The language of ‘Nudge’ in health policy: pre-empting working class obesity through ‘biopedagogy’

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Cross-party Initiative: Launched 2009 (New Labour); Ongoing (then Coalition and Conservative governments)

- Various Genres intersect with a range of (non-governmental) discourse practices (TV ads, You Tube videos, Website, Community Events, Branded ‘merchandise’, Supermarket vouchers...)
- These coalesce under the ‘C4L’ brand (© Crown Copyright)

Corporate Stakeholders:

- M&C Saatchi, Aardman Animations, Kantar International Market Research
- Asda, Unilever, Pepsi (& Mars, Danone, Dole, Kelloggs, Tesco...)
The Problem

Obesity Prevalence in the UK

Obesity is **Socially Stratified**

‘Obesity prevalence in the most deprived 10% of the population is approximately twice that among those in the least deprived 10%’

(Public Health England, 2015)
What is Policy?

Policies rest on political ‘imaginaries’

‘Economic and political relations are so complex that any action oriented towards them requires some discursive simplification’

(Jessop, 2002: 7)
Pre-emptive politics & managing risk through public education

‘Solutions to address the obesogenic environment such as changes in transport infrastructure and urban design... can be more difficult and costly than targeting intervention at the group, family or individual’

(Foresight, 2007: 11)

Biopolitics & ‘active citizenship’
- Self-disciplinary subjects internalise expert knowledge about ‘normality’, then monitor and control behaviours accordingly (Foucault, 1979)
- Amenable to (neo)liberal regimes because shifts responsibility for welfare onto individuals

Obesity Biopedagogy
- Recontextualised in Change4Life as biopedagogy
- Relies on ‘instrumentalising anxiety and shaping the fears and hopes of individuals and families for their own biological destiny’ (Rose, 2001: 17)
Nudge aims to
‘help the less sophisticated people in society while imposing the smallest possible costs on the most sophisticated’

(Thaler and Sunstein, 2009: 252)

Through ‘choice architecture’

Change4Life aims to
‘nudge people along the behaviour-change journey’ (Dept of Health, 2009: 5), encouraging ‘enhanced personal responsibility’ (Halpern et al., 2004: 14)

Began by conducting market research to identify ‘at risk’ family types to target

(Dept. Health 2008)
Questions

How is expert obesity knowledge *enacted* as pedagogic discourse?

What are the textual strategies through which specific individuals (groups) are *targeted*?

How is their *agency activated* and brought to work on their lifestyles?
Keyword Cloud (vs. BNC sampler)
Enacting Pedagogic Discourse: multimodal interdiscursivity

- everyday ‘lifeworld’ discourse
  ‘after school we’re right little monkeys; we love pop; we’re always hunting down the sweet stuff; mum’s ace...but I know how to get around her, get the snacks I want; if they gave out gold medals for sitting around doing nothing then I would win one’

- fragments of biomedical and scientific discourses, often framed as the reported speech of a parent or teacher
  ‘we could grow up to have heart disease, cancer or type 2 diabetes; eating too much causes fat to build up in mi body; too much sugar means extra calories; just one can o cola contains nine whole sugar cubes; this can lead to the build-up of harmful fat on the inside... [which] can cause serious diseases’

