

A physical cultural studies perspective on physical (in)activity and health inequalities: the biopolitics of body practices and embodied movement

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Abstract

In this paper I discuss how a Physical Cultural Studies approach offers a different way of understanding the complex experiences of health, emotional wellbeing and (in)active embodiment as social practices. Non-communicable 'diseases' (diabetes, heart disease, cancer, obesity etc) and sedentary lifestyles are growing public health problems in the global South and North. There is a need for new sociocultural approaches to understanding physical (in)activity as a form of body practice and embodied movement that is profoundly biopolitical.

Keywords: Physical cultural studies; Embodiment; Body practices; Health inequalities.

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Una perspectiva de los estudios físico culturales sobre la (in)actividad física y las desigualdades en la salud: la biopolítica de las prácticas corporales y el movimiento incorporado

Resumen

En este artículo se analiza cómo un enfoque de Physical Cultural Studies ofrece una manera diferente de entender las complejas experiencias de salud, bienestar emocional e incorporación (in)activa como prácticas sociales. Las “enfermedades” no transmisibles (diabetes, enfermedades del corazón, cáncer, obesidad, etc.) y los estilos de vida sedentarios están aumentando los problemas de salud pública en el sur y el norte de todo el mundo. Existe la necesidad de nuevos enfoques socioculturales para comprender la (in)actividad física como una forma de práctica corporal y movimiento encarnado, que es profundamente biopolítico.

Palabras clave: Estudios físicos culturales; Physical Cultural Studies; Encarnaciones; Prácticas corporales; Desigualdades en salud.

Uma perspectiva dos estudos culturais físicos a (in)atividade física e as desigualdades em saúde: a biopolítica das práticas corporais e do movimento incorporado

Resumo

Neste artigo discuto como a perspectiva dos Physical Cultural Studies oferece uma maneira diferente de compreender as experiências complexas de saúde, bem-estar emocional e incorporação (in)ativa como práticas sociais. As “doenças” não transmissíveis (diabetes, doenças cardíacas, câncer, obesidade, etc.) e estilos de vida sedentários estão aumentando os problemas de saúde pública no Sul e Norte do mundo. Há necessidade de novas abordagens socioculturais para compreender a (in)atividade física como uma forma de prática corporal e movimento corporificado que é profundamente biopolítica.

Palavras-chave: Estudos Culturais Físicos; Corporeidade; Práticas corporais; Desigualdades em saúde.



Introduction

Physical activity is now well recognised in terms of public health benefits as is the complex issue of inequality in health outcomes and sport/ recreation participation relating to class, ethnicity, gender, sexuality, age and disability (MARMOT & BELL, 2012). Government health policies are marked by a profound tension between recognising the effects of inequality and ‘social determinants’ and the articulation of neoliberal discourses that assign individual responsibility for health behaviours, risk and lifestyle change. In the United Kingdom, United States, Australia and South America we continue to see government guidelines focusing on the promotion of ‘minutes per day’ of activity. This quantification of active embodiment is constructed as a form of individualised behaviour change that seeks to improve physiological ‘fitness’ while ignoring the social context that shapes opportunity, inequality and meaning. In the context of these key policy tensions, I consider how meaning about health is culturally constructed and produced within a contemporary ‘biopolitics’ that shapes our practices, (in) active embodiment and social imaginations. Physical Cultural Studies can contribute to the ‘collective health’ (PAIM & ALMEIDA FILHO, 1998) movement in Brazil by starting from a different set of assumptions to traditional behavioural or structuralist accounts (VIEIRA-DA-SILVA & PINELL, 2014). Embodied movement can be conceptualised as a social practice that is profoundly intertwined with the historical, sociocultural, political and economic power relations that shape everyday life.

