

Annals of Leisure Research

Volume 12, Number 2, 2009

Annals of Leisure Research is a fully refereed journal. Each paper published has been refereed anonymously by two internationally recognised reviewers.

Australian and New Zealand Association for Leisure Studies

© Copyright: 2009 Australian and New Zealand Association for Leisure Studies

ISSN: 1174 5398

Annals of Leisure Research Volumes 1–5 were single-issue volumes. From Volume 6, 2003, each annual volume has comprised four issues.

Editorial enquiries should be sent to one of the following:

John Jenkins (Managing Editor)

School of Tourism and Hospitality Management, Faculty of Business and Law,
Southern Cross University, PO Box 157 Lismore 2480 NSW AUSTRALIA

Tel: 61 2 6620 3212 Fax: 61 2 6622 2208

Email: John.Jenkins@scu.edu.au

Ian Patterson (Book Reviews Editor)

School of Tourism and Leisure Management, University of Queensland,
Ipswich, Queensland 4305, Australia

Tel: 61 7 3381 1324

Email: ian.patterson@staff.uqi.uq.edu.au

Subscription details

2009 subscription rates, including postage within Australia and New Zealand:

Individual, corporate, students and international members of ANZALS: Free

Individual subscription: Australia & New Zealand: A\$75; Elsewhere: A\$100

Individual LSA and WL members: discount available.

Library/institutional: Australia & New Zealand: A\$150; Elsewhere: A\$175

All subscription enquiries should be addressed to:

Professor John Jenkins, PhD (Managing Editor)

Head of School, School of Tourism and Hospitality Management,
Faculty of Business and Law, Southern Cross University,

PO Box 157, Lismore NSW 2480, Australia

Tel: 61 2 6620 3212 Fax: 61 2 6622 2208

Email: John.Jenkins@scu.edu.au

Production by Bruderlin MacLean Publishing Services

Printed at Griffin Press, Adelaide

Contents

Neighbourhood deprivation and older adults' preferences
for and perceptions of active leisure participation
• *Michael J. Annear, Bob Gidlow, Grant Cushman* 95

Why do young women drop out of sport and physical activity?
A social ecological approach • *Melinda J Craike, Caroline Symons
& Jo An M. Zimmermann* 126

Negotiating the Policy Imperative to be Healthy: Australian
family repertoires of risk, leisure, and healthy lifestyles
• *Simone P. Fullagar
& Maureen A. Harrington* 151

Homes Away from Home: Registered clubs as leisure
providers for older people living in the Tweed Heads
region of Australia • *Janet Patford & Helen Breen* 172

Book Reviews

Profiles in leadership • *Penny Davidson* 192

Leisure and Aging: Ulyssean Living in Later Life
(4th Ed) • *Bevan C Grant* 193

Negotiating the Policy Imperative to be Healthy • 151

Negotiating the Policy Imperative to be Healthy: Australian family repertoires of risk, leisure, and healthy lifestyles

*Simone P. Fullagar and Maureen A. Harrington, Department of
Tourism, Leisure, Hotel and Sport Management, Griffith University,
Australia*

Abstract • This article offers a sociological analysis of how different lowermiddle income families engage with Australian government health policies and promotion campaigns aimed at reducing the risk of lifestyle disease (eat well, be active). Bringing together sociological literature across the domains of leisure, family, health, and risk we identify tensions between the purposes of health promotion and purposive family leisure. Findings are presented from a qualitative study conducted with 21 adults and children in four families (nuclear, same-sex,

single parent, blended) which identify discursive constructions of family leisure time, health, and risk. Three key themes were identified within the family leisure repertoires that included tensions between purposive health and leisure goals, the importance of emotional relationships, and the calculation of risk and benefit. The effect of class, gender, and sexuality was also evident in different family constructions of leisure meanings, opportunity, and ability to respond to the individualised responsibility inherent in healthy lifestyle policy. Our critical engagement with healthy lifestyle discourses opens up a range of issues for leisure research, policy, and provision that embraces a more complex understanding of the social forces shaping family well-being.

Keywords: healthy lifestyles, family leisure, risk, health promotion, governmentality, Sociology

152 • Negotiating the Policy Imperative to be Healthy

Introduction

This article draws upon risk and governmentality theories to analyse changes in family leisure practices and healthy lifestyle policies that are connected to the new public health agenda of advanced liberalism. Governments in Australia, Canada, the United States, and the United Kingdom have developed a range of policies and health promotion strategies to combat the risks associated with 'lifestyle diseases' (obesity, diabetes, heart disease, stroke, etc.). Across these countries the imperative to adopt healthy leisure lifestyles (physical recreation and nutritious food consumption) has become normalised with a cultural rise of what Crawford (2006) has termed 'healthism'. As a consequence the everyday decision making that parents and children engage in around leisure practices and lifestyle choices has become imbued with moral judgements about the 'risk' (benefit or harm) to one's own and one's family health (see also Petersen & Lupton, 1997; Fullagar, 2002; Crawford, 2006). In this article we aim to contribute to the literature on family leisure by exploring how four different Australian families negotiate the messages of healthy lifestyle policies in relation to their everyday leisure choices and concerns about health and other risks (Shaw & Dawson, 2001, 2004; Palmer, Freeman, & Zabriskie, 2007). In particular we seek to document how different kinds of families create meaning about their leisure practices by drawing upon (or refusing) contemporary discourses of health as an individual responsibility. The contradictory and often conflictual experience of family leisure is well documented in the literature but there has been little exploration of how constructions of risk shape everyday decision making about healthy lifestyles. In this way our qualitative research into the contested meanings of healthy lifestyles also contributes a critical perspective on families' leisure choices to the allied fields of health promotion and family studies.

