Changing Families, Changing Food

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Bringing it all back home: Families with children with obesity

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Abstract

Despite the fact that there is an acknowledged 'lack of evidence of effectiveness' that 'family-based health promotion interventions impact on obesity and overweight' (National Audit Office, Healthcare Commission and Audit Commission, 2006, NICE 2006a) the recently released NICE guidelines emphasise that 'All actions aimed at preventing excess weight gain and improving diet (including reducing energy intake) and activity levels in children and young people should actively involve parents and carers' (NICE 2006 p.20). Parents are offered advice to 'help children establish healthy behaviours and maintain or work towards a healthy weight' (NICE 2006 p16): the child becomes a passive consumer of interventions directed at the family – predominantly at parents. We suggest that such policy is based on a restricted understanding of family that does not take fully into account the complexity of family relationships and dynamics. We illustrate this in relation to findings from two qualitative research studies focusing on obesity and a Leverhulme funded project, *Making Healthy Families*, that is currently investigating the intersections between food and family practices. This latter project forms part of larger programme, *Changing Families, Changing Food*, which is being conducted at the University of Sheffield.

Much of the empirical data for this paper is taken from the 'How is it for you' project which explored, with children and young people, their experiences of being obese and from preliminary findings from an ongoing study which focuses on the experiences of parents of children with obesity. Data were generated through focus group discussions and individual interviews with young people between the ages of 10 and 17 who were attending, or had attended a community based obesity intervention programme and with the parents of young people associated with the programme. Young people's and parents' understandings of obesity and relations between familial adults and children with obesity are explored through three theoretical themes: explanatory discourses; family relationships and practices and; family eating environments. Family members, we argue, adopt varied subject positions that sometimes defy traditional parent/child models that position children as the passive recipients of parental influence.

Penny Curtis and Pamela Fisher, Jan. 2007.

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Introduction:

In the 2004 Spending Review, the UK government made tackling childhood obesity a Public Service Agreement (PSA) target. This target is shared by 4 government departments: the Department of Health (DH), the Department of Education and Skills (DfES) and the Department for Culture, Media and Sport (DCMS) (National Audit Office, Healthcare Commission and Audit Commission, 2006). This is therefore a complex agenda, reflecting the complexities inherent in tackling childhood obesity. Common to all these activity areas is the assumption that prevention and intervention should be adult led (predominantly by adult professionals) and that one of the 'big wins' for tackling obesity would be effective engagement with family members (DH, 2005). Despite the fact that there is an acknowledged 'lack of evidence of effectiveness' that 'family-based health promotion interventions impact on obesity and overweight' (National Audit Office, Healthcare Commission and Audit Commission, 2006, NICE, 2006a) the recently released NICE guidelines emphasise that 'All actions aimed at preventing excess weight gain and improving diet (including reducing energy intake) and activity levels in children and young people should actively involve parents and carers' (NICE 2006, p.20). Parents are offered advice to 'help children establish healthy behaviours and maintain or work towards a healthy weight' (NICE 2006 p16).

Box 2 Helping children and young people maintain or work towards a healthy weight

Diet

- Children and young adults should eat regular meals, including breakfast, in a pleasant, sociable environment without distractions (such as watching television).
- Parents and carers should eat with children – with all family members eating the same foods.

Activity

- Encourage active play – for example, dancing and skipping.
- Try to be more active as a family – for example, walking and cycling to school and shops, going to the park or swimming.

> - Gradually reduce sedentary activities – such as watching television or playing video games – and consider active alternatives such as dance, football or walking.
> - Encourage children to participate in sport or other active recreation, and make the most of opportunities for exercise at school.

Throughout, the child is positioned, within the NICE guidelines, as a passive consumer of interventions which are directed at, and delivered (principally) through, adult, parental members of the family, duly advised by knowledgeable professionals. The implicit assumption is that working with the families of children who are obese will result in lifestyle changes for the child who becomes little more than 'the passive output of child-rearing practices' (James and James 2004, p.23).

Analytical Framework

The approach to obesity described above reflects New Labour's broader policy focus which tends to both stress individual responsibility and place the family at the core of a number of policy areas in relation to social inclusion and social cohesion (Driver and Martell 2002, p. 46-61). Whereas previous governments had supported the 'family' while nevertheless regarding it as a private sphere, New Labour adopted a new interventionist approach and established a Ministerial Group on the family soon after coming to office in 1997. The intention was to promote 'joined up' thinking with regard to family policies (Wasoff and Dey 2000, p. 131) while emphasising the role of the institution of marriage in strengthening family life. Transformations in contemporary family relationships, in particular, increasing cohabitation, divorce and separation, lone parenting and people living alone, were viewed as destabilising family values and undermining the practice of good parenting (Edward and Gillies, 2004). In 1998, the then Home Secretary, Jack Straw stated,

> In our manifesto we committed ourselves to strengthening family life. We promised to 'uphold family life as the most secure means of bringing up children. Families are the core of our society.' (Straw 1998, cited in Adams, 2002, p. 113)