Given the paradoxical meanings of contemporary notions of embodied health – is the obsession with health also leading to unhealthy practices in contemporary life? Robert Crawford (2000) has importantly describes the rise of ‘healthism’ where moral discourses about health and illness saturate public culture and professional practice contexts. We are bombarded with expert advice and images about what healthy bodies should do (eat, move) and look like in schools, sport, media, fitness and workplaces by a rapidly growing biomedical and wellness industry. Jonathan Metzl (2010, p.2) has also argued that “‘health’ is a term replete with value judgments, hierarchies, and blind assumptions that speak as much about power and privilege as they do about wellbeing. Health is a desired state, but it is also a prescribed state and an ideological position”. Talking about health in a critical way requires us to understand how health is experienced through bodily practices as individuals exercise different degrees of agency within the sociocultural, political and economic forces of advanced liberalism. What are some of the unintended effects, harms and limitations of dominant ideas about health and active embodiment? How are healthy lifestyles promoted as risk reducing behaviours or contextualised as a preferred ‘way of life’?

My research has explored the less prominent voices and ‘subjugated knowledges’ of women, working classes, people with disabilities and mental health issues and other marginalised groups (FULLAGAR, 2002; 2003; 2008; 2017). These voices of difference ‘make trouble’ for dominant ideas about health and illness in neo-liberal societies where state provision is being undermined by market forces. For all of us working in health,



sport and physical education professions¹ or researching health related problems, there is a need for more reflexive dialogue around the questions of power and knowledge – how is healthy living defined, whose voices are heard in policy and what democratic processes can enable greater participation? Through our dialogue we need to mobilise a ‘politics of imagination’ to co-create more responsive active living and sport policies, practices and organisations that embrace local knowledge and the global possibilities of the digital era (LATIMER & SKEGGS, 2011). Drawing upon examples from my own research into different physical cultural practices I outline the complex interplay between the discursive, material and affective dimensions of meaning that can inform a deeper, contextual understanding of (in)active embodiment.

A physical cultural studies approach

[Physical Cultural Studies group, University of Bath webpage, 2014]



Over the last decade or so scholars within the sociology of sport have debated the need for different methodologies and theoretical approaches that have at their heart the question of social change, justice and embodied experience. The emergence of Physical Cultural Studies (PCS) has been identified as an intellectual movement, an *ethos*, and a fluid set of knowledge practices that can enable a theoretical and political responsiveness to emerging social problems (SEE, ANDREWS, SILK, & THORPE, 2016). Over the last decade or so PCS has emerged as a critical response to the perceived political and epistemological limitations of the sociology of sport discipline in North America, the United Kingdom and New Zealand-Australia. Scholars sought to move beyond sport as a narrowly defined epistemic object (to include dance, physical activity and embodied movement culture). Physical culture is defined in terms of the “cultural practices in which the physical body – the way it moves, is represented, has meanings assigned to it, and is imbued with power – is central” (VERTINSKY, CITED IN SILK & ANDREWS, 2011, p. 6). Hence, physical culture requires a sociocultural understanding of embodiment as multidimensional – sensory, material, affective and discursive – where meaning is

¹ I refer to these interrelated sectors that are organised in different ways in different countries. For example, physical education is a broader identity in countries such as Brazil, whereas in the UK and Australia it refers to those who teach sport and physical activity in schools only (health is not included in this teaching the UK, but it is in Australia).

contextually produced through everyday social relationships and movement practices. As embodied social subjects our freedom is regulated by knowledge that acts upon and through the body, while our bodies are also a source of knowing. At the University of Bath we undertake research into physical cultural practices and health to explore the ways in which our bodies become organised, represented and experienced in relation to the operations of power (CAUDWELL & MCGEE, 2018; WILTSHIRE, FULLAGAR & STEVENSON, 2018; FRANCOMBE-WEBB, DE PIAN & RICH, 2015; CLIFT, 2014; MANLEY & SILK, 2013; MILLINGTON, 2014; BUSH & SILK, 2012; MERCHANT, 2011; RICH, 2011; PHOENIX, 2010).

Drawing upon the intellectual traditions of critical theory and pedagogy (strongly influenced by the famous Brazilian Paulo Freire), feminist, queer, critical race and disability theory Physical Cultural Studies moves beyond the mind-body dualism that pervades Western culture. There are clear resonances here with the emphasis on embodied knowing that one of Brazil's most famous writers, Clarice Lispector (2012, p.4), describes – “You don't understand music: you hear it. So hear me with your whole body”. Lispector's writing significantly influenced French feminist philosophers who argued for a shift in knowledge produced “about” women's bodies to knowledge created “through” writing the embodiment of gender as a force for change (FULLAGAR & PAVLIDIS, 2018; GROSZ 1994). Feminist theories of embodiment are a significant, if rather under acknowledged, influence on a Physical Cultural Studies approach to understanding how power relations work through bodies as they are lived, represented and positioned with respect to normalised and privileged notions of humanness (the dynamics of inclusion and exclusion).