Sociology of leisure and family life

In this article we endeavour to integrate insights from sociological research on health, family life, and leisure, as these areas have historically developed as separate bodies of knowledge. Leisure research has long recognised that shared family activities that are implicated in healthy lifestyles, like eating, talking, and playing together, are key sites of family making (Freysinger, 1997; Shaw & Dawson, 2001; Henderson & Bialeschki, 2005; Churchill, Plano Clark et al., 2007; Hallman, Mary et al., 2007; Palmer et al., 2007). These everyday leisure practices are facilitated by parents in relation to children's desires, norms of conduct, and their own social biographies that are mediated by class, gender, ethnicity, and age (Shaw, 1997). For instance, African-American parents living in socially isolated and dangerous neighbourhoods use kin

Negotiating the Policy Imperative to be Healthy • 153

ship-based family leisure, low-cost or free organised activities, confinement, and restriction of children's leisure to shield them from 'the risks of the street' (Outley & Floyd, 2002: 162). While the positive aspects of family leisure have been well documented by social psychologists (Cassidy, 2005), sociological-feminist approaches locate family leisure practices within broader gender relations that problematise assumptions about the freedom exercised through leisure and within family relations (Kay, 2000, 2003; Vincent & Ball, 2007). Gender inequities, power differentials (between children/adults, men/women), and material disadvantages that impact on the family as a social entity and its individual members' lifestyle choices have also been identified in the related sociology of health and education literature (Backett-Milburn, Cunningham-Burley et al., 2003; Burrows & Wright, 2004; McKie, Bowlby et al., 2004; Cerin & Leslie, 2008).

Shaw and Dawson (2001) identify family leisure as 'purposive leisure' in relation to the parental intention to increase family togetherness, create lasting bonds, impart positive values, and develop healthy lifestyles. The complexities of family leisure have been explored in terms of mutually contradictory meanings and emotions, as well as the differences between the image of happy families at leisure and the experience of falling short of this ideal (Shaw, 1997; Larson, 1997; Shaw & Dawson, 2004). The notion of family leisure tends not to convey the complexities of its accomplishment nor the intricate connections between family time spent together and issues of health and well-being. Daly's work on family time draws attention to the 'structural contradiction between' what parents ideally want and their 'experience of family time that is typically expressed through disillusionment and guilt' (2001: 283). Like family leisure, the term 'family time' has been used as a self-evident and positively valued aspect of family life and, as Daly points out, a uniform and coherent concept representing a universally desirable goal (2001: 283). Daly identified certain defining characteristics of family time. It bridges the past and present, invoking the past while creating and storing memories of the present to be remembered and cherished in the future. Family photos, keepsakes, and stories capture what Daly calls the 'family paradigm' or 'constructions of their own ideals of what their families should be [and the] narrative

techniques . . . restorying the past and storying the future' (1996: 216). It is these mementos and narratives that sustain families through the disappointments and frustrations of daily life. Not surprisingly, parents place a high value on togetherness and having a positive, enjoyable experience as a family, in occasions such as shared meals, children's bedtimes, and down-time on weekends. In our study we considered how family time was created through purposive choices about healthy lifestyles and leisure benefits.

154 • Negotiating the Policy Imperative to be Healthy

These leisure practices also figure as sites of 'display' where family relationships are performed through actions and interactions that signify familial togetherness to themselves and others (Finch, 2007). Typically, parents find their family time hindered by a lack of time, having negative valence and being mainly in the service of children (Daly, 2001). This work acknowledges the inherent contradiction between the idealised notions of family leisure and how it is actually experienced within families, in terms of tensions and conflict arising among family members, and for parents, with resulting guilt and disillusionment when the experience contrasts so starkly with the ideal (Miller, 1995; Shaw, 1997; Daly, 2001). Although social and personal tensions in family life have been explored in leisure research there has been surprisingly little engagement with sociological theories of risk. Our examination of the relationship between family leisure practices and healthy lifestyle ideals highlights the need to consider how different 'risk' discourses work to shape the exercise of 'freedom' in contemporary family life. Our research on leisure extends similar sociological work by Backett-Milburn (2004) who examined how families in the United Kingdom negotiated risk in their everyday relationships and choices. Leisure researchers have begun to critically engage with the new public health agenda of industrialised nations (Godbey, Caldwell et al., 2005; Henderson & Bialeschki, 2005; Stewart, Parry et al., 2008) and we build on this work to consider how families interpret health messages while pursuing a range of purposive goals.

Governing healthy lifestyles

The popular media and public policy increasingly warn citizens about the health risks of pleasurable excess (eating too much food leading to overweight and obesity) or the lack of self-discipline in leisure time (low physical activity levels) (Petersen & Lupton, 1997; Fullagar, 2002; Gard & Wright, 2005). In Australia, like the United States and the United Kingdom, there are national school- and community-focused programs and media campaigns aimed at encouraging a *Healthy Active Australia*, (<http://www.healthyactive.gov.au/internet/healthyactive/publishing.nsf/Content/home>) along with strategies promoting *Healthy Weight*. Policy initiatives also work at the state and local government levels, such as the Queensland *Eat Well, Be Active* campaign and the Brisbane City Council's *Active and Healthy Cities*. Policies purposively deploy highly individualised approaches to health promotion to target individual (parents and children) behaviour change through interventions aimed at increasing incidental and recreational activity. For example the purpose

of the 'find your 30 minutes a day' campaign is to stimulate awareness about health risks and the benefits of activity via a range of suggested activities

Negotiating the Policy Imperative to be Healthy • 155

from walking, family games, and sport (Queensland Government, 2007).

Elsewhere we have provided a detailed policy analysis of these health, leisure, and risk discourses (Fullagar, 2009) which has led us to consider how different kinds of families respond to such messages in negotiating their lifestyle choices in particular social contexts.

The concept of risk has become commonplace in the social science literature since theorists such as Beck (1992) have argued that late modernity can be characterised as a 'risk society'. Different theoretical traditions have moved sociological thinking about risk in new directions and have opened up critical questions about how contemporary social problems, such as the rise of 'lifestyle diseases' are addressed. In contrast to Beck's early work the emergence of a Foucauldian governmentality perspective (Foucault, 1991; Lupton, 1999; Rose, 1999, 2007; Dean, 2007) places less emphasis on 'society' as a definable entity and explores the politics of risk through the discourses and social institutions that mobilise particular meanings and shape everyday practices (e.g., leisure, health, work and unemployment, and drug use). Both sociological perspectives agree that risk is not simply a technical, value-free concept, but rather has become pervasive in shaping everyday ethical practices concerning what we do and how we are to live. As Nikolas Rose (1999) argues, lifestyle decisions are not simply private matters but rather they are part of a contested 'life politics' where competing moral codes, ways of valuing identities and organising everyday practices are negotiated by different individuals and groups within market-based liberal democracies (see also Rojek, 2005). A governmentality perspective enables us to consider how leisure and lifestyle as objects of health promotion interventions are articulated through particular discourses that shape our thinking about risk, moral conduct, and family life.

