

Governing women's active leisure: the gendered effects of calculative rationalities within Australian health policy

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ABSTRACT *As part of the World Health Organisation's emphasis on increasing physical activity, countries such as Australia have developed new public health campaigns aimed at reducing the prevalence of lifestyle diseases (e.g. obesity, heart disease, diabetes). In response the Australian Federal and State governments implemented the Active Australia campaign (1997–2002) with the objective of increasing men and women's participation in active leisure pursuits and incidental activity. Drawing on the governmentality literature (Foucault, 1991; Dean, 1999; Rose, 1999) this article develops a feminist analysis of the implications of this increasing emphasis on promoting active leisure to women as a 'sedentary' population. It analyses the health-promotion rationalities and universal healthy lifestyle norms that inform the Active Australia campaign's attempts to mobilize women into being active. Within these policy discourses gender has been construed as a 'variable' shaping leisure behaviours, rather than central to the contemporary experience of feminine subjectivity and women's sense of physicality. A calculative logic is evident within active living policies that employ the self-management techniques of measured activity and self-scrutiny ('30 minutes a day, on most days'). This sets up a relation to self that is steeped in a mind/body opposition which privileges embodied activity as a form of biomechanical movement. In this way health policies ignore the embodied pleasures, meaningful social relationships and joyful potential of movement that women have identified in relation to leisure (Wearing, 1998). In contrast with the calculative discourses of physical activity, a feminist ethics of active living is explored in relation to the possibility of generating health policy discourses that embrace the lived body and the significance of pleasure in everyday well-being.*

Introduction

Drawing on the growing literature on governmentality (Dean, 1999; Rose, 1989, 1999) this article analyses the gendered effects of contemporary physical activity and healthy lifestyle campaigns within Australia. The *Active Australia campaign*, as one of the major national health-promotion initiatives implemented by each State and Territory health

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department in partnership with sport and recreation, emerged out of the new public health movement and WHO policy on Active Living (Baum, 1998). Other developed countries (United Kingdom, *Active for Life* and the United States, *It's Everywhere you go*) have also mobilized physical activity policies to target lifestyle diseases through the frequently cited economic rationale, 'physical activity could be today's best buy in Public Health for the West' (Morris in *Active Australia Campaign News*, 1997, p. 1). In response to this trend, recent critical analyses of active living policies have problematized the promotion of leisure as a functional means of achieving population health outcomes with respect to the role of the State and practices of governance (Bercovitz, 2000; Fullagar, 2002), and in relation to target groups (see Grant & Stothart, 1999 on ageism). Yet, although the universal intent of such policies is to target men and women equally there has been little analysis of gendered assumptions that inform active living discourses and the implications for women.

In response to such an absence this article identifies some critical issues that arise in relation to the way in which women have been positioned as an inactive or 'sedentary' population. It also questions the gendered assumptions within health-promotion discourses that produce particular constructions of active leisure that universalize masculine experience as the norm for healthy living. This analysis suggests that the dominant rationalities of health promotion may indeed negatively impact upon women's participation in active forms of leisure. The issues of gender equity and the invisibility of women's experiences within health and leisure policies are not particularly new and have been raised by Australian leisure researchers (Wearing & Wearing, 1990; Poole, 1999; Brown *et al.*, 2001) and the women's health movement (Broom, 2002). We have also seen the very recent emergence of physical activity as a priority in the specific area of State policy on women's health, which explicitly advocates a gendered approach to population health (NSW Health, 2002). However, discourses of physical activity tend to draw predominantly on biomedical and epidemiological discourses of health risk and social determinants, rather than a broader range of sociological and feminist discourses emphasizing the meaning, context and construction of women's active leisure. Given the increasing emphasis placed on active physicality within neo-liberal societies it is crucial that health professionals engage with a diverse range of perspectives and ethical questions about the implications of new policies that aim to govern women's well-being.

