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'I see her being obesed!': Public pedagogy, reality media and the obesity crisis

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Abstract

In recent years a proliferation of reality based media focusing on the body, diet and exercise have sought not only to entertain audiences, but also to operate as pedagogical sites through which to encourage populations to undertake surveillance of their own and others' bodies in order to address a so-called 'obesity epidemic' sweeping across western society. This article examines how reality media function within a broader 'surveillant assemblage' (Haggerty and Ericson, 2000) of obesity. Specifically, the article explores how this assemblage functions through interdependent connections between parenting, social class and broader political discourses of parenting and health risks which produce affective relationalities of the body.

Keywords

media, obesity, healthism, reality TV, pedagogy

Introduction

According to Berstein (2000: 78) pedagogy refers to a

> process whereby somebody(s) acquires new forms or develops existing forms of conduct, knowledge, practice and criteria from somebody(s) or something deemed to be an appropriate provider and evaluator – appropriate either from the point of view of the acquirer or by some other body(s) or both.

Extending this work on pedagogy, a number of theorists have focused on 'public pedagogy' (Ellsworth, 2005; Giroux, 2004a, 2004b; Kellner, 1995; Lusted, 1986) in recognition that learning extends well beyond the boundaries of formalized education sites, and instead

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> operate[s] within a wide variety of social institutions and formats including sports and entertainment media, cable television networks, churches … profound transformations have taken place in the public space, producing new sites of pedagogy marked by a distinctive confluence of new digital and media technologies. (Giroux, 2004b: 497)

Such is the prevalence of these learning environments, that Bernstein (2001) describes an emergent 'totally pedagogized society' in which a vast array of sites of socialization have become pedagogical sites. To this end, as work on public pedagogy has developed and been deployed in the examination of a range of diverse cultural sites, it has been acknowledged that pedagogy and cultural studies should work more closely together, and can mutually inform one another: 'pedagogy is central to any viable notion of cultural politics and that cultural studies is crucial to any viable notion of pedagogy' (Giroux, 2004a: 62). For example, through the analysis of media, we might better understand 'how cultural artifacts such as media texts function as culture and as a form of public pedagogy (Luke C 1996a,b) in the formation of social identities, the popular cultural imaginary, and "popular" knowledges' (Luke and Luke, 1997). In this sense:

> pedagogy is not simply about the social construction of knowledge, values and experiences; it is also a performative practice embodied in the lived interactions among education, audience, texts and institutional formations. Pedagogy, at its best, implies that learning take place across a spectrum of social practice and settings. (Giroux, 2004a: 61)

This development in public pedagogy scholarship reflects the growing interest in how public concerns, such as health, are addressed through different means such as the media. Giroux (2006) for example, highlights how certain 'dominant media engage in a form of public pedagogy that appears to legitimate dominant power' and political concerns. One public concern which is increasingly addressed through mass media is that of health. Indeed, according to Lupton (1999) it is well recognized that the mass media now constitute one of the most important sources of information about health and medicine, as illustrated in studies on the representation of health knowledge in the media (Coyle and Sykes, 1998; Hodgetts and Chamberlain, 1999, 2002; Lyons, 2000; Lyons and Willott, 1999) and those on how health itself is constructed through media texts (Gwyn, 2002; Seale, 2002) through moral panic. In recent years, one of the most salient health themes occupying media attention has been the claim that western society is facing an 'obesity epidemic' (WHO, 1998) a discourse which has constructed a moral health 'crisis' of potentially catastrophic proportions (see Gard and Wright, 2005). Rather than read such media as isolated texts, following Giroux (2008) they 'have to be critically engaged within the social anxieties and assumptions that prompted their production and their circulation as public texts in the first place'. That is, current media on health are part of a broader network of institutions which have been shaped by, and constitute what is commonly referred to as an 'obesity discourse'.

In this article, I take up some of the challenges facing the development of public pedagogy by undertaking a critical reading of obesity media as cultural texts, to examine how they function as pedagogy. Specifically, the intention is thus not to engage with media through content analyses or audience reception, but through bringing together

work from cultural studies and pedagogy, examine how public pedagogy on obesity is enacted within the genre of reality media. Considering these media as forms of public pedagogy, they can be 'understood in terms of their political and educational character and how they align with broader social, racial, economic, class and institutional configurations' (Giroux, 2008).

Specifically, the article examines media that fall within the genres of 'reality science' (Cohen, 2005) and 'reality television', involving 'first person programming' (Wood and Skeggs, 2008) and non-actors. These include the growing number of 'factual' reality style films and television programmes offering an instructional narrative around healthy living, weight and diet. Such media include UK based television programmes such as *Jamie's School Dinners* and *Jamie's Ministry of Food*, *You Are What You Eat*, *Honey, We're Killing the Kids*, *Supersize and Superskinny*, *Fighting Fat Fighting Fit*, *The Biggest Loser* and international films such as *SuperSize Me*. A number of authors highlight how the growth in media of this kind reflects wider changes in the way in which learning about health is undertaken in sites beyond formal schooling (Evans et al., 2008a; Giroux, 2008; Miah and Rich, 2008). As Giroux (2008) argues, the growth in 'screen technologies and media ha[s] produced a cultural landscape that now constitutes unique and powerful sites of learning'.