Rather than assume the 'state' is a singularly powerful governing entity, Foucault (1991) and other theorists (Dean, 1999; Rose, 1999) argue that power is dispersed through a range of state-funded, third-sector, and allied agencies that 'govern at a distance'. These institutions work to promote healthy living through a range of discourses that circulate medical, epidemiological, social, and individualised truths about the causes and consequences of illness. Social institutions, such as schools with their prevention programs and physical education, have been repositioned to 'govern at a distance' children's engagement in active leisure through risk-saturated discourses about 'rising' rates of obesity (Foucault, 1991; Burrows & Wright, 2004; Gard & Wright, 2005). A governmentality perspective moves beyond the commonsense notion that the prevention of illness through 'eating well and being active' is simply a good message for the population or at least has benign effects (Petersen & Lupton,

156 • Negotiating the Policy Imperative to be Healthy
1997). Kline (2004) argues that risk discourses about overeating and inactivity have emerged out of a new culture of fear that underpins the moral panic about obesity. Individuals are paradoxically positioned as free agents who are also morally responsible for the consequences of their lifestyle choices in a market economy that primarily promotes pleasure in consumption not moderation (Coveney & Bunton, 2003). In this way we can understand how new public health discourses of lifestyle change work to shape and guide the 'conduct of individual conduct' through leisure as a domain of 'free choice' with the political, social, and economic milieu of advanced liberalism (Foucault, 1991; Rose, 1999). By advanced liberalism we refer to the specific liberal style of government and political rationalities that produce notions of democratic freedom characterised by globalised economic relations, individualised risk management and the rise of biopolitical interests in regulating forms of life (Dean, 2007).

The conduct of family leisure is situated within this broader biopolitical context where individual bodies are subject to regulation, discipline, and risk management in the name of improving population health (and thus security and economic productivity) (Foucault, 2007). The exercise of freedom through family leisure choices can be understood to be produced within these relations of biopower that intersect with particular class, gender, and ethnic identities and assign moral responsibility for health and well-being to parents in certain ways. Although leisure research has begun to recognise the experiences of different kinds of families (Bialeschki & Pearce, 1997; Freysinger, 1997; Backett-Milburn et al., 2003) there is a need to further understand how social difference shapes family responses about responsibility for the prevention of health risks. Power-knowledge relations informing health promotion campaigns intersect with largely middle-class, white norms about how to conduct a healthy life and be a socially valued family (Vincent & Ball, 2007). However, the meanings of health and family are not ahistorical, nor self-evident, and hence dominant norms are also contested and resisted in the practices and truths that are performed through everyday practices of freedom (Rose, 1999). Within the context of advanced liberalism the exercise of freedom is closely tied to the expectation of individualised responsibility. Parents are expected to be 'responsible citizens' who act purposefully to minimise potential health risks to children and maximise their educational, employment, and social aspirations (Vincent & Ball, 2007).

The healthy family lifestyles study

In the last few years there has been an intensification of public and political debate over how to promote a 'healthy active Australia' in response to reported

Negotiating the Policy Imperative to be Healthy • 157
trends about increases in population obesity and overweight (Queensland Government, 2007; <http://www.healthyactive.gov.au>). Our research project emerged out of this context as we aimed to investigate the responses of different

kinds of lower-middle income families (i.e., those in the 4th and 5th lowest income deciles) to the policy imperative to 'eat well and be active'. In particular we were concerned that much of the health promotion literature on lifestyle change failed to grasp the everyday meanings of leisure and tended to view individuals' 'resistance' to lifestyle messages as a failure to exercise responsibility. To counter the blame that can ensue from such constructions of leisure or lifestyle choice our project sought to analyse family interpretations of healthy lifestyle messages in the context of their own socially situated repertoires of leisure, risk, and health.

In 2006–07 a qualitative study was conducted with four families that included seven parents and 14 children in the southern suburbs of a major Australian city on the east coast. Ethical approval was granted by the university's Human Ethics Committee and pseudonyms have been used to describe participant names. Families were recruited to talk about their 'leisure practices' from community newspaper notices, email notices, and flyers distributed through local networks. The researchers conducted semi-structured interviews with all the adults, while a research assistant interviewed six children. During the research team's visit to each family's home, interviews with adults were conducted simultaneously but individually, and if more than one child was interviewed the interviews were done together. Open-ended questions were asked that probed the different leisure practices undertaken by individuals and as a family, their perceptions of healthy lifestyle issues and messages, issues that prevented them from engaging in leisure and notions of risk, as well as changes they would like to see in their community that would better support healthy family lifestyles. Interviews were fully transcribed except for the interview with one father, Elvis, due to equipment failure. Transcripts were sent back separately to each participant in the family, including the children, to check for accuracy and no changes were made by participants. Nvivo qualitative software was used to undertake an initial analysis of key themes across the family interviews and integrated family narratives were also created for each family group by bringing together the different comments of adults and children. In presenting the findings of the study first we present the integrated family narratives not as a complete story, but rather as a glimpse into the social biographies of different family groups. Second, we offer a thematic and discursive analysis of the interviews to identify the rationalities that shaped family repertoires of leisure, healthy lifestyles, and risk. This level of analysis was undertaken to examine how family members produced

158 • Negotiating the Policy Imperative to be Healthy
meaning about healthy lifestyle choices through language available to them (Potter & Wetherell, 1987; Rich & Evans, 2005). We also acknowledge our own position within the research process and the subsequent co-construction of meaning that is produced through our retelling of these stories (Alvesson & Skoldberg, 2000). We do not make claims about the generalisability of our findings nor do we seek to represent some unchanging truth of family life (Stacey, 1996). Rather we aim to draw attention to the relational nature of

meaning that is discursively produced about health, risk, leisure, and family lifestyles (Thirlaway & Heggs, 2005).