Physical Cultural Studies provides an intellectual meeting point for a diverse body politics that questions truths about ‘normality’ – the fetishized heteronormative female body that is stereotypically young, slender and white, and muscular male body. How healthy are these cultural representations of the body (and success, desirability) as they intersect with expert discourses about health that urge people to ‘combat obesity’ and reduce their weight through monitoring their diet and exercise? While obesity policies may seek to reduce the negative health effects of overweight on the biological body, the moral effects of such policies that urge individuals to be responsible for weight loss are damaging in terms of the shaming practices that occur (associations of weight with attractiveness, bodily control – self discipline or laziness). The attention is shifted away from the global food industry and towards individual consumers. In addition, the intensified focus on body weight also raises questions about connections with eating disorders and how discourses about health promote cultural ideas that impact mental health as it is intertwined with physicality (FULLAGAR, 2017; RICH, 2011).

These points echo the contextualism informing a Physical Cultural Studies analysis of health promotion intervention practices where truth claims about curing, restoring or optimizing health are historicized. Such an approach also makes visible the effects of power-knowledge relations on embodied subjects in order to disrupt the normative and open up other ways of knowing and being. At the heart of a critical perspective on health and wellbeing is the issue of the cultural (il)legitimacy afforded to particular forms of knowledge about sport, physical activity and exercise (policy, self-help, biomedical) and whose voices are privileged (citizens, experts, advocate organisations).



Sport is frequently identified as a public good in government policies relating to the hosting of megaevents (LONDON OLYMPICS, 2012; RIO OLYMPICS, 2016) where spectacular games are supposed to inspire a nation into embodied movement. However, inspired movement is rarely sustained after megaevents and sport is also a site where inequities and unhealthy practices prevail – sexism and racism are evident, compulsive exercising and the pressures of hypercompetitiveness (COAKLEY & SOUZA, 2013). Sport has become the dominant signifier for embodied movement, yet it privileges a young, white, muscular body and a desire to compete and win². Many people in my research (women, older, diverse cultural backgrounds, with disabilities) did not identify with a dominant sport identity as it is constructed through media, advertising and policy. Hence, there is a need to research embodied movement in terms of the diverse physical cultural practices that are created in ways that engage people who are often marginalised by hegemonic sport identities, or the moralising discourses of health promotion that equate physical activity with weight loss and improved fitness. I will return to several examples from my research to illustrate the value of exploring the subjugated knowledge that arises through different embodied practices and contexts.

The material, affective and discursive dimensions of embodied practices

Newman and Giardinia (2014, p.4) suggest physical movement is a central concern to Physical Cultural Studies, “there is biopolitics in how the body moves, why it moves, and how we come to make sense of that movement”. Taking this way of thinking a step further I suggest that we can explore the complex relationship between embodied movement or (in)activity and health, by examining the material, discursive and affective dimensions of meaning.

1. **Materiality:** how bodies are inscribed with meaning through class, gender, race and sexual relations where choices are regulated through the market forces of global capital? The new materialist ontologies also explore how bodies are produced as bio-social flesh and experienced viscerally in particular cultural contexts (Fullagar & Pavidis, 2018). The rise of pharmaceuticals, virtual reality, the Internet of Things and digital technologies (eg., fitness Apps)³ shape the posthuman context of embodiment – what the body can do, feel and become occurs through the material forces of social life (BRAIDIOTTI, 2013).
2. **Discursive:** Our experiences of embodied movement and health/illness are profoundly shaped by the discourses in circulation that frame how we understand and interpret meaning. The discursive field is a complex mix of historical and novel ideas about subjectivity, bodies and health that circulates truths that com-

² Recent events also demonstrate the contested nature of sport and racial politics with American black athletes refusing to stand for the national anthem in protest.