Theorizing media and obesity through assemblage, affect and public pedagogy

The proliferation of reality media on weight loss, diet and health reflect broader public discourses that claim we are in the midst of a global obesity epidemic (WHO, 1998). Reduced activity and poor diets are repeatedly reported as leading to escalating rates of overweight or obese populations and related mortalities resulting from associated conditions such as hypertension, diabetes, stroke, heart disease and cancers. This is asserted without reference to work which reveals that many of the 'certainties' populating obesity are based upon scientific evidence which others claim is either inconclusive (Gard and Wright, 2005) or incorrect (Campos, 2004). Within this discourse, it is routinely declared that the health of western society is facing imminent decline unless measures are taken by individuals to eat less, lose weight and exercise more.

In the UK, as in other western countries, this has led to a proliferation of policies which seek to address health concerns across all social sites, from leisure environments, schools through to family life (e.g. Change4Life, DoH, 2008). Children in particular, have been the target of many of these policies, deemed to be most at risk, but also most amenable to change.[1] These policies are infused with 'new health imperatives' (Rich et al., 2009) prescribing the choices individuals should make around lifestyle, particularly in relation to physical activity and food. The imperatives around 'eating well', exercising regularly and monitoring our bodies, carry powerful moral overtones about how individuals ought to behave (Evans, 2006). These imperatives are strongly associated with body size, such that the thin or slender body is taken to represent not only a state of 'good health' but also reflect control, virtue and good citizenship (Rich et al., 2004). As Wright and Harwood (2009) observe, the 'obesity epidemic' offers one of the most powerful and pervasive discourses influencing ways of thinking about health and the body.

The social construction of weight, fatness and in particular 'obesity' has thus been the subject of a number of critical studies in recent years (Braziel and LeBesco, 2001; Evans et al., 2008a; Gard and Wright, 2005; LeBesco, 2004; Monaghan, 2008; Riley et al., 2008; Sobal and Maurer, 1999; Tomrley and Kaloski Naylor (2009); Wright and Harwood, 2009). Much of this work reveals how obesity discourse instils a sense of moral panic, urgency and disaster which fuels the mongering of 'obesity' as a disease category (Jutel, 2006) requiring immediate action. This ubiquitous obesity discourse, rather simplistically and reductively defines 'weight' or 'fat' as a primary determinant of people's health and well-being (Evans et al., 2008a) obfuscating the uncertainties and contradictions which exist in the knowledge on weight and health emanating from the primary research field.

Walkerdine (2009: 201) suggests that if we are to develop this critical work on biopolitical issues on weight and obesity then we need to be cautious about invoking a simple 'relation between the effectivity of biopower and the subject working on the self, or resisting'. This is not to downplay the important contributions which have been made to the study of pedagogies of weight and obesity through a focus on the normalizing and disciplinary practices that are writ large. However, my specific interest in this article is to understand better the complexities of how surveillance associated with these health imperatives circulates relationally and affectively as public pedagogy. Surveillance studies has tended to rely upon Foucuault's panoptican as a lens through which to understand how bodies are disciplined and normalized through health discourses. As Green (1999: 29) observes 'Jeremy Bentham's Panopticon prison design has become the ultimate metaphor for modern surveillance machinery and activity'. Focuault's work on disciplinary practices has led to important insights into how self-regulating subjects are produced through obesity discourse. However, the surveillance of bodies against the risks associated with obesity does not operate via a stable central unit, but is a pervasive part of consumer culture, popular media, as well as more formalized institutions of medicine and education. From Haggerty and Ericson's (2000) perspective of the 'surveillant assemblage', surveillance of body weight might instead be explored in terms of how it is 'constituted by a series of disparate individuals and socio-technological media which are provisionally linked together as an 'assemblage'. From this perspective, the regulation of body weight, in an effort to curtail an obesity epidemic, does not occur via governments and media acting upon and regulating subjects, but instead through the 'desire to bring systems together, to combine practices and technologies and integrate them into a larger whole' (Haggerty and Ericson, 2000: 611). Examining the surveillance, regulation and the pedagogy of obesity in this way, allows us to explore 'those intersections where people actually live their lives and where meaning is produced, assumed and contested in the unequal relations of power that construct the mundane acts of everyday relations' (Giroux, 2001: 170). This article forms part of this critical practice to understand better the social contexts through which people come to learn about their bodies, and obesity, by exploring how public pedagogy is enacted in reality media on these issues:

> a critical public pedagogy should ascertain how certain meanings under particular historical conditions become more legitimate as representations of reality and take on the force of commonsense assumptions shaping a broader set of discourses and social configurations at work in the dominant social order. (Giroux, 2001: 170)

The role of the media in fashioning contemporary understandings of the body, weight and obesity, historically, might not be a new phenomenon (see, for example, Schwartz, 1986; Stearns, 1997). However, more recent forms of reality media take on a far more 'surveillant' (see Andrejevic, 2002) and instructional format. In what follows, I thus explore the nature of this surveillance considering it through the lens of public pedagogy. Rather than theorizing this as instruction and regulation of the subject, I argue that the surveillance within reality media on weight and health does 'pedagogical' work which is refracted by their location in broader *assemblages* of obesity which have an affective quality. This affective quality, I argue, while potentially present in all pedagogical relations (not least through particular desires, see McWilliam, 1999) may differ according to the media format. Theoretically, this framework thus embraces the constitutive role of media (rather than simply reflecting culture). Following Mankekar's (1999: 149) observation that 'media participate in world-making through the production of affect and desire' and 'enable the circulation of signs', the article explores how media play a role in how people learn about weight, health and the body and bring an obesity discourse into being. To explore these affective dimensions, the article draws on Massumi's (1987: xvi) concept of affect as: 'a prepersonal intensity corresponding to the passage from one experiential state of the body to another and implying an augmentation or diminution in that body's capacity to act'.