Health imperatives, family leisure, and well-being

A major theme identified across the four family narratives related to the tensions that arose between the awareness of healthy lifestyle messages about being active and eating well, and the desire to engage in family leisure experiences that generated different meanings. Leisure was a significant site through which families negotiated the pleasure and conflict of togetherness, alongside the perceived risks and benefits of lifestyle choices. We have drawn upon the adult and child interviews to identify how these Anglo-Celtic family leisure repertoires are also connected to their specific social context (i.e., their class, gender, sexuality, and family type). We have given each family a pseudonym that suggests how they (and we as researchers) articulated a family leisure identity: the Parks, the Keepfits, the Riders, and the Karaokees.

The Keepfit family consists of sole parent Kerry, aged 49, who works in education and her four sons, of whom Harry, 15, and Jack, 10 (youngest), were interviewed. They live in an outer suburban area in their own modest home with a very large backyard where they ride motorbikes, keep chickens, and have a swimming pool. The Karaoke family is a blended nuclear family that lives in a low income area of Brisbane in rented housing. Dan, aged 39, has an illness that prevents him from working full-time in his trade as a mechanic, while Barbara, 38, undertakes home duties and struggles with the health issues of sleep apnoea and overweight. They have two children, a teenage daughter aged 13 (not interviewed) with a serious neurological condition that caused rapid weight gain and sleep apnoea, and a younger son Scott aged 10. The Parks family can be characterised as a middle-income, nuclear family with six children aged from one to 17 years old. They hold Christian beliefs, make financial sacrifices to send their children to private schools and rent a two-storey fibreboard house with a backyard in the middle suburbs of Brisbane. Father, Elvis, aged 38, works full-time in a white-collar job and mother Maree, 37, has primary home duties with limited casual work. Daughters Clare, 15, and Louise, 11, were interviewed together. The Rider

Negotiating the Policy Imperative to be Healthy • 159

family are a same-sex blended family who live in a rented house in a middleincome, inner-suburban area of Brisbane. Melissa, aged 29, is a mature age student with a daughter Jordan, eight (who was interviewed), from a previous relationship, and the other parent Kate, 32, is employed full-time. Melissa identified herself as previously having been obese for a number of years. Kate has a non-biological child (aged four) who does not reside at their home, but has regular visitation every second weekend for three to four days. Kate and Melissa have been living together for one year and identify their family as consisting of themselves and the two girls.

All the adults and children in all four families were aware, to varying

degrees, of the importance of adopting healthy lifestyles including public health messages about eating well (fruit and vegetables, balanced diet) and being active (regular exercise, physically active choices) (see Fullagar, 2009). Through their desire to engage in healthy lifestyle practices all the families positioned themselves as morally responsible citizens despite the constraints of their socio-economic backgrounds. Being willing to listen to individualised healthy lifestyle messages and governing their bodies through this awareness they appear to be 'ideal' neo-liberal subjects (Petersen & Lupton, 1997). Three of the four families identified some lifestyle changes that they were currently implementing in response to issues of overweight for either adults or children. Kerry Keepfit felt that the current promotion efforts to address obesity were a 'panic' response and because she had always embraced 'hippie' ideas about healthy lifestyles she was not planning to change their leisure or eating practices. Hence in this article we have focused less on the Keepfit family and more on the other three families who were actively negotiating the policy imperative to become healthier. While each family attempted to practise healthy lifestyles they were strongly motivated by purposive leisure practices that expressed a family identity of togetherness, care, and collective enjoyment (Finch, 2007). For example, the Parks family described the importance of leisure time to be together in relaxed public spaces close to home or at their favourite regional park in the city. Maree Parks (mother) states: Going to the park, which we do mostly together, is really important because that's just all family time, we love doing stuff together, that's just the sort of family we are . . . [we have a] picnic lunch or afternoon tea . . . and just play on the swings . . . we might take a soccer ball.

The Parks family emphasised the importance of family leisure as a means of creating time for emotional connection, rather than to reduce physical health risks. This family was less interested in encouraging their children to

160 • Negotiating the Policy Imperative to be Healthy
pursue individual sports or interests outside of school that took them away from shared family time. They sought out shaded local and city parks where the different ages of their children could be accommodated through informal activity with little cost, with amenities available, and they felt were safe spaces. They also equally valued non-active pursuits such as playing board games and computer games at home, as well as involvement in the Church community as sources of emotional connection and belonging between family members.

In relation to healthy lifestyle issues the Parks family had not changed their leisure practices to include more physical activity, as the parents felt they were doing enough with their six children. Each parent identified father Elvis's overweight as an issue and they were trying to make better food choices that included Maree changing the meals she cooked so the 'whole family' could benefit. The other health issue that had impacted on the family's well-being was the eldest daughter's major depression that had lasted several years. This

had caused emotional tension and required much parental attention (particularly from Maree) which affected the whole family. Like in other studies it was evident in our research that responsibility for facilitating family leisure and healthy lifestyle choices was highly gendered. Maree talked about the lifestyle decisions that she made in consultation with her husband and children for the benefit of everyone, and often at the expense of her own leisure time (Kline, 2004; Jackson, Mannix et al., 2005). For the Parks, family leisure was not primarily organised around the purposive goal of health, rather we could interpret their desire for emotional togetherness through active or relaxing pursuits that embrace the purposive goal of well-being (Shaw & Dawson, 2001). Being healthy tended to be aligned with worklike self-discipline (regulating risk and monitoring eating and activity) which stood in contrast to leisure as purposive time away from pressures within and beyond the family. In a more self-conscious way Kerry Keepfit described her family as active and health aware. Yet she also found it challenging to negotiate gender differences in identifying family leisure preferences as her interests were different to those of her boys. Although they did not have a lot of disposable income Kerry had a large backyard that enabled opportunities for her sons to be active at home while she pursued her own interests in yoga and reading. Harry and Jack, the two youngest sons, spoke of how they enjoyed being active and yet they also struggled with the separation of their parents and an emotional sense of family connection. Not surprisingly family leisure was articulated by Kerry Keepfit primarily as a means of 'doing' emotional connectedness and thus creating lasting memories of family life for her four boys

Negotiating the Policy Imperative to be Healthy • 161

The intimacy of doing things together, you have that warmth, so they are more likely to talk to you . . . it is quite a precious thing, they do not necessarily always appreciate it at the time, but later on they look back and think that was fun when we did that together, they have some memories.