³ These examples of sociomaterial objects and technologies require ways of thinking about how physical and digital cultures are intertwined.



pete for authority. In relation to health and wellbeing there are claims made by science, media, industry and governments about ‘obesity epidemics’, ‘clean eating and weight loss diets’, ‘fitness apps, brain training and exercise as medicine’ to improve ‘wellness’ or reduce risk, that frame our understanding of bodies and social life (FOUCAULT, 1980).

Affective: Debates within sociocultural theory about affect and emotion have moved our thinking from locating ‘feeling’ within the individual psychology of a person towards an appreciation of how affect is produced in our social relationships in conscious and non-conscious ways. Understanding how we move, and are moved by, emotions that are produced through our cultural context is particularly important for questioning power relations that ‘shame’ and exclude people who do not fit normative ideals (for being obese, depressed, black, queer or poor) (WHETHERALL, 2012; AHMED, 2004).

In my research I have examined how active living policies often fail to understand the complex intersection of material, discursive and affective conditions that shape embodiment in the neoliberal era of individualised responsibility for health and wellbeing (FULLAGAR, 2002, 2003, 2008). The dominant policy focus on individual behaviour change ignores the contexts through which individuals negotiate their ‘choices’, and although social epidemiology importantly identifies the ‘social determinants of health’ at the population level there is little exploration of the micropolitics that shapes individual agency through embodied practices (COHN, 2014). With widening social disparity between the wealthy and the poor, there is recognition that individual behaviour change is not enough to increase physical activity. Yet, physical activity continues to be constructed in policies and programmes as an instrumental form of embodied behaviour that is premised upon the individual finding their inner motivation. Without a targeted focus on those populations that experience the greatest inequality, general active living strategies that increase physical activity in the middle classes will paradoxically contribute to widening health inequalities (WILLIAMS & FULLAGAR, 2018).

Health promotion discourses participate in what Popay (2010) calls ‘lifestyle’ drift by positioning behaviour change as the solution to societal inequality. This drift towards defining sport and physical activity within healthy lifestyles is part of the broader process of healthification that Fusco (2006:66) describes as “the whole deployment of a field of discursive & material technologies & techniques, self & other administered, that work to sustain the imperatives of hygienism” through discourses of risk & the economic imperative to reduce the burden of health care costs on the state. In the UK, local government areas have greater responsibility for public health and physical activity, but have had their budgets cut by 40% over the past five years (leisure and community centres have closed, gyms are outsourced to private providers) (see Williams & Fullagar, forthcoming).

As a critical alternative to the focus on individual behaviour, examining the social relations that underpin embodied practices provides a way of researching the ‘conditions of possibility’ that shape physical cultures. Understanding the everyday practices of individuals as contextual and relational also opens up questions about how physical activity



is created via multiple logics or meanings – some of which intersect with ideas of health and wellbeing, while others do not. The limitations of individual behaviour change models points to the need to examine how (in)activity is routinely practiced in everyday family relationships and sociocultural contexts (SHOVE et al, 2012). Embodied practices are also a source of knowledge about different forms of movement that enable counter narratives and diverse voices about participation. I will focus on a couple of examples to illustrate how localised embodied knowledge is crucial to understanding how and why people do or do not engage in active cultures in the context of inequality.

Family practices – a relational understanding of active embodiment

In an Australian study that I conducted with Maureen Harrington we explored how different low income families interpreted healthy lifestyle messages and compared their responses to those of policy makers responsible for implementing physical activity strategies to combat ‘obesity’ (FULLAGAR & HARRINGTON, 2009). Discourses invoking moral responsibility for childhood obesity and drawing upon a calculative logic (energy in/out) have circulated through popular debates in ways that responsabilise families and normalised gender roles. Government policies did little to regulate the food industry and instead focussed on the individual and family promotion of physical activity and healthy eating as a panacea. This ‘responsibilisation of family life’ is a discursive construction within representations of the obesity crisis – parents are held to blame for their own and their children’s poor leisure choices in ways that are socially divisive. Lower income families, who experience greater rates of obesity, are positioned as irresponsible and the social context remains invisible.