As Mankekar (1999: 149) suggests 'any analysis of media-generated affect must, hence, trace affective economies articulate with prevailing social formations and axes of power'. In what follows, I explore how the affective dimensions of surveillant technologies utilized in reality media operate through particular assemblages which can have profound implications for how we learn about obesity and health.

Assembling obesity and the body through crisis and risk

A number of authors have revealed the role that reality media play in the construction of social class (Biressi and Nunn, 2008; Palmer, 2004; Wood and Skeggs, 2008); specifically the notion of working class failure and the emphasis on reinventing oneself:

> Reality television and its exploration of the anxieties of the modern age, such as relationships, parenting, weight and sex, are emblematic of conditions of ontological insecurity in which our sense of identity and belonging are thrown into question, forcing the individual to constantly reorient themselves in relation to the personal risk relations with which they are faced. (Wood and Skeggs, 2008: 179)

The need to reorient oneself against risk is, according to Rich and Evans (2005), also a strong feature of the obesity discourse in which bodily difference (weight, size and shape) is reduced to a moral issues of personal responsibility to protect oneself from the 'obesity epidemic'. The 'rational ascetic' (Murphy, 1995) underpinning this discourse acts to 'discipline the body, to ensure that the body will behave (or move) in methodical and regular ways' (Murphy, 1995: 109). This is evident in the instructional pedagogy of various reality media. However, my intention is not to explore the effects of these media as a reflection of neo-liberal discourses of morality and individualization which regulate

and shape class configurations (see Biressi and Nunn, 2008; Wood and Skeggs, 2004). Rather, in taking up the notion of assemblage, this first section focuses on how the media play a role in 'the creation of spaces of comparison where flows can be rendered alike and centres of appropriation where these flows can be captured' (Haggerty and Ericson, 2000: 608).[2]

In the UK television programme *Honey, We're Killing the Kids,* families' lifestyles are assessed against the risks of future illness such as obesity, to reveal the potential health consequences of poor parenting (see Biressi and Nunn, 2008). During *Honey, We're Killing the Kids*, presenter and resident child expert 'Kris Murrin visits families in need of a lifestyle rethink and gives them a glimpse of how their children will look as adults if they don't mend their unhealthy ways' (BBC website). Excerpts below are taken from an episode focusing on an unemployed family:

> Sally and Jason have just seen the terrible future that's awaiting their kids. Their children are completely out of control, they live on fast food and junk. Their parents response is to shout back. Jason and Sally have just three weeks to kick their bad habits and save the lives of their kids. Jason and Sally don't work, their kids don't go to school. Instead they spend their days playing computer games and fighting. (narrator)

Jason and Sally's children are examined by a team of 'experts' (physicians, psychologists, etc.) who carry out a range of medical tests collating information about their health condition:

> Kris and experts from the Institute of child health at Great Ormond Street, use the most advanced scientific data and cutting edge technology to predict how Jason and Sally's children will look at 40. They test their fitness, and examine the disastrous consequences of their horrific diet [VT cuts to children being measured and weighed and undergoing medical tests]. These results are inputted into an advanced graphics package, it creates an image of how the children will look as they age all the way up to 40.

Drawing on work on contemporary surveillance by Aas (2006: 154), shows like *Honey, We're Killing the Kids* draw on techniques that translate the collection of body data 'into information patterns', for example, the weight of the children is transformed into a body mass index (BMI) classification (e.g. medical category of 'obese'). Within an obesity assemblage, their children's bodies become 'hybrid' constructions, wherein their food choices, activity levels and weight are variously monitored and recorded as discrete observations, then 'reassembled' and 'abstracted' (Haggerty and Ericson, 2000: 611) into a statement about their lifestyle, their status of health and susceptibility to future risk. Contemporary media associated with obesity frequently employ these techniques of 'somatic surveillance' (Monahan and Wall, 2007) such as the monitoring of weight, whereby the complexities of participants' bodies are 'abstracted' and 'stratified into information' (Haggerty and Ericson, 2000). Another example *par excellence* is *The Biggest Loser*, which involves overweight contestants who are competing to win prize money by losing the highest percentage of their starting body weight. These techniques reduce 'the complexity and chaos of an ever-changing multiplicity of bodily flux to

discrete categories of meaning and constancy' (Malins, 2004: 86). In this sense, the 'corporeal fused with the technological' produces 'truth' (Aas, 2006: 153) categories which are abstracted with such certainty that medical experts reduce the complexities of health into a future image of what Sally and Jason's children will look like at 40:

> our team of experts have been carrying out tests on them [the couple's children] which allow me to give a very accurate picture of how they will look at 40. (Kris)

> The medical tests reveal that Alex is overweight and Josh is obese … Sally and Jason are poor role models in many ways.