In developing a feminist analysis of the imperatives of new public health policies this article also contributes to the growing interest in cultural methodologies with an explicit focus on relations of power and governance (Lupton, 1995). Foucault's (1991) work on governmentality has been taken up by sociologists interested in how health promotion and policy discourses participate in the production of truths and norms about health and risky lifestyle practices (Petersen & Lupton, 1997; Nettleton, 1997; Petersen, 1997; Rose, 1999). This approach explores the 'analytics of government', that is the specific rationalities, truths and techniques that are employed by authorities (such as departments of health) to shape the desires, actions and beliefs of individuals and populations (Dean, 1999). It stands in contrast with the somewhat overdetermined analysis of health and illness that has been developed through the medicalization thesis in sociology (see Lupton, 1999a). Foucault frames his understanding of power exercised through governmental practices in terms of analysing 'the conduct of conduct' (1991). How

we, as masculine and feminine subjects, think about our own physicality and how we conduct our leisure practices in the name of freedom and health is, in fact, regulated by discourses that are produced through contemporary neo-liberal rationalities (Rose, 1999). Such rationalities are informed by a calculative logic that permeates the administration of health and everyday conduct where risks and benefits are measured, managed and insured against or for, in the quest to manage uncertainty (Dean, 1999).

This Foucauldian inspired work on governmentality can also be read alongside the work of contemporary feminist theorists, such as Luce Irigaray (1993); Elizabeth Grosz (1994), as they take up the question of how the embodied nature of feminine subjectivity is produced, and hence governed, within the symbolic and material relations of phallogocentric culture—a culture that has historically defined the feminine subject in relation to masculine rationalities of humanness as inferior, and closer to nature, the body and materiality (Lloyd, 1993). Poststructural feminism provides a means of deconstructing the implicit masculine metaphors and universalized assumptions that appear as natural truths within discourses of health policy and promotion. The intersection of this feminist tradition with the governmentality literature occurs around the need to problematize the ways in which the bodies of women as individuals and as a population are positioned as objects of health requiring regulation, discipline and management. Contemporary neo-liberal rationalities that endeavour to calculate the risks and benefits of physical activity dovetail with the logic of phallocentrism that has valued mind over body, instrumental reason over passionate ethics, the universal over the particular etc. The question of *how* we are persuaded to embody certain culturally specified forms of gendered subjectivity is fundamental to understanding the effects of contemporary health promotion discourses on shaping women's active leisure experiences. This also raises more profound ethical issues about the everyday discourses (and hence truths) that govern how are we to live, to act in relation to others, our bodies and our worlds as active feminine subjects. These questions about the nature of *social relations* are central to the project of contemporary feminism that seeks to deconstruct the gendered power relations that fix women's identities within particular categories such as wife and mother (Irigaray, 1993; Grosz, 1994). It is from this different vantage point that we may be able to consider how a feminist ethics of active living might play out through a different understanding of the gendered nature of everyday social relations. Such an interdisciplinary approach to public health issues opens up the potential for drawing upon non-traditional knowledges derived from philosophy, literary studies and cultural theory to critically engage with the rationalities of policy that are increasingly informed by the universalized risk reducing imperatives of neo-liberalism. While we may be critical of the intentions of health policies that claim to be simply promoting the well-being of populations, their effects cannot be said to be simply 'good or bad', as Foucault reminds us of the complexity of all power/knowledge relations when he says, 'everything is dangerous' (1997, p. 257).

Governing an Active Australia

Active living policies have emerged out of an intersection of advanced liberal political rationalities that reflect a bio-political concern with reducing risk through optimizing

