SIN#7: THE ENVIRONMENT OF COMPETING AUTHORITIES

Saturated with choice

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Until recently, able-bodied people in receipt of modest incomes did not give diet or physical activity a second thought. Food security was the norm, and physical activity was built into daily life as well as being pursued through informal sports or games outside the eight-hour working day or the school day. As obligatory physical exercise diminishes due to automation, much physical activity must now be intentionally undertaken. People rely on more organised forms of exercise such as gym use, walking groups or club sports rather than incidental and spontaneous activity. Such exercise requires motivation, planning and (sometimes) money, so individuals without these attributes are excluded. In the past physical activity produced goods or services as part of paid work, personal transport or domestic activities, but exercise is now typically economically unproductive (for example, running), and is sometimes costly (for example, the gym).

A similar case can be made in relation to diet. Food is no longer about satiety, ritual and pleasure but is more culturally loaded than in the past: it now represents a pathway to individual status and identity and a reflection of moral worth (the sociology of vegetarianism offers ample testimony of this point).

Building on earlier chapters, we focus on the recent genesis of changed cultural dispositions towards the two behaviours that underpin weight gain: physical activity and food consumption. Denniss (this volume) describes modern citizens as hyper-consumers, people engrossed in their consumption activities. This chapter proposes that many modern consumers are cultural omnivores: compared with their parents they have a relatively wide range of tastes, which are often transitory in keeping with the fashions encouraged by commodity and knowledge producers. An appreciation for relentless market-based consumption is not an inherited or innate state of being (see chapters by Denniss and Smith, this volume). Professional marketers expend considerable effort to foster the desire for novelty and to experiment with the latest commercial offerings. Indeed, Australians are frequently described as 'early adopters', embracing novel technologies such as the home computer and mobile phone before other nations.

The question this chapter addresses is: Where does this impulse for omnivorous consumption come from? Does it reflect a young, multicultural nation at ease with diverse traditions? Or is it an economically rational response to the smorgasbord of marketplace offerings? Both explanations are plausible.

The rise of the omnivorous and anxious consumer

A further explanation receives attention from the fields of food sociology and physical activity research. There is growing speculation that flexible, transient and omnivorous approaches to diet and exercise are accompanied by a pervasive sense of anxiety about what advice to follow and which advice-givers to trust. It has been suggested that the more anxious and confused people are, the more susceptible they are to experimenting with the latest, unproven approach to exercise, diets and weight loss (Katz, 2005).

Some years ago, French sociologist Claude Fischler (1988) described how the human biological need for a range of food types inevitably arouses anxiety. He referred to this condition as

'omnivore's paradox'; and he noted that anxiety was flourishing in modern societies due to the enormous diversity of available food choices. He also described how the global movement of foodstuffs and cuisines fuelled consumer ignorance about food, including its origins, its uses and its social and cultural significance. This culinary alienation led eaters to consult an ever-wider range of sources of advice in the search for security, resulting in what he termed the 'nutritional cacophony' of competing experts. Fischler's arguments continue to resonate with developments in Australia's food system, and they equally apply to the physical activity cacophony.

This chapter concentrates on the environment of multiple sources of conflicting advice about what to eat, how much to exercise, and more generally how 'to be' a modern citizen. We contend that omnivorous and anxious Australians are subject to a proliferating range of products as well as numerous authorities competing to guide decisions about healthy diets and exercise. As a result, increasing numbers of people are either overtly repudiating expert advice and experimenting with their own approaches and solutions (some effective and others ineffective), or are so thoroughly confused as to be paralysed into inaction.

In the next section we consider in more depth the origins of consumer anxiety, attributing it to four factors: a crisis of legitimacy regarding authority figures; the market's promotion of charismatic authority; the market's promotion of individual choice (a virtue requiring expert guidance); and the emergence of industry self-regulation, with the subsequent commercialisation of advice. Examples are provided of how these factors influence patterns of physical activity and diet. We conclude by discussing how omnivorous consumption by confused citizens can produce weight gain.

Origins of the anxious consumer

For four decades, social theorists have been writing about 'the crisis of legitimacy' afflicting modern, democratic governments and other institutions. As a result of political scandals, financial debt and unjust policies, governments are no longer automatically accepted as the major, independent guardian of the public good. Other symbols of strength and guidance have also suffered their own legitimation crises: the Church, the monarchy, the corporation and the elite private school. Diminished legitimacy is accompanied by a loss in the persuasive powers of the ideas promoted by those institutions, and by the active resistance and subversion of their ideas by a cynical public or an 'unmanageable consumer' (Gabriel & Lang, 1995).