New Labour's approach to family life was laid down in the consultation paper, *Supporting Families* (Home Office, 1998), a document which emphasised the Government's interest in the family as a forum in which the values of good citizenship are learned (Maclean, 2002). This has, arguably, resulted in an instrumentalist policy approach towards parenting that Frank Furedi (2001) has termed the 'professionalization' of childrearing. As Gillies (2005, p. 77) puts it, *Supporting Families* '…depicts parenting not as an intimate relationship, but as an occupation requiring particular knowledge and skills', thereby increasingly isolating parenting practices from the interpersonal context of the private sphere. Gillies (2005, p. 77) also argues

that it is based on the premise that parents should be encouraged to reflect on and regulate their performance, through reference to 'expert' training. Parenting is therefore seen as quasi-contractural in nature in that it appears to assume that parents are independent, atomistic actors who have certain duties that they must discharge towards their children. Within this discourse the traditionally private sphere of the family is repositioned as a public space and the parenting skills endorsed in social policy are presented as 'neutral, technical tips', thereby obscuring the fact that they are embedded within an ideological understanding of the family (Gillies, 2005, p.80).

New Labour's policy approach towards families is, we suggest, largely based on a functionalist understanding of the family, which attributes more or less fixed roles and positions to different family members and considers the activities and practices that individual family members perform in order to meet their needs (Cheal, 2002). A functionalist approach such as this enables an examination of the different roles and distribution of tasks within families, for instance food preparation and the care of elderly family members, but nevertheless presents a rather static view of family dynamics which stresses the positive benefits of family members occupying pre-defined roles while leaving unanswered questions as to why families do not always function well. More recently, in response to the perceived shortcomings of functional (and also structural approaches) to family research, a new perspective, sometimes termed an 'ecocultural approach' (Christensen, 2004) has been developed that shifts the focus from roles to practices in everyday life (Cheal, 2002; Silva & Smart, 1998). From this perspective, the family is no longer conceptualised as a static unit but as constituted by multiple practices and processes, including eating habits. Importantly, the ecocultural approach defines all family members, including children, as agents who can potentially promote or adversely influence family practices. Whereas traditionally children have been regarded as the objects that are acted upon rather than the subjects or agents of change (Woodhead & Faulkner, 2000), more recently, there has been growing recognition of children's agency, in particular that they actively engage with many different and often contradictory health and life values and practices, which may be either rejected or incorporated into family practices (Christensen, 2004).

In this paper, we argue that the understandings that underpin food practices within families and, in some cases contribute to problems with obesity, must be seen as dynamic and complex inter-subjective processes that draw on different and sometimes contradictory discourses which challenge functionalist and instrumental perspectives in relation to parenting. Our starting point

here is that family members are not the unified subjects that characterise modernist thinking but are instead constituted by a number of selves who may be in conflict with one another. This is consistent with Foucault's (1980) analysis that power is negotiated at a micro level when subjects draw on their multiple subjectivities and either conform, consent or resist external pressures. The subject may therefore adopt ambivalent and contradictory positions. However, we do not subscribe to a purely post-structuralist understanding of identity as essentially illusionary. As Hoggett (2001, p. 42) argues, there are 'powerful integrative forces at work within subjectivity', so we are both one and simultaneously many. Throughout this paper, we adopt a position that assumes that family members create coherent narratives, intersubjectively, in relation to their lives in order to find meaning that will sustain them; they should not, therefore, be seen as merely reactive but as architects of their own practices, understandings and identities.

Methodology

The paper presents findings from two qualitative research studies relating to obesity, the 'How is it for you?' project generated data about children's experiences of being obese, through focus group discussions and individual interviews with young people between the ages of 9 and 17. The 18 children and young people who participated in the study had all attended a community based obesity intervention programme (SHINE: Self Help Independence Nutrition and Exercise) that is specifically designed for young people. (A parallel, but separate programme is available for parents.) The 12 week programme is based on the multi-component approach recommended by NICE (2006). Unusually, SHINE also enables children to opt into an ongoing maintenance programme, providing prolonged contact with the project. Children who participated in the study were mainly from areas of relative deprivation and a small number of the young people had learning difficulties.

We also draw upon preliminary finding from an ongoing study which is exploring the experiences of parents of children with obesity. In this study, (No24) parents participated in interviews at the beginning and the end of their child's 12 week obesity intervention programme. Two additional, one-off interviews were undertaken with parents whose children who had not yet entered an intervention programme.

The paper also draws on a further qualitative, study funded by the Leverhulme Trust (*Making Healthy Families*) which forms part of a larger programme of research *Changing Families,*

Changing Food that is currently being conducted at the University of Sheffield. *The Making Healthy Families* project investigates community food interventions and family food-related practices and understandings in relation to healthy eating. Empirical data is being generated through observations of selected interventions and in-depth interviews with managers, practitioners and family members.