population health and an emphasis on the freedom of the self-governing individual to take responsibility for health. The emergence of the *Active Australian* campaign demonstrates how these political rationalities mobilize new public health policies. The initial phase of the *Active Australia* campaign extended from 1997 to 2001 and aimed to develop partnerships between Federal and State government departments in health and recreation to promote the benefits of physical activity to the whole population. A communication strategy was developed to increase people's awareness of the benefits of regular activity, maintain the motivation of those who are already active and target particular inactive groups. Campaign materials such as brochures, T-shirts, posters etc. were distributed generally and specifically to general practitioners who were identified as a preferred source of lifestyle advice (Active Australia, 1998, p. 4). This was combined with efforts to increase the skills of those working in the leisure industries and to develop the infrastructure that would support an increased demand for leisure facilities (Active Australia, 1997, p. 2). Epidemiological research into the physical activity patterns of the population calculated that just under half the population was active enough to produce health and economic benefits (Bauman, 1997a). Physical activity became linked to the prevention of nearly all contemporary lifestyle diseases and with fears of an emerging obesity 'epidemic' (NSW Health Department, 1996). In this way the *Active Australia* policy mobilized health risk discourses and techniques of governance that would link active leisure to an emerging discourse of healthism concerned with individual body shape, size and capacity (see Gard & Wright, 2001, on obesity).

This neo-liberal emphasis on the individual's responsibility for reducing the risks of lifestyle diseases also echoes through discourses about active leisure as an expression of the rational individual's freedom and choice. One of the *Active Australia* newsletters quotes a comment from their consumer research about the campaign slogan ('Exercise. You only have to take it regularly, not seriously') and television advertisements that were part of the communications strategy. Having watched images of everyday people being self-motivated to engage in active leisure, the comment was 'You couldn't look at that and say I don't have the time or the money. There's no excuse' (Active Australia, 1998, p. 3). Nikolas Rose makes a poignant comment about neo-liberal practices that challenges conventional understandings of power and freedom in relation to leisure. He says, 'Subjects are to do the work on themselves, not in the name of conformity, but to make them free' (1999, p. 268). Power is not assumed to work as a repressive force, but rather produces our sense of freedom and hence our very subjectivities. In this instance the individual works to 'exercise' his/her freedom through governing the self in relation to an ethics of responsibility for mobilizing an active body. This neo-liberal emphasis on the exercise of individual freedom has particular implications for thinking about how women's subjectivities are governed.

Bio-politics and the regulation of women's leisure

Foucault's understanding of bio-politics provides a useful way of thinking about how women have been constituted as an inactive population through the contemporary rationalities of active living policies. Bio-politics, understood as the apparatus through

which the administration of life occurs, emerged in the eighteenth century as a concentration of bio-power on issues concerning the health and illness, births and deaths of the population (Foucault, 1984). Sub-groups were also constituted through bio-political processes that aimed at the identification of the dangerous or criminal classes, the abnormal and the feeble minded, in order to contain and manage difference. The constitution of sub-populations, through the science of calculation, was connected to the objective of identifying groups that either contributed to or retarded the general welfare and life of the population (Dean, 1999). Within a contemporary context we see a bio-political ethos of optimization that constitutes women as an inactive population that requires management, existing with a neo-liberal ethos that emphasizes women's individual responsibility for their own health within a market economy.

Within the discourse of Active Australia women are positioned as a 'sedentary' population because their physical activity levels are calculated as lower than what is currently deemed necessary to maintain good health. Epidemiological research into physical activity levels within the state of New South Wales found that only 40% of women reported adequate levels of activity for health benefit, 40% reported low energy expenditure and 20% fitted the sedentary category (Bauman, 1997a). These figures contrast with higher physical activity participation for men where 58% reported adequate levels, 26% had low levels and 16% fitted the sedentary category (Bauman, 1997a). Epidemiological and statistical calculations turn women's experiences into a population that is figured as a measurable object that can be 'known' through a comparison with physical activity norms established by health policy. Bauman suggests that, 'Population groups at risk of being less active include women (especially those with children), non-English speaking residents, middle aged adults (40–60 years) and those aged over 70, and those at educational disadvantage' (1997b). The failure to measure up to this universal norm positions women as a subgroup whose health risks retard the whole population's optimization of life by virtue of their gendered role in the reproduction of biological and social spheres. Hence, there is a certain paternalism fundamental to health-promotion rationalities that attempt to regulate women's physicality in the guise of reducing health risks.