The Keepfit family identified with dominant healthy lifestyle messages and had practised the 'eat well, be active' ethos for a long time. However, for both the sole parent and two boys it was the emotional meaning of family leisure that was described as difficult to create and sustain in a family where parents lived apart with minimal contact.

In contrast Barbara Karaoke spoke at length about the difficulties of creating opportunities for family leisure on a low income and when different family members were struggling with a range of health problems (sleep apnoea, overweight, and neurological problems). It was difficult for the Karaoke family to view health as primarily a positive value when they were experiencing the effects of ill health and attempting to engage in preventative actions. For Barbara her embodied experience of health risk and sense of responsibility for her daughter raised her awareness of the need to change aspects of the family lifestyle:

I mean I am thirty-eight and I have had chest pains and stuff like that, so I think I either have to slow down and learn, or face health problems . . . I mean

for my daughter as well because she is 127 kg, only six months ago she was 112 kg . . . we have had like issues with her health where we have locked the fridge and we have not bought this kind of food. But then my husband and son were allowed that food, but me and my daughter could not because of the fat So we try to all do the health thing

Barbara said that she felt a lot fitter being active and less lethargic, but she still struggled with snacking and had to hide this from her daughter. Dan also talked about how the family now bought low fat foods (although healthier food strained the family budget more) and incorporated active choices into everyday life, particularly in relation to their daughter:

We really hassle her to exercise, otherwise she just would not get out the door . . . we encourage her to do some things by herself so she does not end up slightly agoraphobic, and the rest of the time we get out and do it with her, go for a ride or go with her for a walk with the dog, or if she wants to go to a friend's we will walk over there with her instead of driving . . . but it is hard to get them into action. It needs to happen otherwise there would be no exercise at all.

162 • Negotiating the Policy Imperative to be Healthy

In this example Dan identified the disciplined 'health work' involved in motivating (often creating conflict) his daughter to be active as being very different to the relaxed leisure pursuits that enable family bonding. The Karaoke family were also highly conscious of the limited income they had to spend on food and healthy lifestyle choices, which meant they did not 'eat out' and children's leisure choices had to be 'earned' through a 'rewards' system related to good behaviour and household chores.

Although like the other families, shared leisure was a significant site for creating positive, inclusive, and memorable experiences, as Barbara said:

We go to my best friend's house . . . and we usually have a BBQ or just have a singalong. She has the microphones and I have the amp, with all the children, nieces and nephews We are karaoke junkies What do I enjoy about karaoke? trying to help people with self-confidence, they might feel like they cannot sing but . . . if they need help with their singing, you know from a young age to the elderly I will get up there and I'll say come on let's give it a go . . . there is no judgement.

The Karaoke family had to work hard to regulate their active participation and healthy eating, which contrasted with the pleasure of family time spent together relaxing and enjoying each other's company. Family leisure also helped Barbara to feel like a more valued mother as she created positive experiences for her children that enhanced their emotional well-being and social behaviour. For the Karokes the effects of class on family lifestyle was very evident in the comments made about the cost of healthy food and the prohibitive cost of organised leisure pursuits. This was also significant in the other families; for example, only one boy in the four family stories played organised sport outside of school. The emphasis upon individual responsibility for healthy lifestyles within policy has a number of unintended effects on

families. These effects include emotional and financial conflict over the use of limited resources when there is minimal public provision or subsidies for fresh food and community recreation/sport.

Our last family, the Riders, identified themselves as interested in being active, eating well, and trying to maintain healthy weight for all of them. Melissa described herself as a sporty person and yet when she became a single parent several years previously she had struggled with obesity that was compounded by sexual identity issues. With the support of her new partner Kate she had made major lifestyle changes in the last year. Melissa talked about this:

Negotiating the Policy Imperative to be Healthy • 163

I was morbidly obese two years ago. And it was watching my then six-year-old daughter going down the same path that got me I relied on the school system for her Year one, and thought that they were going to teach her how to eat healthy and exercise and all that, then I realised that its all gotta continue at home as well I remember one day running down with my daughter to the letterbox and back, probably a five-metre run. And I got back up to the house and felt like I was just going to keel over, everything was thumping in my neck and it just made me realise that was the lifestyle I was imparting on her. . . . I felt like, she can't grow up like that. She needs to see the wider world and needs to see that there are things outside of the house that don't include TV and eat the right foods and all that sort of stuff . . . we [or rather Kate] instilled in her that being physical and eating properly, and that's been for me too.

Melissa talked about the embodied feeling of health risk that was generated by physical activity and her feelings of guilt and responsibility as a mother. Yet it was the emotional and parenting support derived from her new family relations that enabled change, rather than being identified 'at risk' by her doctor. Focusing developing family relationships may also have been connected to Kate's ongoing health issues that affected the family's ability to be active, along with ongoing emotional tensions around child custody of the non-resident child from her previous relationship. Eating out was an important family ritual of care for the Riders and an opportunity for the parents to observe and guide their children to make healthy food choices. Eating out also allowed them to 'display' themselves as a same-sex 'family which works' in a public place (Finch, 2007: 75).

Melissa Rider talked about a range of leisure sites where the performance of same-sex family togetherness in public places was displayed (Finch, 2007). She spoke of how they chose particular activities such as bike riding as a means of performing an active family life:

We save all of the big things that we do for when the four-year-old is here so that we can do them as a family, so that we are all doing them together. Things like, we go for bike rides and just actually recently bought two new bikes . . .

they're family things that need to be completed as a family.