Analysis has been ongoing throughout all data collections phases. Thematic analysis of the data has been undertaken for the completed 'How is it for You' study and is ongoing for the remaining studies, using the software package NVivo. Thematic analysis requires intensive reading of transcripts to ensure familiarity with the data. Initial codes are derived in an interactive process between the research questions and the data. A preliminary reading of transcribed data, fieldnotes and other material is undertaken in order to give a sense of wholeness and of concurrence and contradictions within and between narratives. Further readings enable the identification of *in vivo* codes which are constructed from the respondent's own language by the identification of significant words and phrases. Subsequent readings of the data, and the consideration of the extant literature and theoretical perspectives leads to the creation of analytical categories and themes which are developed as additional indices are induced from interpretive readings of the texts.

In the following discussion, we consider,

- explanatory discourses around obesity within families

- Family relationships and practices
- Family food environments, including issues around contested responsibilities and how change is negotiated

Explanatory discourses within families:

A child's weight and body size are experienced and interpreted in light of family histories, or family 'stories' which assert an embodied, intergenerational continuity. Parents invoked explanations for their own weight problems, and by extension, those of their child/ren, by reference to others in their family histories.

> Weight is something that the female side of the family is, we've all suffered with it, whether it's a gene that's within us, I really don't know, P7

> All the, all the women on her Dad's side are all, they've got like big hips and, well, I think it's just summat in their [make up]. PP.B1:06

This association was made by mothers about their daughters and by fathers about their sons,

> INT You're indicating there that he was fairly skinny at five?
> -   Yeah.
> INT And a lot, lot bigger at nine?
> -   Yeah, I must admit I were gobsmacked but at end of 'day he's worked out to be like same build as me, I mean I were never a thin child. Whether it's anything to do with genes or whatever, I don't know, but basically, he seems to have, like, took after me. (P3)

Where such clear familial relationships were not available, stories could include a broader familial network making associations with, for example, a maternal aunt or with grandparents. As Backett-Milburn and Harden (2004) note, configurations of risk are developed within families in light of shared and contested saliencies and meanings. Understandings of inter-generational weight problems are generated through the interweaving of individual and familial biographies, as illustrated by some of the young people with obesity:

> YP4FB   Our mum were fat when she were little, like me, and she lost it all when she'd grown up, so my mum said I think when I grow up I'll probably start losing it, because my dad is big and my little baby brother is, and my little baby brother who's just been born is . … [ ] … And they all were chubby, my nana was chubby, my granddad and then my Uncle [ ] was but Aunt [ ] aren't.

The "apparent lack of parental concern about their child being overweight" that had been commented upon (Jeffery et al 2005 p.23) needs, therefore to be seen within the context of family biographies and 'the myths we live by' (Samuel and Thompson 1990). With 'big' people in the family, parents accommodated 'bigness' in their own children and they accepted growth trajectories that confirmed and embodied family continuity.

> I've always accepted her as she is because she were a big baby (P1).

'Bigness' is therefore often a characteristic that families have accepted and understood as a familial trait and accommodated over a protracted period of time. Children are acknowledged to have been 'chubby, or 'bonny' or 'big', or to have 'puppy-fat'. This vocabulary provided parents with acceptable categories through which their child's body size could be accommodated and normalised within their individual biography.

> Oh gosh, she was probably, the first time I really, really struggled and she was only, she wasn't very old, and there was this small boutique that did like this designer baby stuff and everything and my mum and me went, and a lot of the dresses we couldn't get across her chest, she's always been in like the size up. … [   ] … But she wasn't particularly, I mean like, she never went on the sentinels (*percentiles*) or anything, she was never particularly massive she just seemed to be really, really chubby, really, really well built but her weight wise, everyone said she was fine. (P2)

Much of the vocabulary evoked by parents (notably, 'chubby', 'bonny' and 'puppy-fat') has a clear age association, rarely used to describe bodies beyond childhood.   These categories were considered, by parents, to fall within the bounds of normality, and were not, therefore, grounds for undue concern or for intervention.   As Backett-Milburn (2000 p.87) notes, the child's body is seen as unselfconsciously maintained – children will grow out of their 'puppy-fat' – while the adult's body is acknowledged to require self-conscious maintenance.

The individual within the family

Both children and adults sought to locate and understand the child with obesity within family stories or histories of 'bigness'. Wills et. al. (2006) similarly note that some participants in their Scottish study referred to the 'hereditary' nature of body size/shape, a reference that was deemed to be reassuring as it suggested that 'individual efforts to change were unlikely to be successful' (Wills, et. al., 2006 p.400).   Yet it was the individual, incarnated body, a manifestation of the family body, that was assumed to be faulty and it was this faultiness that was believed to have led to the development of obesity.   Parents sought to understand why the *specific* body had become problematic. This search for causation in the child's body and the consequent focus on the individual child located the problem of obesity in and with the child rather than the family environment in which the obesity had developed.   For parents with overweight and normal weight siblings, the focus on the individual body was intensified.