Thus one might conceptualize the subjects of reality media who are surveilled and stratified in this way (e.g. as obese/overweight) as 'an ephemeral entity: a machine that exists only in the event, in its moment of connection' (Malins, 2004: 88). Josh and Alex's bodies come to exist in the assemblage as a future truth, potentially already diseased and ill, through which a 'complex rhizomatic flow of multiplicities reduced to a single grid of social strata' (Malins, 2004: 86). The information about Josh's weight, height and other flows of information 'exist prior to any particular assemblage' but through the bringing together of particular discourses of obesity (and associated risk), expertise and bodies, resultant categories are 'fixed temporarily and spatially by the assemblage' (Malins, 2004: 88). The subsequent categorization of Alex as 'overweight' and Josh as 'obese' are 'stratifications of bodies both imposed by institutions (of law, medicine, public health, etc.) and undertaken by bodies for strategic (though not necessarily positive) purposes' (Malins, 2004: 88). Broader discourses of impending risk and associated ill health associated with obesity enable the temporal fixation of bodies into categories requiring immediate intervention:

> Narrator: This vision of the children's future means Kris must act immediately.
> Kris: What I must do now is show Jason and Sally what their children will look like at 40 if they don't make some radical changes to their lifestyle.

The use of such technologies reflects the broader trend towards the use of new technologies that subject the body to the process of informatization and digitization (Van der Ploeg, 2002: 59), which 'are proving to be vital to contemporary Governance' (Aas, 2006: 144). These technologies come together in an obesity assemblage wherein the reassembled bodies of participants function to instil a sense of moral panic and urgency through which obesity is understood.

Bad bodies being made

This focus on the relationalities of affect allows us to examine how public pedagogy is specifically enacted through various forms of media and it moves away from the idea that these technologies of surveillance are simply imposed on its subjects. Rather, there is a more complex dialectical relationship which operates in media of this kind; in the space between the fixation of flows and its subjects, one can observe an 'affective circulation' (Walkerdine, 2009) which limits the lines of potentiality.

> A morphed image of their son as an obese adult is shown on screen, at which point Sally is reduced to tears and Jason comments 'Both disgusting. Both fat slobs aren't they. It looks awful. I don't want to look at him ... it's disgusting isn't it.'
>
> Kris to parents: 'But the question is why have YOU let it get to this point?'

Having shown Sally and Jason future images of their children who are badly aged, obese and potentially ill, Kris asks the parents why it is '*you* have let it get to this point', intimating the projected ill health of their children is an outcome of their actions. In this way, the 'affective circulation' (Walkerdine, 2009) of concerns about parental influence on childhood obesity, pass through working class parents in ways which reproduce a sort of 'categorical suspicion' (Marx, 1988 quoted in Lyon, 2002).

In some ways, Sally and Jason might be considered subjects of panoptical surveillance, via the critical assessment of their lifestyle patterns brought about through the capturing of data flows. However, through the 'informationization of the body' (Van der Ploeg, 2002: 58) there is a more complex series of relationalities occurring in media of this kind, which go beyond the simple regulation *of* the subject. As Ahmed (2004: 117) observes, 'emotions play a crucial role in the "surfacing" of individual and collective bodies through the way in which emotions circulate between bodies and signs'. In this way, the modes of regulation and social order which transform body data into categories about lifestyle and health, enter into 'affective circulations' which enact a pedagogical character: the revelation of their 'future child' affectively produces a sense of horror (oh my god) sadness (Sally starts to cry) and disgust (it's disgusting, fat slobs) connecting their children's bodies with signs of 'responsibilization' (Fullagar, 2009) about what they *may have done* to their children's health. Through the surveillant technologies employed, flows of information are thus fixed to an abstracted 'future image of their child', giving Sally and Jason 'sociotechnical feedback' (Monahan and Wall, 2007) not only about health, but information through which they learn to delineate particular bodies (their overweight unemployed child) with particular subjectivities (fat and disgusting). In Malins' (2004: 100) words 'a moral code also limits each body's capacity to form other relations' to the extent that 'that body is reduced to a single line of potentiality and reduced in its capacity to form other relations and to become-other'. Thus, in an assemblage which connects up poor health with the working class 'bad citizen' (Biressi and Nunn, 2008: 15), when Jason is asked what he envisages his children doing as adults, their lines of potentiality are limited, thus he simply replies 'probably not working'. Rather than questioning the future images of their children, or affirming their rights to lead the life they may want to lead, the 'affective circulation' of these categories (e.g. BMI, obese) motivates their 'desire for help' (for better health, and better parenting) and thus support for the very surveillant practices of an obesity discourse which scrutinize and target them as in need of intervention. Since the participants consent to take part in the show, this surveillance is not entirely imposed upon them. However, nor would I argue this reflects a shift towards social control through the take up of pantopican surveillance via technologies of the self for purposes of 'individual transformation' (see Biressi and Nunn, 2008: 23). Instead, following Hier (2003) I examine the 'dialectical' nature of how the assemblage is formed around these media, and the particular cultural desires, and popular forces which '*sustain*'

and legitimize such practices. Specifically, Hier (2003: 407) prompts us to examine 'the role that surveillance practices in terms of the mutual conditioning of synoptical forces and panoptical desires have to play in the formation of processes of social control'.[3]

Assemblages of policy and performative pedagogy

To help probe this surveillant dialect, Giroux's (2004a, 2004b) work on public pedagogy, tells us something important about how the performative workings of assemblage rely upon its connection with institutions and particular ideologies. In this case, an obesity assemblage is not 'ad hoc' but part of power relations, desires and wider political strategies concerned with parenting, class and discourses of risk (see Evans et al., 2008b).