In aiming to modify lifestyle risks the current administration of active living policies targets certain risky sub-groups (such as the 'genderless' aged, young, ethnic minorities etc.) while also universalising programmes to the whole population (men and women). Gender figures as a variable in the calculation of physical activity levels in the population, which then translates into the discourse of barriers that are understood to prevent women (and men) from being active (Booth *et al.*, 1997; Brown *et al.*, 2001a). For example, the *Victorian Active for Life* report identifies certain gender-specific barriers that affect women's participation, such as having a child under five and a lack of childcare, a preference for less strenuous activity (walking) and the need for safe environments (1999, p. 93). The *NSW Simply Active Everyday* report (1998, p. 4) suggests that women report less time available for leisure and they require social support and adequate childcare, as well as increased confidence in their own physical abilities and a belief that they have the right to leisure. Gender is conceptualized as a constraint or barrier that prevents women participating on equal terms with men, and hence assumes a masculine norm. While it is acknowledged within active living policies that

gender is a 'key determinant' of active participation in leisure there is little exploration of how gender is lived, constructed and embodied by women as individuals and as a diverse population. The broader sociopolitical inequities that women experience in relation to home, work and leisure remain barely visible through the discourse of barriers to activity that separates the complexity of everyday life into separate, measurable domains (e.g. childcare responsibility, time pressure) rather than examining the power relations that govern and connect them. This is because the discourse of barriers tends to be taken up through the individualized rationalities of health promotion to locate the responsibility for physical activity with women themselves (O'Connor *et al.*, 1999).

Universal population health policies work through individualizing discourses of lifestyle change and minimize the gendered nature of health as it is culturally constituted. The statistical measurement of women's physical inactivity participates in the construction of a gendered population of 'exercise procrastinators' (a term that I heard used recently at a NSW Health Promotion strategic planning day). Through this discourse inactivity has been turned into a problem of women's self-management that reiterates neo-liberal concerns with individual responsibility for health, thus increasing the burden of care that women already experience in relation to the health and leisure of others (partners, children, elderly parents) (Bedini & Guinana, 1996). While the Active Australia policy does acknowledge the importance of providing infrastructure to support activity within communities, this appears to be a lesser priority than changing individual leisure behaviour. The rationalities of health promotion emphasize behaviour modification interventions and self-regulating practices. This is evidenced in the *Victorian Active for Life* key strategies which state: 'Amongst almost all groups the primary aim is to get people walking regularly because it is cheap, easily accessible, non-threatening and available to most people. It is also the preferred activity of active and inactive men and women ...' (Health Promotion Strategy Unit, 1999, p. 100).

In doing so *Active Australia* policies perpetuate a 'one-size-fits-all' approach to active living that does not problematize gender differences and power relations.

In contrast the more recent emergence of physical activity as a priority area within *NSW Women's Health Outcomes* policy (NSW Health Department, 2002) calls for a gendered approach to population health. Having emerged out of the women's health and feminist movements this policy generates another discursive domain through which women's experience of active living can be problematized within the administrative apparatus of health and at the everyday programme level. In Australia we have also seen the recent emergence of a *National Policy on Women and Girls in Sport, Recreation and Physical Activity 1999–2002* (Australian Sports Commission, 1999). Yet, while now attached to the current *Active Australia* programme it emerged through the administrative domain of sports/leisure policy and these governmental areas of health and leisure have historically remained separate and drawn on quite different knowledges (biomedicine, epidemiology, psychology and sociology). Hence, while I am focusing on a particular gendered reading of the initial phase of the *Active Australia* campaign, the whole domain of governance surrounding 'physical activity' increasingly draws upon multiple and often conflictual discourses about the relationships between women's health, leisure and risk.