-       She's always been what I call a bonny child, she's never been a skinny child, like my other two are very thin children.
INT   Are they older or younger?
-       I've got one at seventeen, a lad, he's very tall, very skinny, can eat anything, extremely active, I've got a little one at four and a half, and he's very thin and very tall, (*daughter*), she's never been skinny, never been thin, she's always had a little bit of weight on her, always. (P8)

Yeah, do you know like 'Cause they eat exactly the same foods and he (thin sibling) eats more but he's, he stays right thin so to me it's gotta be summat in their body what's different, han't it? *PP.C1:02*

Some parents referred to infantile illnesses which they felt may have contributed to their child's weight gain. Most parents had consulted with their general practitioners and some children had undergone tests for endocrine anomalies ([P1], [P8]):

Well, I thought, well, if there's something wrong, does he need any help, is it his thyroids or something. That's why I got him checked out. PPB1:12

Even when clinical investigations did not indicate an underlying medical problem and did not offer a viable explanation for a child's obesity, parents continued to search for sources of evidence to sustain their belief that something was wrong with the child's body.

> And I was looking on the Net trying to find out about different things, you know, and I still say that I think there is something wrong with him, mildly wrong with him. PPB1:14

Family relationships and practices:

Although the problem of childhood obesity is assumed to derive from the faulty body of the individual, family dynamics - family relationships and practices - are also understood to play their part by creating spaces of turmoil in which children may develop practices which impact upon their health and wellbeing. As Backett-Milburn (2000) has noted, while parents are often very concerned about keeping their children's bodies healthy they may be unclear about what they should do and practices are often contested between parents themselves and between parents and children. Contested practices may give rise to considerable tensions which could manifest as inconsistencies in adults' parenting practices.

> He (*dad*) was always watching what she was eating, so he was aware that she was getting bigger, that she was big for her age, and he did put a lot of pressure on, tell her to stop eating and point out things that she shouldn't be having, she was having, so I think like I went maybe the extreme, you know, I maybe did let her have them, because I didn't like the idea that she was being told she couldn't have them, does that, sounds contradictory, she's probably getting a lot of mixed messages from home at the time. (P6)

Tension between parents and children was also widespread.

> It got harder and harder to try and talk to her about it because she would go moody or cry or get angry or there was a lot of emotion there about it.
> INT Right.
> And no matter how we tried to talk to her you know, there was always ructions whenever it came up, so yes, because you would tend to think oh right, right okay, no don't say anything because she didn't want that type of upset. Because that would involve shouting, my husband's got a very quick temper so he would shout. And then of course (*sibling*) would get upset so we'd end up with one in one bedroom, one in another and we would both be shouting and there'd be me saying oh well why did you have to say something tonight, … [ ] … but no matter how, no matter whether I sit down and say right let's sit down and talk about it sensibly or it got to shouting, there was always, so you tended to leave it and you know, when she came home and you know, she'd eaten another chocolate bar or she'd gone in the fridge and got something else out, you tended to just ignore it because it was the easiest option. (P2)

Parents also surveyed their children's eating practices and were aware that they sometimes attempt to conceal their eating practices from their parents and that children and young people, especially those attending secondary school, may have independent access to foodstuffs.

> You know I've found some chocolate bar things in her handbags and that and I'm like, and she's gone a little bit defensive. … [ ] … I know and that's, we had a thing yesterday because I found a crisp packet and all sorts in there, (P2)

The young people were aware that they were under surveillance:

> They put out food and then you think they watch what you dish out, like say, and what you get is probably no less or no more than what anybody else has got but just because it's you what's getting food they've, they watch you, and then it, it gets you feel really embarrassed YP4FA

This could lead to complex dynamics between parents and their children.

> It's like treading on egg shells though. When it comes to weight and one of things is, is you have to make sure that you're watching them all time. Because that is, it's awful, because you, they feel as though you're judging them, if you, you know so, you have to really be careful that you, you don't, when she goes in, you find her in kitchen and she'll come in and she'll pick a bag of crisps up and an apple and what have you, you can see she's got this secretiveness about her and she'll shut her eyes and, and I try not to look at her, I try to get on with what I'm doing you know, but I can remember doing this myself when I were young, I didn't want anybody knowing what I were eating, you know, so I had, I too had got this secretiveness about me. (P7)

Tensions could be particularly marked when parents were experiencing difficulties in their own relationships. These were considered by a number of parents to be significant factors in the development of their child's weight problem. Although never alluded to by the young people themselves, parents considered family trauma, especially parental separation and divorce, to have adversely affected their child's wellbeing and precipitated their weight gain.

> Well I only have (*son*) at weekends, because I split up with his mother and everything …[ ]… before we separated and when he was quite young he was just like, he were like a dart, he were like everywhere, he was really, he was actually quite thin. (P3)

> Why did they start to gain weight, what was the reason behind it? Was it boredom at being stuck in a house, was it a problem with the way you feel your mum and dad are, behaved or whatever? (*Daughter*) wasn't overweight until I divorced her father. (P5)

Other significant family traumas were also considered to have the potential to precipitate disordered eating and excessive weight gain. One parent recalled her own childhood experience of bereavement.