Among the more recent casualties to have lost their aura of authority are the professionals including teachers, doctors, lawyers and social workers. The unquestioned legitimacy of scientists has also come to an end, in part due to well-publicised frauds and in part because of the media's appetite to assume the role of knowledge broker. No longer content as the gatherer and disseminator of news, the media promote high profile individuals and organisations, often with little content knowledge, to interpret world events and the latest discoveries (Pileggi & Patton, 2003, p. 318). The findings of single studies that either have a shock factor or offer unbridled hope in terms of a cure are commonly reported without critical interpretation. However, the conclusions from individual pieces of research are invariably short-lived and the subject of refutation by other studies, leaving the population wondering whom they can trust. This was well illustrated by an article in *Science* magazine devoted to questions about the quality of the science emanating from the Centers for Disease Control (CDC), the United States government body charged with tracking the nation's health. In the space of a few months in 2004, CDC staff had published three articles variously estimating annual death toll due to obesity to be 400 000, 365 000 and 112 000. Dissent among CDC scientists regarding the best way to calculate the figures became a very public feud. The lack of agreement, and successive lowering of the estimates, was seized upon by the food industry which announced opportunistically that obesity was probably not a significant risk factor for death or disease (Couzin, 2005, p. 770).

Not only are authorities being scrutinised and commented upon in an unprecedented way, but the nature of authority is being transformed. Dixon (2003) has argued that charismatic

authority (which derives from possessing extraordinary qualities) is eclipsing both traditional and bureaucratic/legal authority. Charismatic figures include sports stars, film stars, mass media celebrities such as Oprah Winfrey, and rich and famous entrepreneurs. Journalists and government leaders seek out their opinions and policy prescriptions often before they canvass the opinions of expert academics or policy analysts. In one notable example, the 'celebrity chef' Jamie Oliver advised the British government on how to change children's diets through transforming the operations of school canteens. Jamie's influence over canteen policies has extended to Australia and New Zealand in a way that public health experts have not.

Indeed, it is now commonplace for commercial firms to seek celebrity endorsement of products and services, so that television viewers and lifestyle magazine readers see record-breaking swimmers like Ian Thorpe advertising breakfast cereal and watches, respected actors like Sam Neill promoting red meat, or the archetypal charismatic businessman Richard Branson extolling the merits of a brand of suitcase. The emergence of celebrity endorsement has been made possible by the dominant role of the mass media in the diffusion of knowledge.

However, the new producers of knowledge do not have to be rich, famous or gifted individuals; firms can invent their own figures of authority, as has happened with Ronald McDonald, the creation of the McDonald's hamburger chain. Now no longer content to assist the curative side of health through subsidising Ronald McDonald Houses attached to major children's hospitals, Ronald, who appears in public most often as a cartoon character, has become a preventer of ill-health. Recently, the corporation made him its 'chief happiness officer', and an 'ambassador for an active, balanced lifestyle', who will visit American schools to talk about the importance of physical activity (Simon, 2005). In this undertaking Ronald will, with the backing of the world's most successful fast food chain, dispense advice about health and happiness. In effect, the solemn and bureaucratic authority of the teacher is displaced by the charismatic authority of the corporate clown. By doing his good works for health and happiness in the vicinity of esteemed institutions such as children's hospitals and primary schools, Ronald acquires serious, quasi-scientific intent; which in turn imbues the giant commercial operator with a moral authority in the area of public health.

While the crisis of legitimacy surrounding once-dominant authority figures and the rise of charismatic authorities are relatively recent phenomena, the third factor contributing to consumer confusion and anxiety has been a long time in the making. The mantra of consumer choice as a hallmark of social and economic progress was fostered by the earliest supermarket chains in the 1920s (Humphery, 1998). The size of these stores meant they could stock numerous alternative product lines, much as department stores had done for some decades. In its quest to attract customers away from its major competitor, the small 'mom and pop' store, it was the supermarket that was responsible for demanding product diversity from suppliers.

Promoting choice has had significant implications for both producers and consumers. Producers have had to introduce new product lines with increasing frequency. For consumers, the rigours of exercising choice have encouraged the evolution of consumer-support sectors, including home economics, nutrition education, life science and health promotion. At various times in the last 80 years, each of these mainly scientifically based sources of information has been important to the education of the house wife, shopper, parent and health-conscious person. Commercial firms have also played a part in educating 'Mrs Housewife', 'Junior Consumer', 'Mr Fitness' as the sections that follow show. These firms need not be old, large, household names, although many are. Individuals, operating from home or in a suburban business setting, are selling their services as a 'lifecoach', image consultant or personal trainer: the person paid to teach others how to acquire good habits and make strategic choices among all of life's distractions and opportunities. In an era of autonomous citizens who believe they are creating their own life trajectory, the lifecoach is the successor to the guru, teacher, guide, mentor and psychoanalyst of the previous four decades. Rather than spending days, months and years finding the answer from within, the time-pressured response to self-improvement is to hire an expert, ideally one who embodies the qualities being sought.

