neoliberal independent, bounded subjecthood allows the child-caregiver relation to be constructed in this way, preventing recognition of the inter-subjectivity of these relations.

### *3. Responsibility*

The persistence of a neoliberal, independent embodied-subject within change4life's approach to intergenerational relations, is also evident in the ways in which different family members are assumed capable or not of assuming responsibility for healthy living. Despite stating that 'The key to designing effective interventions is to engage the whole family' (DH, 2008b, 53), a strong, authoritative, rational parenting style is seen as the key to healthy children. Children are positioned as the cause of unhealthy behaviours, akin to notions of pester power (for example the snack swapper advert begins with the line 'Mum's ace, but I'm a little monkey. I know how to get round her, get the snacks I like'). Thus, parents are 'encouraged to move away from offering children a completely free choice ('what do you want for dinner') to providing a limited choice between equally healthy options ('it's carrots or peas, you choose')' (DH, 2008b, 54). Within this, the classed assumptions discussed earlier are again important. While middle class families are seen as problematic, this is framed in terms of being indulgent, whereas for working class families, giving children control is seen to be a reaction to restricted choice: 'Many parents, particularly those in the priority clusters, saw giving their children free choice over what they eat and how much exercise they take as a way of empowering them...choice in relation to food was particularly im-

portant to families who are experiencing deprivation and therefore may have restricted choice in other aspects of their lives' (DH, 2008b, 14).

Moreover, structural factors which may influence availability of different foods and or opportunities for physical activity are dismissed as myths, implying that working class families lack knowledge or will power rather than capital. For example, the website dismisses concerns about the cost of 'healthy food' as a myth which can be overcome by being clever: "Myth 1: Healthy food is just too expensive! Loads of people think this is true, but it's actually more likely you will find a lot of cheap healthy meal ideas that help save you money. You just need to be clever about it" (Change4life 2010e). Thus, knowledge is seen to be the answer, not just to unhealthy behaviour, but also to overcoming inequalities. This complies with what Jackson (2010) refers to as a deficit model of responsibility which tends to 'blame the victim' where 'low income mothers are accused of making irrational and irresponsible choices in feeding their families' (p.65).

While mothers are seen as the main 'responsible' family member, there are some ways in which children are seen to take on responsibility – albeit in a limited way. In the quote from the 'me-size-meals' advert discussed above, it is 'teacher' who has told the child that eating too much is bad, and the child who must communicate this to the parent. The boundaries between school and home are blurred as information from teachers is assumed to be taken home by children to educate their parents. A problem caused by an irrational, unknowledgeable parental love is thus seen to be cured by the intervention of a rational, knowledge-based approach to parental care. Children are also seen as responsible in ethnic minority families whose parents don't speak Eng-



lish. Here they are seen as ‘the most important source of information about health issues and guidelines. Children are already feeding back to their parents about health issues covered during lessons and their school’s healthy eating policies’ (DH, 2008b, 57). As Rawlins (2009) argues it is therefore evident that research on health education needs to consider the interrelations between the school and the home rather than addressing these sites as separate and bounded. Moreover, as Colls and Evans B (2008) argue, it is evident here that children are positioned as vectors to ‘transmit’ health education between adults deemed to have ultimate control over their lives and thus a rational, individual model of responsibility from which children are excluded is maintained.

Change4life therefore relies on a limited understanding of intergenerational responsibility through which parents, mostly mothers, and other care givers, such as teachers are responsible for providing children with healthy food and opportunities to take physical activity. A neoliberal, independent, rational subject is at the heart of this and responsibility is passed between actors. Lines for designating what is or not responsible behaviour are drawn around those factors which are presumed to contribute to a child being or becoming obese. As our past work has demonstrated.... “Children’s bodies are placed within a geography of embodied responsibility as ‘irresponsible’. ... Children are viewed as incapable of making ‘healthy’ food choices, and of only consuming ‘healthy’ food as a fun activity. ... Children are viewed as vehicles through which ‘healthy’ eating messages are transmitted to those actors deemed ‘most responsible’, parents. However, this overlooks the ability of children to negotiate, resist, and hold power over their own consumption, which is often couched in negative

terms, for example, 'pester power', 'fussy eaters', etc.'" (Colls and Evans B, 2008, 628). It therefore also fails to truly address the intercorporeality of embodiment.

## **Conclusion**

In this paper we have presented an overview of recent work in geography that adopts a relational approach. Through our discussion of this work and our analysis of Change4life, we have aimed to illustrate that these approaches are important in contributing to critical work surrounding anti-obesity pedagogy in drawing attention to the ways in which a neoliberal, individual, bounded notion of the embodied-subject persists within public health policy despite explicit claims to operate in a more inter-subjective and intercorporeal way. There is therefore an imperative to continue to challenge the implications of this model of embodied-subjecthood within public health pedagogy for children and young people. This requires an attention to embodiment as relational rather than simply asserting the agency and rights of children within a neoliberal, antagonistically constituted model of subjecthood. To conclude, we want to highlight three overlapping areas where we see particular connections between relational geographies and critical work on embodied pedagogies which might prove fruitful for future research:

First, a combination of more-than-representational geographies which emphasise the intercorporeality of bodies, affects and objects, and work which extends notions of responsibility to distant others are contributing to an approach which sees 'institutions of all possible varieties [including schools] less as prior, stable, fixed entities, and more as made, dynamic, fluid achievements' (Philo and Parr, 2000, 513). Here there

is real potential for this work to contribute to work on embodied pedagogies which aims to explore the ways in which broader social and cultural ideas get translated into school cultures and practices (Shilling, 2010). It does so by shifting the emphasis of this question, by challenging a distinction between school and non-school space and the uni-directionality of movement between the two.