> At thirteen I had a weight problem, mine was because my dad died and my way of compensating was eating when my dad died, I'd never had a problem before, I'd put on a

lot of weight but I realised within about a year and I lost it … [ ] … and I went back down to a normal, what I call a normal size. (P8)

The available research tends to support parents' reasoning in this area and identifies links between traumatic events during childhood and elevated risks of obesity in adulthood (Jia et. al., 2004). Gunstad et al. (2006) showed that a history of being bullied/rejected and of emotional abuse was associated with adult obesity, particularly for men. However, a study focusing on gastrointestinal disorders among female patients found that a history of physical abuse was significantly related to being overweight and obese. More generally, childhood trauma has consistently been associated with an increased emotional reactivity to daily stresses throughout life, with the effect being significantly stronger for subjects who experienced the trauma before the age of 10 (Glaser et. al., 2004). Subjects exposed to childhood trauma tended to react more strongly to small stressors occurring in everyday life.

Family food environments:

It was notable that, in many families, the biographies of one or even both parents were peppered with concerns about their own eating practices and the difficulties that they experienced controlling their own weight. Such experiences are consistent with research that has identified parents' eating habits as one of the main risk factors contributing to obesity in children (De Vitto et. al., 1999). Backett-Millburn (2000) has described food as one of the most contested areas of health and bodily maintenance and tensions around food and eating are illustrated in the metaphors used to describe adults' own weight-related experiences. One parent talked about 'the .. battles that I've had all my life … [ ] … 'because I'm big and I've battled it all my life'. Moreover, this 'battle' had been fought over a number of generations: 'all my family are quite big, now my mum battles it and has battled it all her life'. (P2)

Similarly, another parent suggested that 'we've all been big, female side, not male side, I was big and I lost weight a few years back, I'd been trying all my life, up and down like a yoyo' (P7).

Weight control was a recurring theme in parents' biographies, even when the parents did not consider themselves to be overweight:

> I don't have any scales in house because I used to be overweight, so when I slimmed down I sort of says that's right, I'm not having any scales in house because I were forever jumping on them. (P1)

Though parents allude, as we have discussed, to the significance of family trauma and relationship breakdown and describe their own considerable concerns about their own weight

management, we found little evidence that parents had associated their child's weight problem with the food environment in the home or with family eating practices – though one parent had, subsequently, reflected upon his role in supporting his son's weight problem:

> I don't think it's just a child's problem, it's to do with their parents as well, because basically like such as (*son*), I mean even though he was eating a lot when he was with his mum in the week, because that was the norm for him to do, I was doing it at the weekend and really I blame myself a bit, I should have turned round and said well no, like you've had one burger, one burger's enough, go and get a bit of fruit or whatever, but you don't think like that. (P3)

This comment was unusual: on the whole, parents' discussions of their children's eating practices emphasised the individual child's disordered eating.

> It didn't matter how much you put in front of him, he'd eat and eat and eat and eat (P3)

> She went through a stage, and she's never got out of it really, where it was always where's the next meal coming from.
> INT   Right, so she likes her food?
> Yeah, absolutely loves it, and it isn't just sweets, I mean it isn't as if it's like sweets, chocolates, crisps. It's proper meals, you know, I mean she does eat, there isn't really anything she doesn't eat, all the vegetables, everything, if you gave her a choice she'd choose a roast dinner. All the vegetables and everything, but she likes all the things like the, you know, cheese sauce and grated cheese and all the things that are just wrong. … (P2)

The family food environment: contested responsibilities

Christenson (2000) has argued that children's vulnerability is constructed in relation to an adult/child hierarchy which assumes the active protection of a passive and unprotected child by a responsible adult. The young people articulated similar understandings. They acknowledged that they ate too much and that they often ate things they knew were not 'healthy', yet they felt strongly that parents should know better: parents should be more responsible for what they ate. The young people were candid about their eating habits before joining the obesity intervention programme:

> YP5FF I just pigged out me, I were just, I'd have just picked up all to eat, anything to go, fizzy pop to drink, and I'd just sit there eating, most walking I ever did were, went out with papers and I'd come back in, sit down, go to fridge, sit back down, go to fridge, sit back down, and I'd done repeatedly every day

> YP5MZ When I used to get home, every day, before I used to come here, I used to get like two or three bags of crisps and about literally a pack of chocolate bars and just sit
> YP5FA I just used to not talk to anybody, at school and if, I when I went home, like same as YP5MZ, just get chocolate and go up in my bedroom and just sit.

While many parents felt that they should not impose particular food choices upon their children, the young people were concerned that parents needed to be more informed about what constituted a healthy diet and should play a more active part in ensuring that their children ate more healthily.

> YP2FB   I think it'd be better if they (*parents*) were like educated on more children's nutrition and stuff, when you watch things on TV and chicken nuggets and chips and all that rubbish, it's not very good is it? And I think they need, I think some parents do need to be better educated on what they feed their children.

The general tenet of parents' discussions suggests, however, that the ultimate responsibility for eating healthily – reducing their intake of crisps and sweets and actively incorporating fruit in their diet (vegetables being rarely mentioned by parents) lay with the child. Parents continued to buy the foodstuffs that they expected their children to avoid and continued to make them available within the home.