Gendered discourses

Health-promotion discourses are profoundly gendered in the way in which they construct meaning about physical activity itself and how they promote behaviour change for women through leisure. The *Active Australia* campaign publicity produces contradictory messages about physical activity for women. Within the different *Active Australia* television commercials women figure in the background and are often positioned as supporting men's active leisure. Whether it is urging a lethargic male partner to play sport with his mates (January, 2001) or walking the family dog (January, 1998), the portrayal of women's active leisure choices is very limited. In one particular campaign image of family members being active in the front of their house we are presented with images of unstructured activity that depict the home as a domestic work and leisure space (captioned as 'the gym'). Home is a space where everyday physical activity levels can be increased through 'doing more'. Physical activity becomes work-like in relation to domestic tasks that have to be done, rather than associated with pleasurable experiences. Through the slogan 'Exercise. You only have to take it regularly, not seriously' being active is constituted as everyday physical fun that can be integrated into existing routines without necessarily changing inequitable domestic arrangements or gender identities. A calculative relation is established between time and activity that urges women to condense 'more' into their already time-intensified lives. This also denies the invisible activity that occurs with child rearing and the exhaustion women often experience from the constant pressure of juggling multiple roles (Thomsson, 1999).

This raises the issue of the effects of such imperatives on the mental and emotional health of women who embrace further responsibility and experience guilt if they cannot 'do everything'. A range of leisure experiences (from relaxation to intense activity) are frequently associated with positive experiences of emotional well-being (Ponde & Santana, 2000). However, if women are increasingly urged to engage in particular kinds of physical activity to keep fit and increase exercise because of a sense of duty rather than enjoyment, and they already feel time pressured, then there may indeed be negative effects on emotional well-being. As Brown *et al.* suggest in their findings from a longitudinal study on Australian women's health:

... women who are rushed a few times a week or every day have significantly *worse* mental health than women who are not ... (There are) also some health benefits of satisfaction with time spent in *passive* leisure, a finding which suggests that 'time out' for recuperative leisure, such as reading or watching television, may also be important for women's mental health. (2001b, p. 12)

The privileging of physical activity or exercise as a domain of individual responsibility is informed by a mind/body opposition that undervalues diverse leisure experiences (often referred to as passive) that women may find pleasurable. While the *Active Australia* campaign reiterates the multiple benefits of mobilizing the body into moderate activity through leisure, we see little of the reverse argument about the less measurable benefits to mental and emotional well-being. Kleiber (2000) argues that the privileging of intense activity through leisure is produced through discourses that value productivity and

demonstrable effort, which subordinates other ways of being that include relaxation, peacefulness, contemplation, ease of movement and awareness of the moment. We can see this moral economy at work in the promotion of physical activity as an instrumental means of achieving health. However, such discourses do not go uncontested within the broader domain of popular culture, as the following comment in a weekend magazine suggests:

Down time is essential to our mental and physical well-being but increasingly it is becoming another task pencilled into our tight schedules. Planning to go to the gym?... Going swimming? Can you just enjoy the experience of gliding through the cool, smooth water or are you too busy racing the person in the next lane or doing more laps than last week?... When did you do something for no reason other than your own amusement? When you have fun, you don't win, you don't impress anyone, you don't lose weight, but despite those negatives, somehow it makes you feel wonderful. (Cameron, 2002, p. 22)

The explicit association of physical activity with exercise in *Active Australia* policies is produced through a biomedical discourse that subordinates the meaningful nature of active leisure experiences to a quantified notion of movement. For example, the *NSW Simply Active Everyday* campaign defines physical activity as, 'any bodily movement produced by skeletal muscles that results in energy expenditure...(and) includes the following: exercise, fitness, incidental activity, active living, active recreation and sport' (NSW Health Department, 1998, p. 3). This definition is embedded in a biomedical discourse of embodiment that excludes a social understanding of the processes that mediate our everyday leisure and health experiences. It employs a calculative logic aimed primarily at measuring energy expenditure. This discourse of exercise is also produced through masculine metaphors that implicitly value instrumental movement, the objectification of the body and the mastery of mind (Irigaray, 1993; Lloyd, 1993; Wright, 2000). Swedish research into the way women (who worked in healthcare and were aware of health benefits) discursively constructed exercise reported a clear dis-identification with dominant masculine images of exercise as desirable leisure (Thomsson, 1999). Within the masculine rationalities of health policy the notion of pleasure as central to diverse kinds of leisure sits uneasily with objectives aimed at measuring well-being, setting population targets and behavioural outcomes. Exercise becomes the metaphor for active leisure and it is mobilized through governmental strategies directed at the feminine body as an object of health.