In the UK, government policy on obesity emerged concurrently with public panic around the protection and vulnerability of young people. A significant moment in the development of this discourse was the case of Victoria Climbié, a young girl who was horrifically abused and murdered by her guardians in England. Such was the moral panic over the failure of relevant services to identify the abuse, it led to a public inquiry and a number of public reforms. This included the *Every Child Matters* (ECM) policy initiative which set out five key outcomes for children and young people including: being healthy; staying safe; enjoying and achieving; making a positive contribution to society; and achieving economic well-being. To achieve this, the intention has been to ensure that organizations who work with children were to take a more integrated approach and work more closely with each other. The Children's Act 2004,[4] quickly followed ECM, granting the UK government power to set up an electronic database, which tracks and holds information on children in England and Wales known as *Contact Point*. However, ECM went much further than change and improvement to the child protection system as initially conceived. The Laming (2003) report made clear that child protection could not be 'separated from polices to improve children's lives as a whole'. Consequently, the ECM policy sought to establish:

> a framework for services that cover children and young people from birth to 19 living in England … It aims to reduce the number of children who experience educational failure, engage in offending or anti-social behaviour, suffer ill health, or become teenage parents. (DfES, 2003: 6)

Consequently broader concerns such as children's health were tied into a policy constructed through discourses associated with moral panic about serious cases of child abuse. Indeed, many of the obesity policies in the UK have been formed specifically to address the targets of ECM. The Government not only assigned a greater need to monitor and protect children from the risks of ill health or future anti-social behaviour, but highlighted the lack of integration and sharing of information between discrete systems as a reason why child protection may have failed in the past. This created a discursive dichotomy through which surveillance should be used to identify potentially 'healthy' and 'safe' children, against those who might be 'at risk', or on the social margins (for example those who fall foul of bad parenting). 'Parents' were thus identified as the most important influence on children and young people, accompanied by a range of initiatives to help teach people how to parent.[5] However, as Clements (2006) notes:

> By conflating the alleged dangers associated with mobile phones, bullying and obesity, with cases of serious abuse, we exaggerate both the gravity and the extent to which children and young people are exposed and made vulnerable to innumerable risks to their welfare.

Parental failure, social class and its association with 'risks' beyond those serious cases of abuse were thus conflated into the same discourse. This discourse has mobilized thinking around obesity, for example, driving the calls for obese children to be removed from their parents and placed into care (Sherman, 2008) and the growing emphasis on 'families' within obesity and health policy (e.g. Change4Life).

'I see her being obesed': affect, public pedagogy and reality television

Against this broader political backdrop, wider social anxieties about the vulnerability of children and the need for protection, the failures of parenting and the medical and institutional authority which moralizes and constructs obesity as a threat of epidemic proportions are brought together to form a 'dialectical constitution of surveillance' (Hier, 2003: 406). This language not only curtails critique of such interventions (for who in their right mind would contest measures to check the rampant spread of 'disease') but also paralyses more searching analyses of the antecedents of ill health (*Honey, We're Killing the Kids* 'why have *you* let it get to this point?'). Through these interdependent connections, an assemblage is formed, residing at the intersection of a 'multiplicity of heterogeneous objects, whose unity comes solely from the fact that these items function together, that they "work" together as a functional entity' (Patton, 1994: 158, quoted in Haggerty and Ericson, 2000). As these objects come together, the assemblage creates the space within which particular versions of public pedagogies on health, weight and childhood risk can function. Using the concept of assemblage in this way thus allows us to 'to think of pedagogy not in relation to knowledge as a thing made but to knowledge in the making' (Ellsworth, 2005: 1).

From lifestyle expert to public pedagogy

A growing body of work alludes to the role the reality TV 'lifestyle expert' (Biressi and Nunn, 2008; Lewis, 2007; Wood and Skeggs, 2004) might play in this process of knowledge making. Expanding on this work, I would argue that the instructional format of weight/health related media, invoke not only lifestyle expert, but also announce public pedagogues. Often the role of these pedagogues is to provide accompanying feedback in relation to stratification of bodies: 'body-monitoring systems translate corporeal information into data, relay this bodily data across information networks, and allow for the intervention of feedback mechanisms upon bodies. In other words, they lend themselves to surveillance functions' (Monahan and Wall, 2007: 162).