In our study, families were well aware of the public health messages about physical activity and healthy eating, yet their everyday meanings about active participation were only marginally connected to health. Several families struggled with weight issues (children and adults) alongside other health conditions such as emotional issues (anxiety and depression), and their choices were curtailed by the material conditions of poverty (little money for healthy food, transport to and entry fees for pools, gyms etc). Risk discourses also intensified worry about the conduct of children and family life that limited the kinds of adventurous leisure pursuits that children (particularly girls) engaged in (and that parents had experienced as children themselves), eg exploring the streets and neighbourhood without parental surveillance (LUMENG et al., 2006). Risk and uncertainty were very much connected to the material conditions of everyday life and played out in very different ways for poor and wealthy families. The families we spoke with talked about their vigilant risk management techniques (children carry mobile phones with a dollar credit to call home once they arrive at the library on their bike) due to parental fears of public violence, bullying in sport, drug use and childhood abuse from known paedophiles in the neighbourhood and especially on bike paths (that now have police surveillance). What they desired most for their children was a community recreation centre that offered supervised programmes, better transport and a range of free facilities (why were there no tennis courts?). The lack of facilities had contributed to fighting between young people over the one basketball court or skate park. The gap between the family’s desire to



be active ‘together’ and the materiality of risk conditions in their everyday lives added to tensions around how they ‘should’ be adopting healthy lifestyles. And it was often the sedentary leisure pursuits that enabled them to manage the emotional tensions and enjoy being together as a family, for eg going to the movies, enjoying a picnic in a popular park or watching DVDs, singing Karaoke with friends or relaxing in the backyard. The experience of ‘togetherness’ was very important for working class families, which contrasts with the literature on middle class families who tend to pursue individualised activities for their children to increase social mobility (FULLAGAR & HARRINGTON, 2009).

Collective practices – parkrun as a citizen-led movement

The next research project that I want to explore as an example arose from a noticeable counter trend in active participation in the UK. Recent statistics on sport and physical activity rates for adults in England point to on-going challenges of participation (only 67% English men; 55% women met the active guidelines in 2012). Even more concerning has been an identified decline in physical activity participation for children from 2008-12, where the drop was greater for boys but the gender gap was wider for girls and particularly in poorer households. Parkrun was set up in England in 2004 by a group of citizens and has grown to over 2 million registered runners around the globe (it is not yet in Brazil). It is a free, weekly timed run in local parks that is run by volunteers with a central staff team and IT support. The parkrun family has an inclusive philosophy and we wanted to research why it was successful in attracting different kinds of people as well as reflecting upon how inclusive it was as a free event. Using a participatory action research approach along with surveys, indepth interviews and participant observation we identified that parkrun was attracting people who were less active, older, women, people with disabilities and some from low income and minority ethnic backgrounds. In our research we identify key qualitative themes – enjoyment of a *shared experience*, sense of achievement & *personal challenge* for all, health and *wellbeing* benefits important, unique *event* format, ethos and culture, *helping* others/volunteering – that revealed the multiplicity of embodied meanings. Involvement in parkrun both reiterated norms about individual body management (fitness, health), but also a collective sense of shared identity and relational meaning (social relationships, belonging).⁴

Practising healthy lifestyles was mentioned by parkrun participants in both the studies I have mentioned, but often as an outcome of engaging for other reasons, such as socializing and developing a ritual of participation that could be accommodated in their everyday lives. Social practice theory is also useful for understanding how embodied practices can become intertwined with collective practices that ‘draw’ individuals into social relationships that can sustain involvement and grow new communities (Shove et al, 2012). A number of people spoke of health benefits as a ‘side effect’ of parkrun practice – how they changed their alcohol consumption, smoking and diet in becoming active and how this was supported through a collective identity as a community of runners (‘the parkrun family’) with different abilities and backgrounds. These health practices

⁴ On parkrun and the responsabilisation for health see, Wiltshire, Fullagar & Stevenson, 2018.



were not simply ‘behavioural’ changes that arose from individual motivation, rather they were produced and practiced within social contexts.