> Her eating habits as well weren't brilliant, I mean she's always eating a lot of sweets and not much fruit and things like that, whereas it's always been available in the house, it's not like I've bought, you know not bought the fruit, but she was always one for wanting sweets and chocolate, so she would like eat a lot of that, so I was concerned that she was developing bad eating habits at the time as well.
>
> INT   And did you feel there was anything you could do about that?
>
> I suppose there were things I could do and I was aware what I could do, was just not buy them but I still bought them, because I think you feel like you're denying them don't you? That they're only kids, you know. (P6)

This concern about denying children particular foodstuffs was widespread. There appear to be two issues fuelling this concern. On the one hand, some of the parents felt that dieting was inappropriate for children:

> I was concerned (*about daughter's weight*) and my friend was a nurse and I kept saying to her and she said she's too young, can't put her on a diet, can't put her on a diet. (P2)

> You know, I don't expect a teenager to lose weight, in fact I would be a bit disturbed if they lost it rapidly, because it's not good for them. (P7)

This concern appears to be associated with high levels of public awareness around eating disorders particularly anorexia nervosa.

> I talk to her about it … [ ] … you can't really, you know come down hard on them, I don't think, because I think sometimes it can have the adverse affect by, because I know from my own experience I went the other way and I didn't eat after I'd lost my weight when I was younger, I don't want that for her. (P8)

> Now that's summat I've got to watch out with (*son*), if he loses this weight will he know when to stop. PP *C1:01*

However, a stronger theme in parents' discussions concerned their belief that children and young people are entitled to 'treat' items in their diet - and the associated perception that it would be unreasonable to deny their children the opportunity to consume what have been called 'empty calories' (Jenkins et. al., 2004, Graham and Uphold, 1992).

> And all their friends are having them and what have you, you know I provided all the alternatives, all the fruit but never felt like I wanted to put pressure on her, to actually eat them, I tried not to make a big deal of it at all, but I was aware and I was concerned, you know. (P6)

This suggests understandings around food and eating that are firmly embedded in contemporary family practices. Food items which have limited nutritional value have assumed considerable social significance and have become integrated into normal childhood as a right rather than a privilege.

> I don't think that it's right to take everything away from (*young person*), as far as treats and sweets go, I think that's too, you can't do that, … [ ] … So I have, instead of having Kit Kats in the cupboard I have Blue Ribbon in the cupboard because they're only ninety nine calories, so she still gets the chocolate but she just doesn't know really that she's not getting the great vast amount of sugar that she might get in a Kit Kat. (P5)

Rather than reconsider the appropriateness of the family food environment, parents modified their purchasing decisions so that treat items of low nutritional value could still be provided for all family members.

> I think it's odd when it's like yeah (*son*) you can have a bag of crisps but (*daughter*) you can't, so now I like, I say like we'll just buy six cheese and onion Walkers, they're not (*son*)'s but six cheese and onion Walkers and then I'll get six Lites, Walkers Lites for (*daughter*) or six Snack-a-jacks, and then I know they're in for week, … [ ] … it's like, buying a bit of both. (P1)

One parent was discussing her daughter's habit of snacking on chocolate or raiding the fridge when she got home from school:

> If it was just my husband he would quite willingly not have the things in the house, but, (*son*) can eat them. And (*son*) wants them, and (*son*) is very active and very hyper … [ ] … He's very, very, you can stick your fingers behind his ribs, he's light, so you know, sometimes I think if he did just eat meals what would he weigh because he puts cakes and biscuits and chocolate and things away. … [ ] … We spend a fortune on, every time we buy something for him we try and buy some kind of low fat alternative for (*daughter*), so like, you know, there's always something good that she can have that's not bad. (P2)

The focus on the individual child can therefore be reinforced when other members of the family, and perhaps especially siblings, do not have a problem with their weight.   Under such

circumstances, parents may not feel the need to re-examine the types of foods available in the home and the eating practices of family members. Parents' discussions of treat foods suggests that nutritionally non-essential items of food and drink have become firmly embedded within, and normalised as part of, the family food environment. Treats have become socially essential, tied into families' (often implicit) systems of reward and punishment. Withdrawal of treats implies punishment. However, it is important to recognise that having such foods readily available in the home is problematic for the child who is overweight.

> YP4FJ   She (mother) buys like food I can't eat, but most of time I can restrain myself but you know just sometimes you just have a bad day, if you've just gone, if you just go wrong a little bit a day, well for me if I just go wrong a little bit in day I just want to scrap the day and just go really mad, and I'm just like, I'm just like oh I'll start again tomorrow.

P4FK makes a similar point:

> Whenever I've gone on a diet, my mum usually does it with me, as well, because my mum's quite large, so we usually do it together, … [ ] … but the thing that we find really hard is my brother, he, he's one of these that can eat what he wants and doesn't put any weight on, so he has all the chocolate in the house and we find that really, really hard. That's what I find really hard, but that's not his fault. I ate really badly over the holidays because I was with my brother a lot, looking after him because he's like younger than me, my mum was at work, and I was sat there and I knew that there was, it was in the cupboard, and I went in the cupboard to get my brother's lunch and stuff, I knew it was there and so I gave up and didn't do very well those two weeks.