In *Honey, We're Killing the Kids* experts are public pedagogues who give families an instruction manual and rules to follow: 'to tackle each family's problems, Kris devises a set of golden rules. The rules are designed to motivate the families into changing their poor habits' (BBC website). Another example can be found in the UK 2008 reality show *Jamie's Ministry of Food*, hosted by celebrity chef Jamie Oliver. At this time, Oliver was not only

recognized as a celebrity chef, but had evolved into somewhat of a political figure following his TV campaign for increased government funding for school dinners.[6] The success of that campaign in many ways reflected how popular media have the potential to 'shape public consciousness, legitimize specific political agendas' (Giroux, 2008: 7). As a public figure deemed to influence government policy, Oliver was well placed to be announced as a public pedagogue, deemed to be an 'appropriate provider and evaluator' (Berstein, 2000: 78). Subsequently, in his more recent programme, *Jamie's Ministry of Food*, Oliver takes up a more explicit 'instructional' narrative, in which he attempts to *teach* residents from the town of Rotherham (former mining town, northern England) 'how to cook' with the hope that in a pyramid effect, these individuals would then teach others. Jamie's rationale for the programme is a concern that a deficiency in cooking knowledge is contributing to obesity:

> We Brits have one of the highest obesity rates in Europe; we love our ready meals and take-aways and seem to be eating more of them than ever. We really seem to have lost the plot a bit when it comes to passing on our cooking skills from generation to generation – so much so, that some of the people I met in my cooking classes while filming the TV show didn't know how to mash a potato. (http://www.jamieoliver.com/jamies-ministry-of-food)

In this example, body data on BMI other informational flows are captured and 'striated' (Haggerty and Ericson, 2000) into obesity charts and so on (highest rates in Europe), constructed into risk and form the basis for intervention by Jamie. However, it is notable that the majority of the families selected are from socially deprived or impoverished backgrounds, reflecting the current pathologization of the working classes within obesity discourse. As Evans et al. (2008b: 117) suggest,

> contemporary concerns around obesity are but a modern variant of earlier eighteenth and nineteenth century child saving crusades whose primary concerns were the regulation of deviant populations among women and the working classes rather than amelioration of the antecedents of social disorder and its attendant ill-health.

Taking on the role of 'lifestyle expert' (Lewis, 2007) Jamie visits the homes of the families, inspecting the content of their fridges and cupboards and teaches them how to cook healthier meals. During one episode, Jamie comments: 'I know I sound annoying, but I'm enriching these people's lives by teaching them this!' Much of what Jamie teaches the participants, comes to guide how the participants come to make sense of the categories within which they are stratified. The following excerpt involves Natasha, one of the regular participants of the show, a working class unemployed mother of two.

Narrator:	Natasha has just picked up the fourth take away of the week, and it's only Tuesday!
Jamie Oliver:	why is that, you never got taught to cook at home or school? [Natasha is shown feeding her five year old daughter kebab and chips on the floor]
Narrator:	Natasha has never cooked a meal for her children, dinner is nearly always a kebab.
Oliver:	and what happens if you don't do nothing about it?
Natasha:	I see her being obesed [places her head in her hands] ... I see her being really really unhealthy … really … and it's not good.

Natasha's affective responses reveal 'how the fusion of synoptical forces and panoptic desires contribute to the reinforcement of already existing social fractures' (Hier, 2003: 409). The affective – her feelings 'as a parent' – connect with wider social anxieties about how best to protect one's child from obesity – 'I see her being obesed'. Natasha's understanding of her child's body and its future 'function or potential or "meaning" becomes entirely dependent on which other bodies or machines it forms an assemblage with' (Malins, 2004: 85). Her child's body is understood through the function it performs within an assemblage of discourses of risk, obesity and health and its association with parental care. She recognizes her child as the 'obesed subject' and her parental impact on this, because of the way her child's body connects up with medicalized discourses of obesity, and is thus 'stratified' into a medicalized category – 'the obesed'.

Rhizomatic flows of sanctioned health behaviour

The routine surveillance of women like Natasha, reveal what Walkerdine (2009: 201) describes as 'the affective circulation of the concerns about health and its regulation [which] passes through the figure of [working class] mothers in ways which are consonant with the production of practices of feminine nurturance'. While the moral discourse of mothers has been documented elsewhere in reality TV research (Ringrose and Walkerdine, 2008; Wood and Skeggs, 2008), the surveillant assemblage helps us to probe the complex dialect through which this is enacted. As Malins (2004: 88) observes 'these territorialisations are also never fully complete: a living, desiring body will always form new assemblages that have the potential to transform it and its territories'. In certain moments Natasha expresses a desire and responsibility (see Fullaghar, 2009) to change her parental habits and better care for her daughter:

Natasha: Do you want to see my sweet drawer ... this is shocking
Oliver: Give me the low down then, cos the fact that you've let us turn up shows that you're open minded
Natasha: I'm sick of this, she's not healthy .. [points at daughter]

However, within a complex obesity assemblage spaces also arise for agency to be announced, and resistances occur. Dislocations can arise, for example, between what Evans et al. (2008a) refer to as 'sacred' (state sanctioned 'scientific') health knowledge/s and 'profane' knowledge/s integral to an individual's lived experience given by their culture and class. In some cases, individuals may develop what Deleuze and Gutari call 'lines of flight' which move away from the particular surveillant assemblages which seek to organize them. As one woman in *Jamie's Ministry of Food* explains to Oliver 'The thing with you, Jamie, is you live in a bubble. You've got no bloody idea what it's like for us.' Thus while reality media may function as public pedagogy, it offers no guarantee that sanctioned preferred behaviours (for example, relating to food or exercise levels) are adhered to. In another episode Jamie returns to Natasha's house to find that she is once again feeding her daughter cheese-chips. 'Sorry, I'm just embarrassed', Natasha says eventually. 'I don't know how it gets like this. I really try with money, I do.' Jamie, looking confused replies 'Look', he begins, 'I'm not going to say to you that

I understand, because ... well, erm, I don't.' Natasha gets tearful, and explains that during the week she had spent all of her benefit money on bus fares and overdue bills, and had little left to buy the ingredients for the recipe that Jamie had taught her. As Jamie stands in the kitchen Natasha cries. 'Come here', he says, moving towards her to hug her. 'Get off', she says, pushing him away.

