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'*In the second half of the 20th century a new alliance was formed between political aspirations for a healthy population and personal aspirations to be well: health was to be ensured by instrumentalising anxiety and shaping the hopes and fears of individuals and families for their own biological destiny.'* (Rose, 2001: 17)

'*We should design policies that help the least sophisticated people in society while imposing the smallest possible costs on the most sophisticated'* (Thaler and Sunstein, 2009: 252)

Introduction

This paper uses critical multimodal discourse analysis to examine the UK government's flagship anti-obesity policy intervention 'Change4life' (hereafter C4L). Launched in 2009, this is the longest-running campaign of its kind and the most extensive application of a relatively new, subtly coercive, and morally questionable policy technique known as 'nudge'. C4L is a social marketing campaign targeting children and young parents in which the government collaborates with private-sector partners and uses commercial marketing techniques in order to influence lifestyle behaviours. Such government partnership with the private sector is not without precedent in public health campaigns (Lupton, 1995) and holds critical implications for the commodification of public health and in particular the reconfiguration of political subjects (citizens) as consumers. Lupton (1995, 2015, p. 6) argues that such campaigns have an inherently pedagogical function, positioning themselves as sources of expert knowledge and scientific truth, to inform and steer target audiences towards more 'rational', health-promoting norms of behaviour. From a critical perspective this begs the question how such 'expert discourses' function as a 'politics of truth' (Lemke, 2000) and penetrate the most private aspects of everyday life (eating, drinking, exercising) to manage the population and their lifestyle practices. Thus I contend that C4L can usefully be understood from a governmentality perspective (concerning 'the government of conduct') because it seeks to manage the population by governing 'at a distance', favouring self-disciplinary control over more coercive forms of state power.

Moreover, in so far as this policy monitors population trends for example through statistical modelling and identifies 'deviant' practices and thereby 'at risk' target groups (Butland et al. 2007), it is also a form of 'biopolitics', bringing matters of everyday lifestyle 'into the realm of explicit calculations and [making] knowledge-power an agent of the transformation of human life' (Foucault 1976). Indeed, scholars in critical sociology demonstrate the

contemporary relevance of Foucault's analytics of power as way of understanding the development of advanced liberalism in general (Lemke, 2000, 2010) and public health in particular (Ayo 2012; Lawless, Coveney, and MacDougal 2014). However, as Gagnon et al argue (2010, p. 251), understanding how this type of non-coercive power is instantiated in specific contexts also requires detailed (textual) analysis 'of the technical means (technologies) by which the conducts of individuals are regulated'.

In this paper I therefore draw on the Foucauldian concepts of governmentality and biopolitics to conceptualise how this campaign – and more generally nudge - attempts to manage (one area of) public health by enlisting individuals in practices of self-regulation, while leaving unchallenged material and cultural inequalities. Employing multimodal critical discourse analysis (Machin and Mayr 2012; Machin and Mayr 2013) I analyse twenty six TV adverts broadcast since 2009 and identify three intersecting multimodal techniques: (1) the representation of (northern, working class) lifestyles as delinquent (2) a discourse of risk and threat mobilised through emotional manipulation and (3) a discourse of 'smarter' consumerism.

I begin by outlining the broader political economic context in which neoliberal principles and the politics of risk and futurity help shape the agenda for public policy. Drawing on the concept of 'governmentality', I assess what kinds of roles, relations and responsibilities for citizens and state this implies. Applying these insights to the question of public health, I review the health promotion literature and discuss the links between prominent communication strategies and the (biopolitical) regulation of everyday lives. Turning to the case study examined in this paper, the C4L campaign, I begin by tracing its political origins to the increasing influence among policy makers of behavioural economics or 'nudge'. I critically examine some of the core theoretical assumptions behind nudge and argue that it constitutes a technique of governmentality which is compatible with neoliberal values. I then turn to the C4L campaign materials, focussing on a corpus of 26 TV adverts[1] and the C4L brand to demonstrate how this works in practice.