Partner Kate also mentioned this:

We like going out, and hanging out somewhere for no reason . . . it's all about being together . . . the most important to me would be getting out and taking the kids to the park. That's when I relax the most . . . the kids run themselves

164 • Negotiating the Policy Imperative to be Healthy
crazy in the park . . . if . . . [we are] riding bikes. I have the four-year-old on the back . . . and I love that experience.

Bike riding and visiting parks, museums, and cultural festivals for the Rider family often meant negotiating spaces where same-sex families are not readily recognised as a proper family formation (Bialeschki & Pearce, 1997). Family leisure was a means of displaying and subverting 'normality' as heterosexual and feeling 'complete' as a family for themselves. Melissa was particularly conscious of the way other heterosexual families and individuals responded to their own difference, yet she had felt little overt homophobia in relation to their visibility as a non-normative group. The Rider family also attended gay and lesbian family events to demonstrate their own sense of normality to their children and to broaden their social networks.

Central to these different lower-middle-class family narratives about lifestyle practices was the notion of displaying family identity through collective leisure practices performed in the private and public spheres. The importance of family leisure was identified partly in relation to perceived health benefits, but more significantly the purposive value of leisure was articulated in terms of the emotional connection, togetherness, and enjoyment that contributed to a feeling of family well-being. This finding has significance for health policy and promotion campaigns that fail to recognise the range of purposive goals that parents have in relation to family well-being, rather than a more narrowly instrumental view of health benefits derived from activity. It also suggests that health does not necessarily have a positive connotation, particularly for working-class families struggling with health and illness issues or those feeling pressured by a range of worklike obligations that require greater individual responsibility for managing 'lifestyle risks'. The following theme examines further how families draw upon constructions of risk and benefit in making leisure and healthy lifestyle choices.

Calculation of risks and benefits

In making decisions about how to exercise their freedom through leisure and lifestyle practices all families employed the 'calculative' discourses of health promotion aimed at risk minimisation or management. Weighing up risks and benefits, calorie intake, or expenditure are part of an energy in/energy out equation that positioned family members as morally (ir)responsible eaters and exercisers to varying degrees (Coveney, 2006). Only the Keepfit family drew upon a lifelong discourse of healthy living that was less connected to

risk and more to well-being achieved through a less consumerist lifestyle. Modifying food consumption was something the other three families engaged in, and two of these families also participated in more active leisure pursuits. However, while family members struggling with overweight were worried about their own and their children's well-being the changes they were making arose out of both fears about health risk *and* pleasurable experiences that enhanced family life.

Risk discourses also permeated discussions about family members' leisure practices that extended well beyond the domain of health. A discourse of risk management in relation to parental fears about children's leisure was particularly dominant. All parents typically struggled with the desire to encourage their children to be active in their communities (bike riding, walking, informal play) and their desire to keep them safe from dangers (strangers, local paedophiles, drug use and needles in parks, busy roads and traffic). In the Karaoke family leisure choices were made through the desire to regulate freedom by utilising or purchasing 'safe spaces' where children could enjoy activities in a way that was not always available in their local low income community. For example, they saved money to purchase relatively inexpensive (\$99) annual passes to the theme parks on the Gold Coast; as Dan said, 'The children love it, there is plenty for them to do and it is well supervised, which is something we cannot get around here'. The Keepfit family also created a safe family leisure space in their backyard, while the Parks family sought out specific public parks that met their criteria and closely supervised their daughters' independent activities.

As other research has also identified (Outley & Floyd, 2002; Backett-Milburn, 2004), the parents in this project used a range of risk management techniques to regulate or govern children's lifestyle practices. These included mobile phone use to report location, giving regular safety drills to children and their friends, rules about conduct, time restrictions, and not being out alone. In particularly disadvantaged communities, such as where the Karaoke family lived, there was infrastructure to support active lifestyles (parks and bike paths) but these were seen to be risky spaces that children should not use without supervision. Although Barbara knew that the police patrolled the bike paths she worried about the children now and in the future as 'it is quite difficult knowing what is out there . . . you try and drum it into the children and they think they are bulletproof and it is like no you are not!'. This culture of fear governed leisure decisions in all these lower-middle-income families and limited the opportunities that children and teenagers had to explore their communities and move about autonomously (Furedi, 1997). It was also evident that decisions about children's activity lifestyles were highly gendered as more concern was expressed about the need to supervise teenage girls' leisure practices than boys. This gender difference raises the issue of how healthy

lifestyle campaigns overlook how parental fears can come to regulate the freedom that boys and girls have in public places.

The families in this study are positioned within advanced liberalism as a key site of moral regulation with responsibility for children's well-being, healthy lifestyle choices, and rational decision making (Hunt, 2003; Coveney, 2006). As Coveney (2006) argues, everyday food consumption practices and family meal interactions are imbued with a dominant notion of the morally responsible eater (maintaining a balanced diet, being moderate and disciplined in food choices). Extending this argument we can see how the parents we interviewed make choices to govern their leisure practices in particular ways that buy into notions of the morally responsible 'recreator or exerciser' who is central to the promotion of healthy lifestyles. However, this individualised responsibility at the family level brings with it a host of challenges that arise in relation to risk discourses that create uncertainty about the conduct of family lifestyles. Tensions such as adult-child conflict and parental guilt arise between expressed ideals of family life and the practical accomplishment of healthy living (Backett-Milburn, 2000). In relation to the effect of gender, we identified how women assumed greater individual responsibility for healthy lifestyle decisions and family leisure planning, while girls were also subjected to more risk management than boys. Far from being a simple process of rational decision making, we argue that healthy lifestyles are negotiated by different families through normalised morality (being healthy is good self-discipline) and counter practices that embrace pleasure in performing family togetherness (Wright & Burrows, 2004). The family leisure repertoires evident in this study demonstrate different ways of valuing family leisure and constructing everyday risk that provides a critique of the limited health promotion focus on minimising health risk through activity (good and bad choices, responsible and blameworthy individuals).