In our participatory action research we did find that there was room for improvement around inclusion and diversity, which was not initially recognized by the majority of parkrun volunteers with responsibilities for organising the event. The research process identified a number of key actions for change that can inform the future organisational practices of parkrun locally, nationally and internationally (training, policy etc). These ideas have emerged from citizen expertise, not those of health professionals. However many of the actions for change identified the need for more ‘joined up’ approaches across sport, health and community agencies and professionals to address inequalities. The changes occurring in the parkrun organization are also discursive as they move away from purely a ‘sport’ oriented identity to one that encourages active participation for bodies with different capacities and desires.

Embodied minds, gendered lives – moving beyond mind-body dualisms

Next I want to turn to questions about mind-body relations and consider the discursive effects of particular manifestations of truth in popular and professional cultures – ‘healthy bodies = healthy minds’ – on how mental health is embodied within advanced liberalism. As I have recently argued (Fullagar, 2017), without a more critical thinking through of mind-body relations we lack any comprehension of how the everyday emotional lives (injustices and suffering) of citizens are shaped by social norms and material conditions. Hence, mental health problems are all too often imagined, felt and represented as “private troubles” (chemical imbalances in the brain and personal failings) (Ehrenberg, 2009), rather than understood as “public feelings” (CVETKOVICH, 2012) that are shaped within the nexus of culture, power and inequality. Within contemporary culture the embodied self is being reimagined and acted upon through a range of discourses about mental (ill)health that reproduce mind-body dualisms (ORTEGA, 2013). The growth of neuroscience and the pharmaceutical imaginary (JENKINS, 2010) have significantly shaped globalised representations of mental (ill)health. The brain is positioned as the source of mental ill health – chemical imbalances – that require pharmacology, cognitive psychology and lifestyle interventions (such as exercise) to restore normality. Exercise prescription programmes have arisen within the UK and yet they focus on the individualised mind and body with little reference to the social conditions that undermine emotional wellbeing. In particular, gender is paradoxically acknowledged in the rates of depression and anxiety, yet it is not analysed from a critical perspective in terms of how the performance of womanhood invokes notions of success and failure. Nor is the gendered burden of care made visible along with gender inequities that affect women’s material circumstances and ability to access support or feel entitled to pleasure in their everyday lives (FULLAGAR, 2008).

The contradictions of performing feminine subjectivity were evident in my qualitative research into depression and recovery with 80 Australian women. Participants articulated the depths of their little heard social suffering in terms of embodied metaphors of depression (trapped in a black hole, feeling the weight of the world) and recovery



(feeling alive) (FULLAGAR & O'BRIEN, 2012). Their stories also 'spoke back' to the dominant therapeutics of pharmacology and psy-discourses through embodied, affective responses that voiced their 'subjugated knowledge'. When asked about the everyday experiences that significantly enabled their recovery (beyond biomedical and psy-expertise) they identified diverse leisure practices from swimming, gardening, team sport, yoga, walking, running that were active, creative and connected. Active embodiment figured in these narratives as a counter-depressant and was significant for many in regaining a pleasurable sense of agency (FULLAGAR, 2008). Yet, these embodied practices were not simply 'physical activities' nor were they easily reduced to a treatment protocol for depression. Rather, women's diverse stories of understanding their own mental (ill) health foregrounded the relational meaning of embodiment and the gendered context of their experiences (norms of motherhood, caring, success etc) as constrained and free. For many women being able to create leisure time for themselves and learning to practice care for oneself was a profound change – they had to question the gendered norms of success that shape how we think about 'good' women (eg., self-sacrificing, appearance focused, pleasing others).

Conclusion

To conclude this paper I would like to come back to the issue I first raised about the way in which we think reflexively about the social conditions that shape health and embodied movement. I draw upon a quote from Michel Foucault to outline how this different way of thinking informs a Physical Cultural Studies approach. He argues that problematization moves beyond identifying 'gaps' in knowledge to explore, 'how and to what extent it might be possible to think differently, instead of what is already known' (Foucault, 1985: 9). To critically analyse the truths that inform particular constructions of health, illness, the body, emotion and mind, is to shift debates from objectivist claims about evidence based medicine or scientised claims about exercise, towards questions about context, cultural value and the importance of creating multiple ways of knowing the body. To open up a more complex policy debate will involve dialogue across academic disciplines, professions and policy domains related to health, education, sport, housing, city planning and importantly should include participatory processes to central the voices of diverse people.