Within the campaign there is also a medicalized discourse, evidenced in the slogan 'Exercise. You only have to take it regularly, not seriously', that suggests we 'take exercise' like we might take a prescribed pill in certain doses or time frames. While the campaign attempts to use humour there is a moral tone that undercuts this message and suggests that women defer to the power of medical experts when attempting to activate their embodied selves and govern their leisure time more efficiently. Women are advised in brochures to talk to their medical practitioners about how much they should be doing and what sorts of activities might improve physical health. Doctors have become positioned as the new experts on active living and leisure, who will assist women to

calculate their required activity levels and establish new habits. While it is interesting to see doctors dispensing lifestyle advice instead of pharmaceutical products (e.g. with the rise in antidepressant prescriptions), they are engaged in the construction of leisure as exercise through an objective of reducing health risk. As Rose says, 'everyday life has become the object of a kind of clinical reason' (1999, p. 91). *Active Australia* kits are distributed to doctors and other health professionals with checklists and goal sheets provided to assist women in monitoring, surveilling and identifying how they will mobilize their bodies into action and calculate amounts of activity. There are subtle moral sanctions for those who refuse to participate in this discourse of calculated activity, primarily the attribution of individual blame to those who experience lifestyle-related illnesses and obesity. With the increased emphasis on physical activity as a means of reducing the nation's burden of disease we see a discursive relation emerging here between health, risk and active leisure that is steeped in a calculative management of the biological female body. In addition, women's bodies are also normalized through moral discourses that value health behaviours involving practices of care for the self that also facilitate the health of others through dominant images of femininity (see Howson, 1998; Lupton, 1999a, 1996b). In an *Active Australia* brochure entitled 'Mum's the word: Exercise during pregnancy' women are presented with lifestyle and biomedical advice that is contextualized within normalized discourses of feminine embodiment. A comment about postnatal exercises states: 'No doubt you will want to get your figure back as soon as possible'.

The imperative to manage the feminine body through calculative practices suggests that women's well-being is increasingly governed by the logic of risk and benefit. Rose suggests that this logic has become a formative part of our modern subjectivities. He says, 'Numbers, and the techniques of calculation in terms of numbers, have a role in subjectification—they turn the individual into a calculating self endowed with a range of ways of thinking about, calculating about, predicting and judging their own activities and those of others' (Rose, 1999, p. 214). For example, the primary message of the *Active Australia* campaign urges us to undertake 30 minutes of exercise everyday, which can be broken up into 10-minute accumulated amounts (www.health.nsw.gov.au/public-health/hp_dp/PA/c_Aagoslive.html, 16 September 1998). A feminist reading of this logic would suggest that calculative discourses are steeped in a historically masculine rationality that is defined against the body as an object of mastery (Grosz, 1994). Within the *Active Australia* campaign there is an association between health as an exercise of control over one's lifestyle and leisure as a moral means of disciplining the self through physical practices. Women are urged to take up these rationalities in governing their own relationship to their body, rather than engage with different logics of flow, fluidity and relationality. In this way our relation to our embodied experience of the world remains unquestioned; we are working on the body to do more and once again reasserting the mastery of mind in the name of health as an instrumental goal. The dominance of such a calculative logic precludes other ways of valuing and experiencing active leisure in relation to health and again reiterates the oppositional relation to the body that historically pervades Western culture (Grosz, 1994).