This proliferation of advisors is amplified many times by the deregulated oversight of responsibilities for public safety and public health. For example, the large supermarket chains have assumed responsibility to manage hazards arising between their farm suppliers and store shelves. Food processors, the fitness industry and the advertising industry are covered by voluntary codes of conduct as well as minimal oversight from government-based consumer bodies. To signal their regulatory efforts, industry groups develop symbols of quality, codes of practice, industry standards and benchmarks to communicate with customers about the value and integrity of what they produce and sell. Industry self-regulation has introduced a plethora of commercial actors as authority figures, and in the process has commercialised many forms of advice.

Charting transitions in authority, multiplication of advice and the role of the market

Thus far we have argued that there is a discernible transition to multiple, competing authorities, including the advent of charismatic market-based authorities, which contribute to consumer confusion and anxiety. The following sections touch on how this trend, alongside the market's promotion of choice and the commercialisation of advice about how to exercise choice, is reflected in the physical activity and food and nutrition areas. We also illustrate the operation of hybrid forms of authority where market-based actors forge alliances with scientific, government and professional bodies who agree to provide what are called 'third-party endorsements'. This form of indirect marketing is far more persuasive than product advertising sponsored by the firm that stands to gain from the sale of the good or service (Dixon & Banwell, 2004; Nestle, 2002). Thus, it is not surprising that firms like McDonald's are shifting their marketing activities away from direct product advertising to indirect marketing, including sponsoring the highly popular children's program 'Sesame Street', as well as Nickelodeon's 'Playful Parent' series encouraging parent–child play time (Lang et al., 2006).

Physical activity

THE FITNESS INDUSTRY: FROM ANTI-AUTHORITY TO CHARISMATIC AUTHORITY

One response to the crisis of authority of the late 1960s was an increased longing for 'getting in touch with oneself', a belief that changed people will change the world, and that self-reliance was more effective than expert advice: a *zeitgeist* which seeped from counterculture movements into mainstream society. Critique of, disappointment with, and even disillusionment with traditional authorities spilled over from the political arena into areas of health and fitness (Rader, 1991, p. 257). Specifically, disillusionment with technology and modern medicine during the 1960s and 1970s provided a springboard for the modern fitness trend, and still plays a role in the industry's appeal especially to baby boomers. As Glassner (1989, p. 182) noted, fitness activities provided people with an escape from the disenchantment they were experiencing in relation to 'perceived shortcomings' of modern culture.

The fitness movement, which quickly became the fitness industry, received renewed impetus from the cardiovascular crisis because lifestyle change was widely seen as having more to offer than Western medical intervention (Rader, 1991, pp. 256–58). Just as self-reliance and self-help were transformed from marginal values and lifestyles to mainstream commercial commodities, so was fitness. It seems befitting that Jane Fonda, anti-Vietnam symbol, became one of the earliest icons of the commercialised alternative lifestyle movement, through selling 'aerobics'. The Jane Fonda aerobics videos also had a major impact on Australian fitness habits: in 2002, aerobics was second only to 'walking for exercise' as the most popular general participation sport for women in Australia and the fourth most popular for men (Australian Bureau of Statistics [ABS], 2006b, p. 22).

Viewing the Fonda videos illuminates how altered views of authority accompanied the change of 'fitness' from counterculture to industry. In trying to understand the paradoxical entanglement of self-empowerment with a longing for guidance, Kegan and

Morse (1988) argued that aerobics initially promised self-empowerment but many popular versions of aerobics, where the viewer was asked to copy the movements of a leader (like Fonda), did not fulfil this promise. Instead of negating or challenging outside authority, they reaffirmed it. Analysing Fonda's lack of physical skills, Kegan and Morse argued that Fonda's authority stemmed not from her expertise in exercise but her celebrity status.

MARKET PROMOTION OF INDIVIDUAL CHOICE AND EXPERT GUIDANCE

Since the 1980s, the fitness industry has boomed, stagnated, grown again, and more suppliers have entered the market (ABS, 2006b; Brabazon, 2000; Frew & McGillivray, 2005). The resulting pressure to retain and attract clients has led to several developments in the market. One response has been to diversify fitness program approaches, offering consumers many more choices, prompting one commentator to remark that the fitness industry is a 'promiscuous paradigm' (Brabazon, 2000, p. 100). Innovations are trying to tap into new groups of clientele. 'Power yoga', for example, promises to combine 'strength, sweat and spirituality' without imposing a rigid dogma; instead it guarantees to 'encourage students to take their own spiritual path' (Anonymous, 2005). A different approach developed by the New Zealand fitness chain of Les Mills (a market leader in Australia) caters for men by emphasising structure, authority and masculinity (Brabazon, 2000, pp. 97–112).