Conclusion

Our research has identified how family leisure choices, healthy lifestyle practices, and risk perceptions are constructed in relation to class, gender, and sexuality. Despite the dominant focus of health promotion campaigns aimed at changing lifestyle behaviours our analysis suggests that health risk is only one consideration governing lifestyle choices and the experience of family well-being. The desire to embrace healthy lifestyles did figure prominently in these family leisure repertoires along with the notion of being morally responsible exercisers (Coveney, 2006). Yet the material and discursive conditions shaping everyday risk experiences were central to the decisions families made about how they would spend time together for the benefit of chil

dren and adults (Backett-Milburn, 2004). Active living policies and health promotion campaigns that emphasise individual responsibility for 'eating well and being active' assume that all families enjoy the privilege of having

middle-class leisure opportunities and that the provision of community infrastructure or organised sport will lead to higher levels of active participation (Fusco, 2007). It was evident in our research that families found the cost of consuming healthy food and participating in sport or other organised or commodified activities prohibitive. Their decisions were also governed by a culture of fear around children's engagement with public spaces and a range of risk management techniques were employed in the negotiation of freedom and safety (Furedi, 1997).

What families most valued in relation to their different leisure pursuits was time and space for togetherness and its contribution to emotional wellbeing (Shaw & Dawson, 2001). Active living policies do acknowledge the 'mental health' benefits of leisure; however, they tend to underplay the emotional significance of family relationships, and hence meaning, that families derive from active and in-active participation beyond the reduction of health risk. In fact, a number of participants in this study who were struggling with overweight and obesity issues were making changes in their lifestyle practices not because of biomedical discourses of illness or rational calculations of energy consumption and expenditure, but rather because active recreation was part of performing family identity. This sense of family identity was embodied through purposive leisure that was more or less active (we are bike riders, we love the park, we like to keep fit, we enjoy karaoke). The challenge for recreation and physical activity promotion and provision is to better align key messages about healthy lifestyles, and public expenditure on services, with the leisure identity repertoires of families that involve active play and togetherness. Family leisure repertoires were also significantly shaped by parental fears and governed by the families' social location and composition. For example, all families struggled with the high cost of healthy food and active leisure, the same-sex family negotiated their public identity against the context of homophobia, while the single and married mothers often sacrificed their own leisure time to exercise responsibility for family leisure and healthy lifestyle planning. This research points to the need for health promotion policy and recreation provision to further explore the powerful effects of risk perception on participation in public spaces and the further exclusion of low income families from the privatised provision of 'safe spaces'. In addition there is a need for better engagement with diverse family formations through social inclusion policies that include recreation provision and understand the meaning of leisure in creating family time. The current disconnect between

168 • Negotiating the Policy Imperative to be Healthy

the purposive goals of health promotion and those of families could be more reflexively explored through research with families in local communities and providers who work across the key areas of active living (recreation, health promotion, education, community development, and urban planning). Our findings also raise questions for future research about whether other kinds of families (affluent, culturally diverse, Indigenous, those with additional care responsibilities) take up individualised discourses of healthy living or do

they pursue alternative family leisure repertoires (Gilles, 2005; Godbey et al., 2005; Cerin & Leslie, 2008).

In this article we have argued for a more critical examination of the disjuncture that exists between health promotion and prevention initiatives and the leisure and healthy lifestyle experiences of different families. As an applied research project our investigation of family leisure practices revealed how particular discourses of risk and health act to shape the conduct of everyday life in ways that both support and negate policy imperatives. In this way a governmentality perspective offers active living policy makers and practitioners a means of critically reflecting upon the 'truths' that govern the direction of public programs and campaigns, and a means of exploring the everyday expertise that families have about the challenges of participation. Health promotion strategies are likely to fail if they ignore the range of meanings that different families ascribe to leisure practices, recreation spaces, and lifestyle choices. Our research points towards the need to develop a deeper understanding of how individuals and families make sense of competing discourses about eating well and being active with respect to the effects of both local contexts and broader socio-economic structures on the exercise of freedom.

References

- Alvesson, M., & Skoldberg, K. (2000). *Reflexive methodology: New vistas for qualitative research*. London: Sage.
- Backett-Milburn, K. (2000). Parents, children and the construction of the healthy body in middle-class families. In A. Prout (Ed.), *The Body, childhood and society* (pp. 79–100). London: Macmillan Press.
- Backett-Milburn, K. (2004). How children and their families construct and negotiate risk, safety and danger. *Childhood*, 11(4), 429–447.
- Backett-Milburn, K., Cunningham-Burley, S., Davis, J. (2003). Contrasting lives, contrasting views? Understandings of health inequalities from children in differing social circumstances. *Social Science & Medicine*, 57(4), 613–623.
- Beck, U. (1992). *Risk society: Towards a new modernity*. London: Sage.
- Bialeschki, D., & Pearce, K. (1997). 'I don't want a lifestyle – I want a life': The effect of role negotiations on the leisure of lesbian mothers. *Journal of Leisure Research*, 29(1), 113–131.
- Burrows, L., & Wright, J. (2004). The discursive production of childhood, identity and health. In J. Evans, B. Davies & J. Wright (Eds.), *Body knowledge and control: Studies in the sociology of physical education and health* (pp. 83–95). London: Routledge.
- Cassidy, T. (2005). Leisure, coping and health: The role of social, family, school and peer relationship factors. *British Journal of Guidance and Counselling*, 33(1), 51–66.
- Cerin, E., & Leslie, E. (2008). How socio-economic status contributes to participation in leisure-time physical activity. *Social Science & Medicine*, 66(12), 2596–2609.
- Churchill, S., Plano Clark, V., Prochaska-Cue, K., & Creswell, J. (2007). How rural