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References

- AHMED, S. (2004). *The Cultural Politics of Emotion*. London, Routledge.
- ANDREWS, D., Silk, M., & Thorpe, H. (2016). *The Handbook of Physical Cultural Studies*, London, Routledge.
- BRAIDIOTTI, R. (2013). *The Posthuman*. Cambridge UK, Polity Press.
- BUSH, A., & Silk, M. (2010). Towards an evolving critical consciousness in coaching research: The physical pedagogic bricolage. *International journal of sports science & coaching*, 5(4), 551-565.
- CAUDWELL, J., & McGee, D. (2018). From promotion to protection: Human rights and events, leisure and sport. *Leisure Studies*, 37(1-3), 1-10.
- COAKLEY, J., & SOUZA, D. L. (2013). Sport mega-events: can legacies and development be equitable and sustainable? *Motriz: Revista de Educação Física*, 19(3), 580-589.
- CVETKOVICH, A. (2012). *Depression: A public feeling*. Durham. Duke University Press.
- CLIFT, B. C. (2014). Suspect of Smiles Struggle, Compassion, and Running to Reclaim the Body in Urban Baltimore. *Cultural Studies' Critical Methodologies*, 14(5), 496-505.
- COHN, S. (2014). From health behaviours to health practices: An introduction. *Sociology of health & illness*, 36(2), 157-162.
- CRAWFORD, R. (2000). The ritual of health promotion. *Health, medicine and society: Key theories, future agendas*, 219-35.
- EHRENBERG, A. (2009). *Weariness of the Self: Diagnosing the History of Depression in the Contemporary Age*. McGill-Queen's Press-MQUP.
- FOUCAULT, M. (1980). *Power/knowledge: Selected interviews and other writings, 1972-1977*. New York, Pantheon.
- FOUCAULT, M. (1985). *The Use of Pleasure: The History of Sexuality Vol. II*. New York, Vintage.
- FRANCOMBE-WEBB, J., De Pian, L., & Rich, E. (2015). Speaking with (in): Researchers as bio (political) becomings?. *Cultural Studies-> Critical Methodologies*, 15(6).
- FULLAGAR, S. (2002). Governing the healthy body: Discourses of leisure and lifestyle within Australian health policy. *Health*, 6(1), 69-84.
- FULLAGAR, S. (2003). Governing women's active leisure: The gendered effects of calculative rationalities within Australian health policy. *Critical Public Health*, 13(1), 47-60.
- FULLAGAR, S. (2008). Leisure practices as counter-depressants: Emotion-work and emotion-play within women's recovery from depression. *Leisure Sciences*, 30(1), 35-52.
- FULLAGAR, S & Harrington, M. (2009) Negotiating the imperative to be healthy: Australian family repertoires of risk, leisure and healthy lifestyles, *Annals of Leisure Research*. 12(2), pp. 195-215.
- FULLAGAR, S. (2008). Governing healthy family lifestyles through discourses of risk and responsibility. *Biopolitics and the 'obesity epidemic': Governing bodies*, 108-126.
- FULLAGAR, S., & O'Brien, W. (2012). Immobility, Battles, and the Journey of Feeling Alive Women's Metaphors of Self-Transformation Through Depression and Recovery. *Qualitative health research*, 22(8), 1063-1072.
- FULLAGAR, S. (2017). Mind-body relations in Physical Cultural Studies: Exploring the rise of a new corporeal therapeutics in mental health, in Andrews, D., Silk, M., & Thorpe, H. (Eds). *Handbook of Physical Cultural Studies*, Routledge: London. pp. 401-411.