By offering a wide range of exercise methods the industry is trying to accommodate diverse and confused customer expectations. Some aspire to achieving popular media or medical portrayals of the ideal body, while others attempt to recapture their 'former glory' (Crossley, 2005). Many consumers of fitness schemes are on an onerous journey, working towards 'a mosaic of physical, emotional, economic, and aesthetic transformations' (Glassner, 1989, p. 187). That aerobics constantly develops novel forms is a structural characteristic of the modern fitness industry in general, as it constantly turns any crisis of authority and purpose into a marketing virtue.

Another response for dealing with the omnivorous yet anxious consumers of fitness has been the growth in commercial authority, most evident in the pairing of clients with personal fitness trainers (Harris & Marandi, 2002, pp. 194–200). This approach aims to overcome a central tension within the fitness industry: clients have to be attracted by a desire to become what they are not: 'fit', 'lean', 'energetic'. Having attracted those who are dissatisfied with their lot, the industry has the challenge of retaining them. This means they must balance client satisfaction, all the while making the desired endstates constantly out of reach. As Kegan and Morse have remarked: 'One can perhaps momentarily have, but can never *be*, the perfection of the other side of the glass' (Kegan & Morse, 1988, p. 170). (See also Frew & McGillivray, 2005; Sassatelli, 2001.) The resulting disappointment, dissatisfaction and burn-out are countered by the intervention of a personal trainer: a popular form of guidance according to official statistics. Between 1996 and 2001, the number of fitness instructors increased by 61 per cent to 12 364, making this the largest sport and physical recreation occupation in Australia (ABS, 2006b, p. 43).

What makes the personal trainer an authority is to a large degree the body image and level of fitness he or she presents, combined with 'scientific' assessments of the client's body and fitness (Frew & McGillivray, 2005; Philips & Drummond, 2001). Investigating the Scottish health and fitness industry, Frew and McGillivray illustrate how medical authority is ever-present, albeit indirectly. The induction to a fitness centre is regularly conducted in a medicalised way, and includes measuring blood pressure, weight, flexibility and body fat. It is common practice to place the fitness client on a scale and ask them to commit to reaching the next stage on the scale.

Paradoxically, the industry combines scientific authority based on medical models with traditions of self-determination and self-reliance that have their origins in the countercultures of the late 1960s and 1970s, which opposed scientific authority. While the industry's multifaceted history ensures broad appeal, its inherent contradictions are likely to fuel in some a sense of confusion about the best ways of getting fit. For others, however, gyms offer a secure environment in which to experience the physicality of

their own and other's bodies. Moreover, personal trainers can provide a trusting relationship necessary to support the long journey to self-improvement. What strikes many gym enthusiasts, however, is the relative absence of fat bodies. It is possible that the marketing of the fitness industry has overly emphasised the body to aspire to, deterring other bodies from identifying with the industry's services. It is equally possible that gyms and other communal fitness spaces are prohibitively expensive for many; and that the do-it-yourself aerobics DVD or cable TV channel are a relatively cheap source of advice and support to become more physically active. Home-based work-outs have the added bonus of protecting fatter bodies from the self-righteous gaze of the medically approved bodies.

FROM INCIDENTAL ACTIVITY TO ELITE SPORT: THE COMMERCIALISATION OF SPORT

The experts referred to at the beginning of the chapter noted a marked shift over the second half of the 20th century from incidental to organised physical activity, although less than one third of Australian adults participated in the latter in 2002 (ABS, 2006b, p. 18). Yet while the population overall has become less active, elite sports have assumed greater importance in both the national budget and psyche. Indeed in a survey of 24 countries, Australia was one of three countries (along with New Zealand and Israel) to derive its national pride mainly from sport. The finding was observed to be not based on sporting participation rates, rather '[i]t's about participating in a set of cultural values – like a fair go, teammateship – which you don't have to activate in your own lives' (Willcox, 2006, p. 13).

The Australian Sports Commission (ASC) is the body charged with implementing the national government's sports policy, *Backing Australia's Sporting Ability: A More Active Australia*. It has two major roles: to support an effective national sports system that offers improved participation in quality sports activities; and to foster excellence in sports performances by Australians. In its 2002–03 Budget, the Commission allocated close to $34 million on the first objective and $102 million on the second: or a 3:1 ratio in favour of elite sports.

One argument suggests that elite sports are worthy of disproportionate support relative to grass-roots involvement because Australians will be inspired to emulate their sporting heroes, thereby increasing general sporting activity. Despite all the media hype associated with the build-up to the 2000 Sydney Olympics and ParaOlympics, and the 2006 Melbourne Commonwealth Games, exercise levels did not improve among Australian adults in the period 1995 to 2004–05. Indeed, the percentage of the population engaging in moderate and high levels has declined over the last decade, with only a miniscule drop in the proportion of adults classified as being sedentary (ABS, 2006a, p. 23).