Natasha's rejection reveals how public pedagogies such as those functioning with *Jamie's Ministry of Food* can be at odds with the realities of individual lives when health is abstracted from the social contexts which shape it. In this sense, an obesity assemblage not only captures particular flows of information, but may also 'redirect or block its flows of desire' (Malins, 2004: 89). For example, the class association of food choice is given little regard in *Jamie's Return to School Dinners* when he routinely inspects teachers' and children's bags for junk food, telling one young teacher caught with junk food 'That's no way to live, darling. You've got to have some pride in yourself.' There is no acknowledgement of the cultural value that chips (albeit in the British context) as 'a white working class food' might have for Natasha, or that they might 'be cheap and filling' (Walkerdine, 2009: 202) thus meeting her financial needs. Its public pedagogy is instead infused with what is now recognized as an acculturation towards middle class values within reality TV (Biressi and Nunn, 2008; Wood and Skeggs, 2008). In another episode Jamie congratulates one family who have bought a dining table (no longer eating off trays) and for giving up takeaways because they could 'no longer stomach the "oily taste"'. The visceral desires towards and affective pleasures of 'oily foods' are blocked and subject to moral intervention. Thus rather than theorizing these interventions as *imposed* or *regulated* by neoliberal ideals of 'responsible individualism, consumerism and self improvement' (Biressi and Nunn, 2008: 20) I am interested here in how the obesity assemblage functions through these rhizomatic flows which are captured or blocked. As Malins (2004) observes 'by doing away with (or, more accurately, ignoring) the force of bodily relations, they support the production of subjects who understand and identify themselves in relation to the terms of these knowledges'. Thus, the shows' participants came to know themselves in relation to dualistic body knowledges which 'abolishes multiplicities and variation' (Malins, 2004: 100); as either fat or thin, healthy or unhealthy, failing or morally right/wrong.

Exploring these flows helps us explore questions like – what happens then to those bodies like Natasha, who cannot or will not comply with the expectations, expressions and habits espoused in these discourses and fall on the negative side of these dichotomies? What of those individuals who resist its pedagogical frame and offer resistance in an effort to avoid the 'abject stratifications' (Malins, 2004: 101) which the surveillant assemblage captures (for example, the mothers who railed against Jamie Oliver's campaigns by defiantly handing chips to children through school gates)? In such cases, the child and parents' desires towards particular taste and dispositions may lead them to seek lines of flight away from external control of their own or their child's body, thus emerging as 'revolutionary becomings' (Malins, 2004: 86) through which 'the body retains its own impetus – an impetus for forming assemblages which allow desire to flow in different directions, producing new possibilities and potentials' (Malins, 2004: 86). But even then, as Malins (2004: 88) argues, 'a body-in-becoming soon re-stratifies: either captured by, or lured by, the socius'. Another of Jamie Oliver's shows, *Jamie's*

School Dinners (2005), perhaps provides further insight. In this four part documentary, Jamie takes responsibility for school meals in a London school, a springboard for his broader national campaign to improve the standard of school dinners. In an episode following up on the original series, *Jamie's Return to School Dinners* (2006), Jamie angrily vents his frustration at families who choose not to follow his advice:

> I've spent two years being PC about parents. It's kind of time to say if you're giving very young kids bottles and bottles of fizzy drink you're a fucking arsehole, you're a tosser. If you've giving bags of shitty sweets at that very young age, you're an idiot.

These discourses not only position individuals as blameworthy, but moralize and decontexualize health inequalities by glossing over the social and structural contexts that come to bear upon this. As Woods and Skeggs (2008) point out, self-management is at the heart of reality television, thus as is revealed in *Jamie Oliver's School Dinners*, a child's diet becomes a reflection of parenting choice, rather than antecedent gender, class, cultural or ethnic localities. Those parents who do not comply with the sanctioned behaviours of the Oliver campaign become the figures through which affects associated with bad parenting choices flow ('you're an idiot') within an obesity assemblage.

Parents such as Julie and Natasta, are not 'bad' but emerge as figures 'becoming bad – or good – in relation to the specific assemblage it forms with other bodies and the specific affect it enables' (Malins, 2004: 97) In narratives such as the one above, one can see how affects like 'hate' are enabled through the assemblages formed around parenting, health and obesity which allow the restratification of 'revolutionary becomings' (Malins, 2004: 97). Ahmed's (2004: 118) observations provide a useful lens through which to make sense of this:

> rather than seeing emotions as psychological dispositions, we need to consider how they work, in concrete and particular ways, to mediate the relationship between the psychic and the social, and between the individual and the collective.