- FULLAGAR, S & PAVLIDIS, A. (2018). Feminist theories of emotion and affect in sport, in, Mansfield, L, Cauldwell, J, Wheaton, B. & Watson, B. (Eds). *Handbook of Feminism in Sport, Leisure and Physical Education*, Palgrave: Houndsmills. pp 447-462.
- FUSCO, C. (2006). Inscribing healthification: Governance, risk, surveillance and the subjects and spaces of fitness and health. *Health & place*, 12(1), 65-78.
- Grosz, E. A. (1994). *Volatile bodies: Toward a corporeal feminism*. Indiana University Press.
- JENKINS, J. H. (Ed.). (2010). *Pharmaceutical self: The global shaping of experience in an age of psychopharmacology*. Santa Fe. School for Advanced Research Press.
- LATIMER, J., & SKEGGS, B. (2011). The politics of imagination: keeping open and critical. *The Sociological Review*, 59(3), 393-410.
- LISPECTOR, C. [1978] (2012). *The Stream of Life*. Trans. S. Tobler. New York, New Directions Publishing Corporation.
- LUMENG, J. C., APPUGLIESE, D., CABRAL, H. J., BRADLEY, R. H., & ZUCKERMAN, B. (2006). Neighborhood safety and overweight status in children. *Archives of Pediatrics & Adolescent Medicine*, 160(1), 25-31.
- MANLEY, A., & SILK, M. (2013). Liquid London: Sporting Spectacle, Britishness & Ban-optic Surveillance. *Surveillance & Society*, 11(4), 360-376.
- MARMOT, M., & BELL, R. (2012). Fair society, healthy lives. *Public Health*, 126, S4-S10.
- METZL, J., & KIRKLAND, A. (2010). *Against Health: How Health Became the New Morality*. New York, NYU Press.
- MERCHANT, S. (2011). The body and the senses: Visual methods, videography and the submarine sensorium. *Body & Society*, 17(1), 53-72.
- MILLINGTON, B. (2014). The datafication of everything: Towards a sociology of sport and Big Data. *Sociology of Sport Journal*.
- NEWMAN, J. I., & GIARDINA, M. D. (2014). Moving biopolitics. *Cultural Studie' Critical Methodologies*, 1532708614542409.
- ORTEGA, F. (2013). *Corporeality, medical technologies and contemporary culture*. New York: Birbeck Law Press.
- PAIM, J. S., & ALMEIDA FILHO, N. D. (1998). Collective health: a "new public health" or field open to new paradigms?. *Revista de Saúde Pública*, 32(4), 299-316.
- PHOENIX, C. (2010). Seeing the world of physical culture: the potential of visual methods for qualitative research in sport and exercise. *Qualitative Research in Sport and Exercise*, 2(2), 93-108.
- Popay, J., Whitehead, M., & Hunter, D. J. (2010). INJUSTICE IS KILLING PEOPLE ON A LARGE SCALE—BUT WHAT IS TO BE done about it?. *Journal of Public Health*, 32(2), 148-149.
- RICH, E. (2011). Exploring the relationship between pedagogy and physical cultural studies: The case of new health imperatives in schools. *Sociology of Sport Journal*, 28(1), 64-84.
- SHOVE, E., PANTZAR, M., & WATSON, M. (2012). *The dynamics of social practice: everyday life and how it changes*. Sage Publications.
- SILK, M. L., & ANDREWS, D. L. (2011). Toward a physical cultural studies. *Sociology of Sport Journal*, 28(1), 4-35.
- VIEIRA-DA-SILVA, L. M., & PINELL, P. (2014). The genesis of collective health in Brazil. *Sociology of health & illness*, 36(3), 432-446.
- WETHERELL, M. (2012). *Affect and emotion: A new social science understanding*. London, Sage Publications.



WILLIAMS, O & FULLAGAR, S. (forthcoming) Lifestyle drift and the phenomenon of 'Citizen Shift' in contemporary UK health policy, *Sociology of Health and Illness*.

WILLIAMS, O., & FULLAGAR, S. (in press 2018). Lifestyle drift and the phenomenon of 'citizen shift' in contemporary UK health policy. *Sociology of Health & Illness*. <https://doi.org/10.1111/1467-9566.12783>

WILTSHIRE, G. R., FULLAGAR, S., & STEVINSON, C. (2018). Exploring parkrun as a social context for collective health practices: running with and against the moral imperatives of health responsabilisation. *Sociology of Health & Illness*, 40(1), 3-17.

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