Twenty years ago, concern was expressed that the '"spillover" theory of sporting excellence' does not work: '[T]here is no evidence to suggest that this "emulation" thesis does anything whatsoever to democratize cultural activities, including sporting ones. The structural barriers that impede access to leisure pursuits still remain' (McKay, 1986, p. 122). Unequal opportunities to be physically active appear to be as much about which groups receive government financial assistance, as the level of overall funding.

Government support and funding over the last decade has tended towards centralisation, with Commonwealth funding for grass-roots sports organisations being channelled by the ASC to incorporated national sporting organisations (NSOs). These NSOs represent larger participation sports such as basketball, soccer, lawn bowls. At present 68 NSOs exist, to which state and locally based organisations can become affiliated. Their public profile, their ability to present themselves and to have an influence beyond their direct membership, depends on the NSO's ability not only to access government funding but also to attract commercial sponsorship. The ASC has established The Australian Sports Foundation to assist not-for-profit groups to raise money for eligible sports projects, and it encourages corporate partnership opportunities (www.ausport.gov.au/sponsor/supporters.asp).

Before the 1970s, commercial sponsorship was confined to a few sports, but this widened and accelerated. Corporate sponsorship quickly tripled in only five years (from $50 million in 1978 to about $150 million in 1983), with organised, professional

and semi-professional spectator sports as the main beneficiaries. In those five years, 15–20 per cent of funding came from the tobacco and alcohol industries (Stewart, 1986, pp. 68–69). In 2000, business sponsorship amounted to $471 million, with the largest proportion coming from the manufacturing sector (ABS, 2006b, p. 62). In 2005, two giant food manufacturers – Nestlé and Gatorade – were major corporate supporters of the ASC.

In essence, what is fuelling organised sports and elite sports alike are public–private partnerships: the types of financing arrangements that are now used to deliver large physical infrastructure projects such as roadways and energy generation. Such arrangements provide private partners with numerous opportunities to market their commercial products and to promote themselves, although no one has yet studied the health impacts of sponsorship arrangements such as those between McDonald's and Little Athletics, Coca-Cola and Soccer, or Kellogg's and the Nippers program in Surf Life Saving.

The most potent public–private partnership is between TV stations and major fields of sport, which can be worth hundreds of millions of dollars a year to codes like Australian Rules Football or Grand Prix motor racing. It is generally agreed that the advent of television in the 1950s and 1960s accelerated the commercialisation of modern sport in Australia, leading to a 'symbiotic relationship' between sport and the media (Frey & Eitzen, 1991; Jaher, 1977). Television came to Australia relatively late compared to other Western countries, but when the necessary infrastructure was put into place by the Australian government, it was with determination and speed: the aim being to allow Australians to watch the 1956 Melbourne Olympics (Hull, 1962, p. 119).

Clearly, TV has benefited from sport (particularly elite sport) even as it has created and promoted it. It has changed the rules governing sports, their duration and seasonality, clothing and equipment, and it has influenced perceptions of what 'good' sport is, whether heroic, daring or entertaining (Stewart, 1986). In an effort to make spectator sports such as Rugby League or Australian Rules Football (Australia's most popular sport in terms of attendance) appeal to a wider national and if possible international audience, sponsorship has led to the uprooting of clubs from their local origins. Local sporting ovals have been bypassed in favour of larger city or outer-suburban, purpose-built venues; and local names have been dropped in favour of generic ones as clubs try to attract a broad supporter base, which often includes moving from one city to another (for example, the South Melbourne club became the 'Swans' when it moved to Sydney).

Competing television stations have become powerful authorities on sport and physical activity. Elite sports stars not only have their heroic feats televised while wearing sponsor logos, they appear in product advertisements and are regularly interviewed on lifestyle programs where their opinions are sought on a range of issues. The fortunes of elite sportsmen and sportswomen, of TV proprietors and of large public and private corporate sponsors appear indivisible.

THE COMMERCIALISATION OF LEISURE

Television has done more than promote elite sports, it has commercialised opportunities for physical activity more generally. Recently, the Australian Bureau of Statistics reported that after fishing, holiday travel/driving for pleasure consumed more time per day than formal or informal sport, and consumed almost three times as much time as walking per day (ABS, 2006b, p. 30). As the chapter by Hinde attests, Australia is a car-reliant nation, and the mass media advertising of cars is a ubiquitous feature of the everyday. In this way, TV has a double impact on activity and energy expenditure patterns: not only is watching television the nation's most popular pursuit in terms of time allocated to recreation and leisure activities (audio/visual media comprise almost 40 per cent of adult 'free time activities') (ABS, 2006b, p. 29), this medium encourages driving for pleasure in its many infotainment and lifestyle programs.