Secondly, work which re-theorises power, responsibility and agency through attention to connections to distant and proximate others offers a means to move beyond ‘the causal determinacy that tends to be associated with Foucault’s approach’ in work on education (Shilling, 2010, 165) to one which more closely reflects the domination/resistance dyad (rather than dichotomy) evident in Foucault’s assertion that ‘resistance is never in a position of exteriority in relation to power’ (Foucault, 1990: 95-6; see also Sharp et al., 2000). In so doing, this work challenges the distinction between an independent body-subject and structures of power/domination, offering the potential to allow children and young people’s agency to be recognised without relying on a definition of agency that is premised on individual independence and hence has the potential to hold children (or mothers) accountable for their health (Colls and Evans B, 2008; Ruddick, 2006; Evans J et al, 2008). This work makes evident the importance of approaching agency as intersubjective agency, ‘in terms of relationships of exchange and dependence that work across ‘the’ subject’s divides’ (Ruddick, 2007a, 523). In so doing, this approach also focuses attention on the (affective and material) relations between the bodies, objects, discourses, practices through which schools are constantly (re)made - including relations that extend beyond the material boundaries of the school tying bodies into relations with distant others and blurring the distinction between school and home (Rawlins, 2009).

Thirdly, an emphasis on intercorporeality, along with work which challenges any fixed uni-directional notion of care within families, stands to contribute to a re-theorisation of care relations within families away from one which emphasises economic/time restraints to one which recognises the affective ties that bind bodies together. Moreover, work in geography on intercorporeality which questions the ways in which affect connects bodies has clear resonance with work in education on the ‘relationships between affective dimensions of embodied subjectivity and the cultures that prevail in schools’ (Evans J et al., 2008, 111). Following Sara Ahmed (2004), work in geography has explored the ways in which emotions matter in the production of embodied collectives. Recent work in political geographies has begun to explore the ways in which politics utilises affect through media campaigns, etc to generate support (see Ó Tuathail, 2003 on the way on Iraq). The emphasis here is not on the ways in which discourse communicates ‘meaning’ but in how discourses generate an affect. Clearly this is important in analysing public pedagogies surrounding health and in understanding the ways in which feelings of disgust, fear, hope, etc operate within health education. For example, Evans B (2010) argues that the emphasis on children within contemporary anti-obesity policy is, in part, a result of the affective potential of childhood particularly in the generation of fear amongst parents.

As our analysis of Change4life indicates, whilst the campaign aims to work through intercorporeal relations, an ideal, rational subject remains at the heart of what is considered healthy. Moreover, many of the classed, raced and gendered discourses of previous public health pedagogies remain. Critique which acknowledges this and challenges the limited version of intercorporeality offered here can help avoid a ten-

dency to view children and young people's embodiment in dialectic or oppositional terms through "accounts that either lean heavily on the 'traits' of 'the individual' or, at the other extreme focus blame on cultural factors" (Evans J et al, 2008, 26) and in so doing, depoliticise health interventions and isolate young people. A relational approach thus offers the potential to contribute to work on embodied pedagogies by moving away from an approach which asks whether embodied subjects are shaped by cultural ideals or whether they mediate and reject these developments (Shilling, 2010, 55-156) by instead offering a theoretical framework which allows an attention to 'multiple elements of relatedness' (Rich et al., 2004, 176; with reference to Warin, 2002) in young people's embodied lives. Thus, we suggest there is an imperative to address embodiment in terms of inter-corporeality since, as Gail Weiss explains, 'To describe embodiment as intercorporeality is to emphasize that the experience of being embodied is never a private affair, but is always already mediated by our continual interactions with other human and nonhuman bodies. Acknowledging and addressing the multiple corporeal exchanges that continually take place in our everyday lives, demands a corresponding recognition of the ongoing construction and reconstruction of our bodies and body images. These processes of construction and reconstruction in turn alter the very nature of these intercorporeal exchanges, and, in so doing, offer the possibility of expanding our social, political, and ethical horizons' (Weiss, 1999, 5-6)

### **Notes**

<sup>i</sup> For the purposes of this paper we're focussing specifically on the campaign in England since parts of Change4life are different in Wales ([www.wales.gov.uk/change4life](http://www.wales.gov.uk/change4life)). Northern Ireland and Scotland have different, yet related campaigns called, respectively, 'Get a Life, Get Active' ([www.getalifegetactive.com](http://www.getalifegetactive.com)) and 'Take Life On, One Step at a Time' ([www.takelifeon.co.uk/](http://www.takelifeon.co.uk/)).

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