- the brand marketing discourse devised for this campaign:
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>LP</td>
<td>(narrative of) lifestyle problem</td>
<td>we don’t stuff ourselves with snacks and things, and veg on the sofa. Or do we? [mum] gives me enough to feed a horse; if they gave out gold medals for sitting around doing nothing then I’d win one; we love pop; I like my snacks; we’re always hunting down the sweet stuff.</td>
</tr>
<tr>
<td>HR</td>
<td>scientific warning about health risks</td>
<td>that could mean heart disease, cancer, or type 2 diabetes; 9 out of 10 kids growing up with dangerous levels of fat in their bodies; too many hidden nasties can create dangerous levels of fat in your body; can lead to nasty things like a stroke, mouth cancer, liver and heart disease; we get painful toothache and need fillings; [harmful fat] can cause serious diseases as we grow older including type 2 diabetes, some cancers and even heart disease;</td>
</tr>
<tr>
<td>BC</td>
<td>behaviour change suggestion/narrative</td>
<td>mum’s got this new game, snack swapper; now I eat me sized meals; just remember, choose less red go more green instead; ; fill in our games for life questionnaire; pick your favourite Disney team and help them win...</td>
</tr>
<tr>
<td>E</td>
<td>(moral/affective) evaluation</td>
<td>ugh, nasty, yuk!</td>
</tr>
<tr>
<td>SF</td>
<td>scientific food facts</td>
<td>there’s seventeen cubes of sugar in that fizzy drink [there’s] up to ten cubes in one can an’ up to 52 in a bottle!... we kids eat a whopping 5543 sugar cubes, that’s 22 bags of sugar, that’s more than a kid like me weighs!</td>
</tr>
<tr>
<td>PE</td>
<td>policy exhortation</td>
<td>join change4life now for your free meal mixer and special offers; sign up now for your free meal mixer; get your snack swapper NOW; search change4life; download the sugar smart app</td>
</tr>
</tbody>
</table>
LP (1st person confessional narrative): occurs in 75% of ads
- **Child** narrator: problem is entrenched bad habits (*we love pop; I like my snacks; we’re always hunting down the sweet stuff*)
- **Mum**: problem is ignorance (*mum thinks food will make me big and strong but she gives me enough to feed a horse; calories, we all need ’em but it’s hard to know how many; eating healthy can be confusing*)

HR: LP negatively evaluated as disease risk

BC & PE: obligatory moves; delivered by govt voiceover; acts as ‘portal’ out of fantasy cartoon world back to real world of active citizenship
- **Consumerised solutions** (in PE move): ‘free’ and ‘smart’ are 3rd and 10th highest ranking keywords. Collocations: *[free] + _smart _ {sugar, swapper, app, restart, swaps, shopper}*
Arguments: Denying the Root Causes

“Myth 1: ‘Healthy food is just too expensive!’
Loads of people think this is true, but it’s actually more likely you will find a lot of cheap healthy meal ideas that help save you money. *You just need to be clever about it.*”

Change4Life Website, 2015 (my emphasis)

Rejects the validity of counter-arguments
Denies structural, political economic causes
Shifts responsibility onto individual consumers
Targeting ‘ordinary people’ & activating agency: voice style & deixis

**Voice style:** (child narrators) have northern English regional accents implies working class demographic (aligns with findings from audience segmentation research conducted before campaign launch)

**1st person narrative:** (depicted characters ‘confess’ unhealthy lifestyles) constructs a personalised and child-centred message

**Characters ventriloquize policy message:** (they model the policy problem; evaluate it as a disease risk; model the behaviour change solution)
Targeting ‘ordinary people’: multimodality

The fantasy world of fairytales and cartoons allows ‘the protagonist increased space for agency’

(Machin and Thornborrow, 2003: 460)
C4L

Global food & drinks manufacturing, advertising, retail

Neoliberal political landscape (austerity, welfare retrenchment, food poverty, food banks, growing inequality...)

Public Health & Research: emphasis on epidemiological accounts of population trends; underfunded NHS (7% of GDP vs 10% in similar economies)

Nudge & related policy strategies based on ‘behaviour change’

‘The Wellbeing Industry’ (reinforcing ideology of psychologized & individualised solutions to collective problems)

Mulderrig (2016)
Some Critical Implications

C4L (re)produces social differentiation
By targeting ‘at risk’ groups (working class and ethnic minority children) and uses subtle multimodal strategies to encourage identification and active engagement. Legitimates ‘blame the victim’ narratives and denial of health care to obese people (e.g. York, 2016)

Individualised solution to collective problem
Obfuscates the root causes of increasing obesity (poor regulation; urban planning; transport infrastructure; (food) poverty; welfare cuts...) and in turn shifts responsibility for managing future risk onto individuals.

Neoliberal form of citizenship
Social marketing: a form of governance designed to solve social problems by drawing on non-governmental resources, actors and techniques for profiling populations in ways that treat them as primarily consumers rather than citizens or patients.
References