MYRIAD ADVISORS AND COMPETING ADVICE

'Elitism' extends beyond athletes to include other experts, such as psychologists and nutritionists. As the disciplines supporting sport have become professionalised, traditional authorities on

physical activity and sport in education, like the YMCA, have been transformed into, or supplanted by, new authorities and professional groups. During the 1950s, physical education in schools began shifting away from 'drilling and exercise programs' to become 'sport based' (Kirk & Macdonald, 1998, p. 8). Since then, work opportunities for physical educators outside schools have blossomed, with, for example, a 560 per cent increase in the number of outdoor adventure leaders between 1996 and 2001 (ABS, 2006b, p. 43).

The field has fragmented into diverse organisations representing the new specialists, such as Sports Medicine Australia founded in 1963[1], the Australian Society for Sports History and the Australian Society for Sport Administration, both founded in 1983[2]. This situation has led to tensions in the traditional peak association for professionals in the field of physical activity, the Australian Council for Health, Physical Education and Recreation, and the Council has 'found it increasingly difficult to represent all of those interests in a unified manner' (Kirk & Macdonald, 1998, p. 3).

Added to the numerous professional bodies are the advocacy organisations. Bodies like Bicycle Australia and the Pedestrian Council of Australia vie for government attention, often arguing very different cases in the interests of their constituents. While the number of experts advising the wider public has increased, some critical voices have asserted that commercialisation, professionalisation and elitism have had a profoundly negative impact on grass-roots sport and general activity levels (McKay, 1986).

Diet

MYRIAD ADVISORS AND CONTESTED ADVICE

The most marked, and potentially serious, instance of competing advice is addressed in the chapter by Smith, which describes the conflicting information about feeding babies and infants. The Banwell and colleagues chapter on pressured parenting also highlights how alternative styles and approaches to childrearing can have unexpected and health-damaging repercussions for children's diet and activity. Forty years ago, parents could follow the prescriptions of the sole expert of the day (most often a mother, the doctor or maternal and child health nurse); the platform of advice to parents today is extremely crowded and noisy.

Weight loss is another area in which claim and counterclaim compete for attention. In a review of the efficacy of different weight loss programs and approaches, Katz synthesised the findings of 343 studies and concluded that 'lasting weight control' involves 'achieving an energy-controlled and balanced diet along with regular physical activity'. This conclusion would strike many as entirely 'common sense', prompting them to cite the latest scientific paper, popularised in the mass media, that claims that some forms of energy control are superior to others: low glycemic index (GI), low fat, low carbohydrate, high protein diets have all vied for attention in the last decade. Yet from the Katz review of results of scientifically conducted research:

> [t]here is little or no scientific evidence to support the contentions of the most popular diets, including those based on carbohydrate restriction (for example the Atkins' diet), those based on food combination or food proportioning (for example the Zone diet), or those based on the glycemic index (for example the South Beach Diet, the GI Diet). (Katz, 2005, p. 72)

One response to being led astray by the plethora of promotional and scientific hype regarding alternative weight loss approaches is to ignore it, and to assume a position of 'lay expert': a member of the public who bases decisions on their own research. However, in the area of diet this is so daunting as to drive individuals into the embrace of what could be called 'merchants of hope'. In April 2004:

> A search on Amazon.com using the terms 'diet', 'weight loss', and 'weight control' yields bibliographies of 85 645; 96 722; and 101 099, respectively. The same terms entered into a web search on Google yield 25 900 000; 8 620000 and 7 770 000 sites, respectively. (Katz, 2005, p. 71)

Within this context, why is it not possible for citizens and consumers to go to governments for *the* definitive guidance regarding weight loss? For more than half a century, the American Heart Association

has identified obesity as a major coronary heart disease risk factor, advocating low fat and low cholesterol diets. However, the United States government has undermined its advocacy of this dietary approach by allowing food companies to take the initiative in promoting foods laying claim to nutritional benefits, all the while not regulating the amount of sugar in low fat foods or fat levels in low sugar foods. A lack of public regulation of high fat and high sugar foods in that country has been explained by the longstanding practice of United States governments promoting and subsidising its dairy, red meat and sugar sectors (Kersh & Morone, 2002). Similarly, the Common Agriculture Policy with its producer subsidies has been shown to contribute to the burden of disease in Europe (Elinder, 2005). While Australian governments do not subsidise agricultural production, government dietary guidelines and their implementation have been influenced and compromised by the lobbying efforts of particular agri-food sectors (Duff, 2004; Lawrence & Germov, 2004). Governments are happy to support nutrition education campaigns, whether sponsored by public or private interests; but they have been reluctant to regulate food advertising to children or to apply targeted and differential taxation to food pricing, despite the fact that healthier foods like fruit and vegetables can be relatively more expensive than heavily processed foods.