It is important to consider the wider social context in which notions of love, reward and punishment develop. Much of family life is based on inherited traditions and practices that form a backdrop to family life of taken-for granted assumptions (Geertz, 1973). As such, they do not merely reflect identities but constitute them and are therefore political processes that create stories of characters, culture, events and relationships against a background of cultural processes, values and experiences (La Rossa, 1995). These processes are illustrated in the experiences of a woman who is employed as a food advisor for a leading supermarket chain and who was interviewed for the Making Healthy Families study. Now in her fifties, she explained that she had grown up in the austerity of the 1950s. She had become overweight as a child as her mother, who she described as nurturing and caring, frequently provided her with 'treats' such as bread and butter pudding. In the context of the time, she interpreted the preparation of such dishes as an expression of affection and care. The context in which today's children grow up is not one of shortages but of readily available surpluses in which 'treats' have become a right rather than a privilege and denying access to unnecessary food and drink items can be regarded as punitive in itself.

Negotiating change:

On the whole, parents who were concerned about their child's weight and body size tended to focus, in particular, on their child's diet, though a few had also encouraged involvement in sporting activities. One parent acknowledged that she had tried to 'cut down' the amount of food that her daughter ate (P1), but the majority of parents concentrated on changing the sort of food that they prepared for their child's meals by cutting down on, or avoiding, certain high fat foods – and occasionally high sugar foodstuffs - and making other foods available (this is consistent with findings from other studies, for example, Backett-Milburn et al 2005). Parents mentioned limiting the amount of crisps and sweets that their children ate, and avoiding full fat milk and butter. They also felt it important that fruit was available within the home. Parents frequently reported that they had ensured that there was always fruit available. Fruit appears to have assumed a mythical quality, not integrated into family eating cultures but constantly available as a passive panacea.

However, despite the belief that parents should be more responsible for ensuring healthy eating practices in the family, some of the young people were very critical of their parents' efforts to change the food that was available to them and their eating practices.

> I just didn't like control over what I were eating, I just didn't like just knowing what they were eating.
> *INT   You didn't like them trying to control what you were eating?*
> Yeah, well, I … [ ] … I thought they used to just more or less shout at me to lose weight rather than just help and like, sometimes my mother'll just, I'll eat something and she'll just, you know I've eaten something and I might eat something else, and she'll go don't you think you've had enough (*young person*)? And I'm, I just get angry about it, I just feel that she's, because I don't really tell her like that, so. … [ ] … I just like, what do I do? Just eat it and just feel guilty or just not eat it and prove to like, I don't want, I don't want her to know that she's like, making it worse. YP4FJ

As Mayall (2001) notes, children act within normative accounts of the social status of childhood but also in tension with it. Thus while, as we have suggested, children do feel their parents to be responsible for their health and wellbeing and for ensuring healthy eating within the family, they are also active agents who work to resist the imposition of adults decisions upon them.

Negotiating lifestyle change in families with overweight children is far from simple. The parental power hierarchy implicit in the notion of the responsible adult and the vulnerable child underwrites parental efforts to impose dietary restrictions and lifestyle changes upon their overweight children. But the young people were often unwilling to have decisions made about them or enforced upon them, and were liable to act to undermine these (as with secretive eating of foodstuffs controlled within, or denied to them in the home).

Participation in the obesity intervention programme provided children and young people with new understandings around food and insights into their eating practices which they brought into the family. Some parents resisted their child's independence and any challenges, enabled by their participation in the obesity intervention programme, to their authority as food purchasers and providers and constrained their child's agency and their efforts to introduce change:

> so I think the kids .. [ ] .. are taking a lot of responsibility because they're trying to apply what they're learning on the programme and parents' levels of knowledge and understanding are different, the kids are often more knowledgeable than the parents when they go back, but they don't hold the budgets, they don't do the shopping, you know they've got no control over it, so the kids are saying you know you say that I should reduce the amount of chip meals that I'm having but my mum's still cooking chips every single night, it's really difficult (PL)

However, where parents were able and willing to negotiate with their children about their eating practices and their lifestyle, both parents and young people were positive about their experiences and, in such instances, children could act as agents of change within the family. One father (P3) recalled his son asking: *'Do you want an apple Dad, instead of that Cadbury's Crème Egg!*

Young people seemed to value their ability to influence family practices:

> YP1FR   He (*dad*) used to eat junk food and now I've told him, he's started eating pasta and healthy things and exercising more.

Not all of the parents resisted their children's influence over family practices, although somewhat surprised by their children's influence, some parents nevertheless welcomed the interest and input.

> She'll just, she'll just say, they've been on about proteins and carbs and she says they boiled this mincemeat she says and they drained it and she says it were like all fat on top, she says I'm not having shepherd's pie. [laughs] She told me about that, she talks about proteins, carbs, (portion) plate she had only for a week, she brought that home. (P1)

> Yeah, he's, like when we, sometimes when he goes shopping with me and my wife, and we'll put stuff in, 'you shouldn't be having that, it's not good for you that Dad'. (P3)

> I was doing, he wanted beef-burgers other week and he says Mum I told you and I said what, he says you've put oil in frying pan and I said yeah but I've only put a bit in, he says but, oh it were chops, that were it, he says yeah but they cook so much better in their own juice, he says and there's less fat, and I said oh right. (P4)

Changing the family food environment is a complex process and a continuum of experiences was evident from, families in which parents assumed complete control over food choices, purchasing and eating practices, to families in which parents were both willing and able to learn from, and with, their children and to negotiate changes to their family food environment.