- low-income families have fun: A grounded theory study. *Journal of Leisure Research*, 39(2), 271–294.
- Coveney, J. (2006). *Food, morals and meaning: The pleasure and anxiety of eating*. London: Routledge.
- Coveney, J., & Bunton, R. (2003). In pursuit of the study of pleasure: Implications for health research and practice. *Health*, 7(2), 161–179.
- Crawford, R. (2006). Health as a meaningful social practice. *Health*, 10(4), 401–420.
- Daly, K. (1996). *Families and time: Keeping pace in a hurried culture*. Thousand Oaks, CA.: Sage.
- Dean, M. (1999). *Governmentality: Power and rule in modern society*. London: Sage.
- Dean, M. (2007). *Governing Societies: Political perspectives on domestic and international rule*. Maidenhead, UK: Open University Press.
- Finch, J. (2007). Displaying families. *Sociology*, 41(1), 65–81.
- Foucault, M. (1991). Governmentality. In G. Burchell, G. Gordon & P. Miller (Eds.), *The Foucault effect: Studies in governmentality*. Hemel Hempstead: Harvester Wheatsheaf.
- Foucault, M. (2007). *Security, territory, population: Lectures at the College de France 1977–1978*. Hampshire: Palgrave Macmillan.
- Freysinger, V. (1997). Redefining family, redefining leisure: Progress made and challenges ahead in research on leisure and families. *Journal of Leisure Research*, 29(1), 4.
- Fullagar, S. (2002). Governing the healthy body: Discourses of leisure and lifestyle within Australian health policy. *Health: An interdisciplinary journal for the social study of health, illness and medicine*, 6(1), 69–84.
- Fullagar, S. (2009). Governing healthy family lifestyles through discourses of risk and responsibility. In J. Wright & V. Harwood (Eds.), *Biopolitics and the 'obesity epidemic': Governing bodies* (pp. 108–126). London: Routledge.
- Furedi, F. (1997). *The culture of fear: Risk taking and the morality of low expectation*. London: Cassell.

170 • Negotiating the Policy Imperative to be Healthy

- Fusco, C. (2007). 'Healthification' and the promises of urban space: A textual analysis of place, activity, youth (PLAY-ing) in the city. *International Review for the Sociology of Sport*, 42(1), 43–63.
- Gard, M., & Wright, J. (2005). *The obesity epidemic: Science, morality, and ideology*. Oxford: Routledge.
- Gilles, V. (2005). Raising the 'meritocracy': Parenting and the individualization of social class. *Sociology*, 39(5), 835–853.
- Godbey, G., Caldwell, L., Floyd, M. & Payne, L. (2005). Implications from leisure studies and recreation and park management research for active living. *American Journal of Preventive Medicine*, 28, 150–158.
- Hallman, B., Mary, S., X Benbow, P. (2007). Family leisure, family photography and zoos: Exploring the emotional geographies of families. *Social and Cultural Geography*, 8(6), 871–888.
- Henderson, K., & Bialeschki, D. (2005). Leisure and active lifestyles: Research reflections. *Leisure Sciences*, 27, 355–365.

- Hunt, A. (2003). Risk and moralization in everyday life. In R. Ericson & A. Doyle (Eds.), *Risk and morality* (pp. 165–191). Toronto: University of Toronto Press.
- Jackson, D., Mannix, J., Faga, P., & McDonald, G. (2005). Overweight and obese children: Mothers' strategies. *Journal of Advanced Nursing*, 52(1), 6–13.
- Kay, T. (2000). Leisure, gender and family: The influence of social policy. *Leisure Studies*, 19(4), 247–265.
- Kay, T. (2003). Leisure, gender and self in the analysis of family. *World Leisure Journal*, 4, 4–14.
- Kline, S. (2004). *Fast food, sluggish kids: Moral panics and risky lifestyles. Working Paper Series*. London: Cultures of Consumption Research Programme, Birkbeck College.
- Lupton, D. (1999). *Risk and sociocultural theory*. Cambridge: Cambridge University Press.
- McKie, L., Bowlby, S., & Gregory, S. (2004). Starting well: Gender, care and health in the family context. *Sociology*, 38(3, July), 593–611.
- Outley, C., & Floyd, M. (2002). The home they live in: Inner city children's views on the influence of parenting strategies on their leisure behaviour. *Leisure Sciences*, 24, 161–179.
- Palmer, A., Freeman, P., & Zabriskie, R. (2007). Family deepening: A qualitative inquiry into the experience of families who participate in service expeditions. *Journal of Leisure Research*, 39(3), 438–458.
- Petersen, A., & Lupton, D. (1997). *The new public health*. London: Sage.
- Potter, J., & Wetherell, M. (1987). *Discourse and social psychology: Beyond attitudes and behaviour*. London: Sage.
- Queensland Government. (2007). *Your life, make the most of it, Eat Well Be Active* Negotiating the Policy Imperative to be Healthy • 171
Campaign. Brisbane: Queensland Government.
- Rich, E., & Evans, J. (2005). 'Fat ethics' – The obesity discourse and body politics. *Social Theory & Health*, 3, 341–358.
- Rojek, C. (2005). *Leisure theory: Principles and practice*. London: Palgrave Macmillan.
- Rose, N. (1999). *The powers of freedom: Reframing political thought*. Cambridge: Cambridge University Press.
- Rose, N. (2007). *The Politics of Life Itself: Biomedicine, power and subjectivity in the twenty-first century*. Princeton: Princeton University Press.
- Shaw, S., & Dawson, D. (2001). Purposive leisure: Examining parental discourses on family activities. *Leisure Sciences*, 23(4), 217–231.
- Shaw, S., & Dawson, D. (2004). Contradictory aspects of family leisure: Idealization versus experience. *Leisure/Loisir*, 28(3/4), 179–201.
- Stacey, J. (1996). *In the name of the family : Rethinking family values in the postmodern age*. Boston: Beacon Press.
- Stewart, W.P., Parry, D.C., & Glover, T.D. (2008). Writing leisure: Values and ideologies of research. *Journal of Leisure Research*, 40(3), 360–385.
- Thirlaway, K., & Heggs, D. (2005). Interpreting risk messages: Women's responses to a health story. *Health, Risk and Society*, 7(2), 107–121.
- Vincent, C., & Ball, S. (2007). 'Making up' the middle-class child: Families, activities

and class dispositions. *Sociology*, 41(6), 1061–1077.

Wright, J., & Burrows, L. (2004). 'Being healthy': The discursive construction of health in New Zealand children's responses to the national education monitoring project. *Discourse*, 25(2), 211–230.