THE RISE OF HYBRID AUTHORITIES, THIRD-PARTY ENDORSEMENTS AND MARKET GUIDANCE

With larger supermarkets stocking 30 000 product lines, there is a lot for consumers to choose from and a lot at stake for the producer. Battling for shelf space in an increasingly crowded marketplace has motivated producers to team up with those few authority figures who retain public respect. In the case of food, this extends to receiving endorsements from large health-related NGOs such as the National Heart Foundation (NHF), the various Cancer Councils, or professional groups such as the Dietitians Association of Australia (DAA). Promotions such as the Seven-A-Day campaign run by Coles supermarket chain with DAA, and the NHF's Pick-The-Tick logo which appears on supermarket products, exemplify third-party endorsements whereby a commercial product receives the symbolic capital and virtue of the figure with which it is associated.

Australia's pre-eminent scientific body, the CSIRO, has thrown a spotlight on the practice of associating commodities and services with authority figures through the furore surrounding its best-selling book, *The CSIRO Total Wellbeing Diet*. In part, the debate concerns the fact that much of the research underpinning the diet was paid for by the Australian Dairy Corporation and Meat and Livestock Australia. In part, it is that the scientific body has leant its name to promote a diet that has only limited scientific foundations and whose basic premise is not supported by the dietary guidelines of the National Health and Medical Research Council (NHMRC), the country's chief health research authority (the diet calls for people to eat 50 per cent more meat than the NHMRC advises). One former CSIRO scientist was reported as saying that the diet's success was not due to the evidence but to the reputation of CSIRO; however, according to the scientific journal *Nature*, the CSIRO's reputation has been put at risk because of its auspicing a meat-centred diet of unproven virtue (Eccleston, 2006, p. 23).

In contrast, the Australian Institute of Sport (AIS) has escaped criticism despite enjoining dietary advice and sponsorship placements. Visitors to the AIS nutrition department's information page are invited to obtain the online booklet *A Winning Diet*, 'a Nestlé publication which was written by AIS dietitians to provide some general advice in the area of sports nutrition'.[3] Accessing the booklet links viewers to a Nestlé web page, which also offers other 'Australian Institute of Sports official cookbooks'[4] that contain product placements and are sent out compliments of Nestlé. In this way, authoritative advice and sponsorship blur in a symbiotic relationship between the nation's top sporting facility and the world's largest food company.

Tradition versus omnivorousness: Implications for weight

Thus far we have argued that there have been two major shifts in weight-related attitudes and behaviours over the last 50 years. First, single authorities and singular approaches to everyday life

no longer provide the template by which modern citizens live. Second, a rejection of traditional sources of advice has opened the field to new authorities eager to resolve the anxiety that arises from navigating the choice-saturated marketplace.

While humans are natural omnivores, is it a coincidence that rapid rises in weight have occurred at a time of transitions away from traditional and bureaucratic sources of advice towards commercialised, media dominated sources? From the material assembled here and in the chapters by Smith and Banwell and colleagues, it appears that numerous, conflicting sources of advice facilitate forms of behavioural omnivorousness that encourage weight gain. While this proposition has not to date been directly examined, there are three types of evidence that support the alternative proposition: more rule-bound approaches to diet may be protective against unhealthy weight gain. We do not know whether the same argument applies to physical activity, but it does appear that nations whose citizens depend on cycling and walking are slimmer than those who are car dependent.

The first evidence set concerns repeated comparisons of weight rises in France and the United States in the last decade (Rozin, 2005; Rozin et al., 1999; Rozin et al., 2003). With its slower rise in obesity than other developed nations, France is of great interest to obesity researchers. (See the Banwell and colleagues chapter for a discussion of French children and obesity.) Rozin and colleagues have observed that France has a culinary culture marked by home cooking and social traditions; a norm of two to three meals a day; home preparation using fresh ingredients; meals eaten at table in a highly regulated ritual; and relatively little snacking. The typical pattern is reversed in the United States where: culinary conventions are underpinned by speed (both of preparation and eating); a high proportion of meals are prepared in industrial kitchens with energy-dense ingredients; around the clock grazing is common, as is the solitary and unceremonial consumption of food. Moreover, the French approach their food with confidence and pleasure, unlike Americans who view food with suspicion concerning what it may do to their health (Rozin et al., 1999).