Through the emotions of anger ('tossers and fucking arseholes') parents bodies who seek alternative lines of flight, are thus re-stratified into figures through which affect circulates, via discourses of individualism and healthism associated with obesity (Rich and Evans, 2005) they come to embody the pathological. In *Jamie's Ministry of Food*, Oliver comments on Julie Critchlow, one of the mothers who passed pies and chips through the railings of her children's school, and whom Oliver had earlier referred to in the press as a 'fat scrubber', commenting: 'In my view Julie represents everything that's wrong about our relationship with food in this country.' While Julie engages in lines of flight away from the surveillant assemblage, her body is quickly 'captured by the socius' again through which an 'abject stratification' (Malins, 2004) of her as a 'fat scrubber' or 'junk mum' (Sun, 2006) restates her body as a figure through which particular affects circulate. Rather than being held up as exercising their parental choice, Critchlow and others were quickly vilified in the press as 'junk mums' representing as Oliver comments 'everything that's wrong'. Drawing on work by Ahmed (2004: 136) on affective economies, one can observe how the slide between the figures of Julie and

Natasha as working class parents, and figures who are vilified (the fat scrubber), operates in such close proximity that 'the slide between these two figures does an awful amount of work' through which surveillance functions. These complex flows reveal the rhizomatic nature of surveillant assemblages, which according to Haggerty and Ericson (2000: 615) have no 'centralized structure' but 'grow across a series of interconnected roots which throw up shoots in different locations'.

Conclusion

This article reveals how reality media is part of a proliferation of spaces including leisure spaces, school sites, popular culture, official policy and so on, which are converging and forming interdependent relationships to make obesity discourse an almost boundless 'surveillant assemblage' (Haggerty and Ericson, 2000). In the reality media analysed, the employment of particular techniques of surveillance reflects how a 'new body ontology is emerging, that redefines bodies in terms of, or even as, information' (Van der Ploeg, 2002: 64). These technologies 'capture' complex flows of body information and 'reassemble' (Haggert and Ericson, 2000) them into individualized and simple readings of health. The complexities of health disparities which so strongly come to bear upon health, are often obfuscated in this discourse. Through 'somatic surveillance' (Monahan and Wall, 2007: 162), which translates corporeal information into data, the monitoring of bodies and subjectivities occurs through 'sociotechnical feedback' (Monahan and Wall, 2007: 162). The nature of this feedback however, tended to reflect observations made elsewhere (Lewis, 2007; Ringrose and Walkerdine, 2008; Wood and Skeggs, 2004, 2008) that reality TV positions the working classes as a maligned and 'abject' (Ringrose and Walkerdine, 2008) social category to managed, controlled and 'taught' how to live better lives.

In the examples drawn upon, an assemblage functioned through interdependent connections between parenting, social class and broader political discourses of parenting and risk evident within recent UK policy (e.g. Every Child Matters). This is not to suggest that all media focusing on weight and health are assembled in this way; my intention has not been to garner some overview of media representation of obesity. Indeed, some media may lead to more critical or creative public pedagogies perhaps even disrupting neoliberal discourses on health. Moreover, the response to these media may vary, as illustrated through the actions of the 'junk mums' of Rotherham who resisted the health sanctions of Oliver's campaign, revealing the rhizomatic nature of health surveillance (see also Leahy: 2009). These complexities reminds us that analysing the role of media in the production of *public pedagogies*, one cannot dislocate them from their wider political connections, nor the ways in which the various modes of subjectivity and values are negotiated in these spaces 'within various degrees of iniquitous power relations' (Giroux, 2004a: 60).

Notes

1 In England and Wales, central government has sought joint action from its agencies, the Department of Health (DoH) and the Department for Education and Skills (DfES; renamed the Department for Children, Schools and Families in 2007), to address health matters through policy affecting the whole environment of schools. Many of these initiatives are being implemented as part of a Public Services Agreement Target: to halt, by 2010, the year-on-year increase in obesity

among children under 11 in the context of a broader strategy to tackle obesity in the population as a whole (DoH, 2004). Associated policies and practices are becoming radically interventionist, ranging from adaptations to school health and Physical Education policy, to the threat of obese children being removed from their families and placed into social care (see Sherman, 2008).

2 The use of surveillance technologies grounded in this approach categorizes the body data of children, and transforms these into information such as BMI graphs comparing the levels of obesity in different countries, or average BMI of a school – BMI and healthy school status. This information forms the basis of 'mapping' procedures which pinpoint those deemed most at risk, and thus where intervention should be focused.

3 Synopticism in this sense occurs when 'large numbers of people are able to focus on something in common ... the many have increasingly become accustomed to seeing, and thereby contemplating, the actions of the few' (Hier, 2003: 404).

4 See Penna (2005) for an analysis of the passage of the Children's Act through parliament, and of section 12 which facilitates the establishment of electronic databases to track the progress of all children in England and Wales.

5 It has addressed this through:

> More specialised targeted support is available at the local level to meet the needs of families and communities facing additional difficulties. Types of support offered could include structured parenting education groups, couple support, home visiting and employment or training advice. (DfES, 2003)

6 Following the campaign associated with *Jamie Oliver's School Dinners*, the Government pledged £280 million to improving school dinners over a three year period. Such was the effect of a TV campaign on government policy that the media described it as 'The Oliver Effect' (*Guardian*, 2005: http://www.guardian.co.uk/society/2005/mar/09/publichealth.schoolmeals).

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