A feminist engagement with the 'analytics of government' enables us to examine the relation between the pervasive calculative rationalities of new public health policies and

everyday processes of subjectification through which women inhabit their own bodies. The points of overlap often figure in relation to the norms of healthy living that appear as natural and inevitable habits of responsible feminine citizenship. However, the points of disjuncture are equally as important to articulate as they circulate alternative discourses about feminine identity and modes of embodiment that open up health policies and promotion programmes to ethical debate. For example, when examining leisure industries and practices, such as the gym with its aesthetics of the fit body, we can see the complex relation between women's subjectivities and the calculative techniques of bodily shaping (measuring, weighing, comparing etc.). Feminists such as Grosz (1994) argue that the gym produces certain historically specific ways of valuing feminine bodies according to a dominant visual aesthetic (slimness, attractiveness to men, vulnerability, passivity etc.), while others argue that women engage in gym work in ways that subvert the normalizing codes of femininity as it equates with passivity and physical inferiority (Monaghan, 2001). These different perspectives acknowledge the complex micropolitics that women govern themselves through in the desire for pleasure, health and feminine ideals.

Feminist research into young women's earliest experiences of active leisure, play and physical education suggests that feminine inactivity is normalized through practices of self-surveillance that limits active physicality in public and private spaces (Scruton, 1987; Young, 1990; Davies, 1999; Thomsson, 1999; Wright, 2000). James's (2000); James's (2001) research with young Australian women identified 'the bedroom' as the most favoured leisure space and the public swimming pool as one that was quite feared. The question of how to inhabit the feminine body safely was a central preoccupation for these young women acutely aware of having to calculate and manage their movement in relation to the masculine gaze. By extension, the imperative for women to successfully manage their embodied self can also produce a relation of continuous self-scrutiny, dissatisfaction and critical comparison, through which the body can become positioned as the object of a measured loathing. Anorexia, bulimia, self-harming behaviours and suicide attempts are examples that suggest the negative effects of a calculative rationality on the feminine body (Garrett, 1998). Hence, what women do to, and to do with their bodies, is shaped by masculine ways of valuing the feminine, which in turn mediates how women govern their own freedom. Iris Young's (1990) famous analysis of the self-limiting relations shaping feminine embodiment in *Throwing like a Girl* demonstrates this observation about the gendered nature of self-governing practices. How women think about, feel and respond to the feminine body during active leisure is mediated by a culturally imagined or discursive 'body image'. Young's (1990) work identifies how young girls take up and enfold the exterior world into the self through a spatialized body image—an image that is historically performed through self-limitation, lack of physical confidence and tentative movement. For women who have not engaged in regular active leisure experiences (those deemed by professionals to be 'exercise procrastinators'), becoming active involves much more than embracing the desire to 'do more' with one's body. It involves a transformation of the discursive or imagined body that has limited women's engagement and this process requires altering the corporeal relation to self.

Garrett (1998) points out that for women recovering from anorexia there is a shift that involves feeling comfortable about changes in strength, mobility, occupying a different

spatiality and negotiating social relations that objectify feminine subjectivity and subjugate the self. This embodied relation to self is not simply biological, as the discourses of *Active Australia* presume, but profoundly cultural and ethical.

Identifying the cultural nature of women's physicality enables us to consider how alternative discourses about active leisure might open up different ways of imaging and experiencing the embodied feminine self. For many women this means embodying a kind of risk, as distinct from protecting the self against risk as health policies encourage. As Lupton & Tulloch's (2002) research into the relation between pleasure and risk taking experienced by Australians demonstrates, women who engage in risky leisure pursuits do so through a desire to exceed self-limiting feminine norms. The purely negative construction of health risk that policies promoting active lifestyles aim to minimize fails to take into account the pleasures derived from experiencing from pushing the cultural and corporeal boundaries of self. It is also somewhat ironic that the risks produced through active leisure pursuits (e.g. sports injuries) tend to be ignored within policy discourses that calculate population health benefits in relation to particular epidemiological categories of illness (e.g. cardiovascular disease).