Some observers attribute the different quantities and speed with which food is consumed in the two countries to their different perspective on the social role of food. Thus the French eat slowly and smaller portions, seeking *petits plaisirs*, while the American tendency to rush encourages disinhibited eating. What we can say with some certainty is that the rule bound, and what some argue to be the less adventurous, French palate has to date been conducive to slower weight gain than the open, experimental approach of the United States.

A second set of studies traces urban–rural differences in health status among newly industrialising countries. For countries such as India, China and Thailand, overweight is found in the big cities not in the countryside. Not only do rural areas have fewer dining out venues (including Western fast-food options), but rural inhabitants often cling to more traditional plant-based diets (Popkin, 1993). Most food experimentation is taking place among urban populations, especially the under-30 year olds cohort. Younger, better educated people continue to eat traditional dishes at family get-togethers and periodic special events, but they also embrace ready-prepared Western foods high in fat, and confectionaries and drinks high in sugar. The rules governing their diet are evaporating, unlike rural dwellers who can only consume television images of urban foods. Similarly, rural inhabitants do not have access to the range of choices to avoid incidental exercise. Cars are expensive, labour saving devices few and work requires exertion in contrast to the sedentary nature of jobs in the city.

The third body of work includes the numerous studies of how migrants' health status deteriorates over time in countries like the United States, Canada, the United Kingdom and Australia (McDonald & Kennedy, 2005; Papadaki & Scott, 2002; Powles, 2001; Sundquist & Winkleby, 2000). Now well documented, the 'healthy migrant effect' refers to the better health status of new migrants compared to the native inhabitants of the host countries. Their positive health is attributed to a more traditional diet of vegetables, legumes and less saturated fat, more physical activity and less stress. But this advantage is lost as migrants consume a more Western diet of foods high in saturated fats and sugars and take on sedentary occupations and insecure work. Depending on the social and economic circumstances of the migrant group,

acculturation to the host country's dietary practices can be either a risk or a protective factor (McDonald & Kennedy, 2005). Full immersion in the new country operates as a risk factor when few of the traditional ways of life are maintained. Conversely, too little acculturation appears to induce high levels of stress and accompanying hormonal reactions that lead to central adiposity (weight gain around the waist). Groups who maintain their health advantage move with ease between the practices of their adopted country and their home country. These fortunate, bicultural groups – the Chinese are frequently cited – approach diet in a way that steers a mid-course between deference to their ethnic cuisine and total absorption in the Western, urban diet. We are beginning to see that young Chinese, whether in China or abroad, who adopt a United States-inspired diet (large servings of processed foods and sweetened drinks) are going to be much heavier than their parents. This is happening too among the native, young inhabitants of Japan and France, again suggesting that the adoption of a diet skewed towards the products of global food conglomerates should be considered a health hazard.

While in each of these sets of evidence there are findings that are highly contingent on a host of mediating factors, they do point in a similar direction. The observance of lifeways that have durable social and cultural significance, rather than a compliant observance of new ways of life, offers some protection against the rapid rise in obesity.

Conclusion

The Australian social and economic environment is replete with multiplying products and services, many of which are now available only for a fee or charge. Until recently, citizens turned to medical and other professional authorities, religious institutions and governments for advice about matters of health and wellbeing. In only a few decades the moral and rule-bound authority of parents, churches and professionals has been displaced by market-based authorities. Within a context of thousands of dietary and activity choices, consumers seek out advisors, boundaries, rules and traditions to guide their decision-making. As a result, the opportunities for firms wishing to establish themselves as consumer guides are numerous and there has been a proliferation of scientists, charismatic individuals and businesses dispensing conflicting advice about what constitutes a healthy diet and appropriate exercise.

Despite evidence-based medical government guidelines urging 150 minutes of exercise a week and the consumption of five serves of vegetables and two serves of fruit a day, half of all Australian adults undertake insufficient physical activity, about the same proportion ignore the fruit guideline and only one in ten Australians eats the recommended daily intake of vegetables. It seems that the government and its advisory bodies cannot make themselves heard above the nutritional and physical activity cacophonies to influence behaviour. In the following chapter, Friel and Broom indicate that less educated and less wealthy Australians benefit least from the free-for-all that is the marketplace of ideas described throughout this chapter.

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1 See Sports Medicine Australia, 'History', <www.sma.org.au/about/history.asp> [accessed 8/3/2006].

2 See the Australian Society for Sports History, 'About Us', http://www.sporthistory.org/About.htm [accessed 8/3/2006]; ASSA, 'welcome', <www.assasa.asn.au/> [accessed 8/3/2006].

3 'Topics in Sport – Nutrition', <www.ausport.gov.au/info/topics/nutrition.asp> [accessed 8/3/2006].

4 'A Winning Diet', <www.nestle.com.au/Nutrition/SportsNutrition/Winning/Default.htm> [accessed 8/3/2006].