Discussion and conclusion

Policy tends to position parents as 'rational agents', ideally, enhancing their parenting skills by seeking 'expert' guidance. Within this discourse parents are perceived as individualised and unified subjects that exist prior to family relationships and dynamics. In this paper, we suggest that this understanding is inadequate and that it may be more helpful to regard families as relational entities in which individual members may develop diverse and sometimes contradictory subject positions. Whereas the demise of traditional parental authority tends to be viewed negatively in policy discourse, we share the view, with others, that this is not necessarily the case (Morgan, 1999; Silva and Smart, 1999). Instead we suggest that families operate within the moral realm of care and care giving, but that the boundaries defining roles should be perceived as fluid rather than fixed. Parents of obese children face a complex challenge. They must support their children and protect their self-esteem in the face of widespread social stigmatisation while also helping them to make healthy food choices. This may result, for instance, in parents expressing their love for their children by providing them with unhealthy 'treats' while at the same time warning them not to become overweight. Similarly parents may accommodate their children's weight problems with age-specific terms such as 'puppy fat', express the view that 'bigness' is 'in the family' and simultaneously an expression of an individual faulty body and therefore beyond individual control while also communicating their concerns in relation to the child's eating habits. Children may act as the instigators of, or rebel against, healthy eating practices while also insisting that their parents should act as gatekeepers who ensure that only healthy food is available.

The fact that people's narratives tend to be beset with contradictions raises the question as to how far rational reflexivity informs our decision-making. In other words, do we always know why we are doing what we are doing? Social policy is based on the modernist assumption that we are 'rational' agents who act logically, making choices after reasonable consideration. This has been problematised by certain critical theorists, including Bauman, (1993) and Hoggett, (2001) who make the point that choices are often made on the basis of what may be termed 'defensive rationalisation' (Hoggett, 2001, p.39) when we attempt to uphold beliefs, either about ourselves

or others.   Choices may also be made in urgent and unexpected circumstances or may be made on the basis of excuses, justifications, and denial. The self is therefore not only rational, but emotional and situated in a world that is characterised by messiness and ambivalence. If personality is constituted by a number of selves, then we must ask which self is acting at a particular moment? As Bauman (1993, p.20) reminds us, choices are complex not only because circumstances and rules may be conflictual but also because the conflict may reside within ourselves.

This contrasts with the overwhelmingly optimistic view of agency adopted in 'third way' thinking, exemplified by Giddens' concept of the 'autotelic self'(1994: 192-4), which rationally rises to challenges by transforming them into opportunities. This notion of the self is grounded in an understanding of autonomy as individualised rather than embedded within interdependent relations (Williams, 2001) and as inherently gendered (see also Britton and Baxter, 1999). Even among theorists who both subscribe to the notion that agency is individually enacted and tend to interpret this in a generally optimistic light (see for example Beck et. al., 1995), there is, nevertheless, an acknowledgement that it is a development that is more likely to promote success in the labour market than to sustain families.

Beyond this, and crucially, our research points towards an understanding of identity, and therefore agency, as being intersubjective. The dynamic between different family members, between parents, parents and children, and between children, may act to define and shape understandings and practices around food. Both parents and children may act as instigators of, or, alternatively, resist the introduction of food practices and, the relationships between different family members will play an important role in shaping understandings and practices around food and weight. As Butler (2003 cited in Magnus, 2006: 50-53) argues, we are never free to construct individual 'stories' as '…every 'I' begins in and through others.' The self comes into being in and through her concrete relationships with others, while also bringing other subjects into being through her own acts.

While we take the view that family roles have always been complex and negotiated, we suspect that the demise of Fordism in late modernity (that is, a general pattern of social organisation underpinned by the urban nuclear family in which the father is in full-time work, the mother in charge of reproductive work, including the preparation of food, and children are situated as a category apart in their expected role of passivity in the face of parental influence [Jessop 1994]) may have contributed to what has been termed the development of the 'negotiated provisional family' (Beck, 1992, p. 129). This is a family type which owes less to tradition or moral

pressures than to the expectations, aspirations, and negotiations between *all* family members. The resulting diversity of practices and absence of clearly defined roles within families, often construed as a threat to the moral fibre of society, may also be interpreted as encouraging negotiation and democracy within families. As Morgan (1998) points out, 'either or', associated as it is with scientific rationalism and modernism, tends to stress structures, categories and classifications, thereby emphasising fixed roles. We suggest that it may be useful replace notions of fixed roles with more fluid understandings of family practices. 'Either or' is replaced by 'and' in a way that illuminates the complexity that appears to characterise family practices, in particular those related to understandings of food and weight. The subjectivities of both parents and children, constituted intersubjectively, are multiple and complex and defy functionalist and instrumentalist understandings of family life.

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