Towards a feminist ethics of active living

It is surprising to note that despite abundant literature in the leisure studies field, the relation between women's well-being and leisure practices has been neglected within the sociology of health. Theorizing the governmental nexus between active leisure, health and risk in public health policy provides an opportunity to address this gap. In thinking about the possibilities of a feminist ethics of active living I draw upon Foucault's (1986) work on the 'ethics of self' to consider other ways of being-at-leisure. Foucault's (1986) ethics of self is not simply akin to a contemporary quest for an authentic identity or the finding of the truth of oneself through the achievement of self-actualization in leisure. Rather, an ethical relation to self is concerned with the production of subjectivity through practices of freedom aimed at the refusal of normalized femininity and the creation of different self-governing relations. In this sense women's self-governance through leisure is also a political project in that everyday practices and identities that are usually considered private or personal domains are opened up as sites of cultural transformation (McNay, 1992).

The particular interest in theorizing the body in feminism provides a means of rethinking our relations to self (Irigaray, 1993; Grosz, 1994). Leder (1990, p. 3) also identifies a growing cultural interest in finding ways 'to return to the body'. Whether this be via alternative forms of leisure such as, yoga, body surfing, Feldenkrais, drama, organic gardening, bushwalking etc., these modalities refute the trend towards an over-commodified 'decorporalized existence' because they potentially produce a different lived relation to the body. There are a wide range of leisure pursuits that refuse the dominant logic of health as an outcome of exercise and instead value a relation to the body based on a ethics of attentiveness, of affectivity or care, and even of pleasure and excess that is beyond a calculative logic. For example, yoga incorporates a different mode of listening to one's body, bushwalking may involve the sensual immersion of self in nature and swimming can also involve what Irigaray (1993) would call feminine

jouissance as an excess of pleasure embodied in movement that is not aimed at a measured self-improvement. This relation between freedom, leisure and health is also linked to the ethical possibility of living joyfully, and hence being-at-leisure otherwise (Slowikowski & Kohn, 1998). This ethics of self is less likely to produce feelings of guilt as the pleasures of participation are not tied to a dutiful and calculative notion of health—as Foucault (1984) argues, an ethics of self that refuses who we are in order that we might become something other, not something ‘more’ as the moral economy of health promotion demands.

A feminist ethics of active engagement has the potential to reinvigorate our sense of cultural physicality that contests the reiteration of the calculative rationalities informing mind–body oppositions within health-promotion discourses. This embodied sense of freedom is not so much a freedom from the mediation of culture; rather it is an acknowledgement of the potential of being-at-leisure now as that entails a different, mindful relation to self. Wright (2000), in her analysis of a Feldenkrais class, identifies the potential of discovering different ways of moving and relating to the self that are not premised on a mind/body opposition. Feldenkrais is a way of reteaching the self to engage with the body lightly and mindfully through an ethic of attentiveness. Somewhere between gentle yoga, tai chi and relaxation techniques, Feldenkrais explores how the body moves and feels at ease, refiguring the internal and external boundaries of self. Its powerful effect is to decentre the mind and the relation of mastery over the body, as the corporeality of being is experienced in the moment. The experience of Feldenkrais provides a metaphor for active living that embraces an ethics of self that women so often experience as submerged beneath the weight of others’ needs. So moving from rationality of Feldenkrais to the calculative discourses of the *Active Australia* campaign we can see a distinct contrast in relation to how the body is positioned as an object to be pushed harder, scrutinized more closely and worked on through the policy objective of improving women’s health. The paradox is that *Active Australia* discourses may actually work to suppress different modes of embodiment that *can* be produced through active leisure in its multiple forms and across the continuum of physical movement. The feminine body remains fixed as an object of health, rather than being opened up to other experiences of active physicality that may produce a different knowledge relation to the self and an alternative ethics to live by. In contrast, a feminist ethics of active living turns upon a lived, cultural relation to the body and contests the oppositional and calculative relations that we are urged to govern ourselves through.

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