Governmentality, neoliberalism and the politics of risk

Governmentality is a theory of how expertise-led control over individual behaviour emerged as a technique of political rule. It encompasses the array of institutions, relations and practices through which the social and economic wellbeing of a territory and its population are managed. Its enactment varies historically, for example in the early C20th it operated

through the institutions of the 'welfare state', whereas since the mid C20th it has taken the form of neoliberalism (T. Lemke 2000), whose apparatuses of power and control have been the subject of extensive critical scholarship. Neoliberalism can be understood both as an ideology and as a set of practical strategies for governing (Rose 1993). Key principles include a commitment to market liberalism, minimal regulation, and individual entrepreneurial freedoms. As a political project it is partly an articulation of perceived problems with liberal welfare (Rose 1993). Thus expert knowledge/power was reconfigured, taking it from the hands of bureau-professionals of the welfare state and putting it into those of managers, auditors, consumers, and the market. This also reshapes social relations in important ways since it increasingly seeks to govern through the regulated choices of individuals. The new subject of political rule is the flexible, responsible, risk-prepared citizen-consumer. Meanwhile the apparatuses of state comprise more devolved, part-private networks, while discourses of the market and consumer choice proliferate (Newman 2005). This does not, however, imply a retreating state. While it steps back from sole financial and organisational responsibility for welfare, it recasts itself in an 'enabling' role (author citation), 'enticing or nudging citizens to 'take responsibility' for their lives and their communities' (Peeters 2013, 584). Key discourses which underpin this new relationship between state and citizen are 'risk', 'responsibility', and 'participation' (Lupton 1999; Peeters 2013; Petersen and Lupton 1996). The relation between citizen and state is represented as a contract involving the hegemonic and potentially anti-democratic presumption of shared interests between citizen and state (Peeters, 2013). Power is not coercive but rather involves a form of 'managed autonomy' in which free but responsible citizens are steered towards behaviours that match policy aims and contribute to 'common interests'. First among these common interests is avoiding risk.

A central preoccupation of the 'enabling' state is thus the identification, calibration and management of risk; predicting and preventing environmental, geopolitical, and biopolitical threats (Lupton 1999). This gives rise to a pre-emptive (rather than purely predictive) form of politics which intervenes now to deal with future threats. There is, of course, a temporal paradox in this since, as Massumi (2010) has shown, by acting upon a possible threat we make it real, bringing the consequences of a potential future eventuality into the present. This involves two things: prediction and fear. Firstly the modern state marshals an array of expert systems or 'calculative devices' (Coleman 2014) with which to assess possible threats. For example, the C4L health policy is legitimated on the basis of *recontextualised and distorted*

statistical modelling of future childhood obesity trends leading to claims that 'nine out of ten of our children will grow up to have dangerous levels of fat in their bodies'[2] (author citation). Secondly, pre-emptive politics rely on emotions: a predicted eventuality must be affectively judged to be a threat, something to fear. Rising obesity levels are thus represented as a disease risk and economic burden (Glaze and Richardson 2017). 'The felt reality of threat legitimates preemptive action' (Massumi 2010, 54) so that *regardless* of whether the threat is real, it is brought, through fear, into the present as an 'anticipatory reality' and acted upon *as if* it were a fact.

To summarise, neoliberalism is a set of principles and beliefs about effective governance of economy and civil society which is committed to market liberalism and minimal government intervention. The concept of 'governmentality' helps evaluate the changing roles and relations this entails for citizens and the state. Risk is largely managed pre-emptively by mobilising individual citizens' responsibility for their own wellbeing. Power thus operates through biopolitical techniques of surveillance and calculation, and (at least in the context of social welfare) an 'enabling' government steers self-disciplinary subjects towards 'rational' behaviours that are compatible with policy goals.

Public health promotion

In public health, the centrality of preemptive politics helps explain the proliferation in recent decades of health promotion strategies (campaigns, insurance schemes, private gyms, and the range of market-led 'technologies of healthism'). As Rose explains 'every citizen must now become an active partner in the drive for health, accepting their responsibility for securing their own wellbeing' (2001, 6). The Bangkok charter on public health in fact recognised the importance of tackling underlying causes of health inequality, calling for 'strong intergovernmental agreements' and 'effective mechanisms for global governance… to address all the harmful effects of: trade, products, services, and marketing strategies.' (WHO, 2005, p. 4). In practice, however, health promotion campaigns focussing on individual lifestyle choices are given disproportionate attention and funding (Ayo 2012). Wider social determinants of health inequalities may be talked about in political debates but these are quickly suppressed when it comes to policy implementation. This is particularly true of obesity, which tends to be framed in individualistic, rather than systemic terms (Ayo 2012; Lawrence 2004). Paradoxically, however, while the risks and thus remedy may be framed in

individual terms, the *threat* of obesity (notably economic) tends to be framed as one that affects the whole of society.

A discourse of risk is thus a central theme underpinning public health campaigns (Ayo 2012; Brookes and Harvey 2015; Gagnon, Jacob, and Holmes 2010; Kwauk 2012). It has strong ties to the world of medicine and presupposes that risk can be objectively identified and measured. Due to its claims to scientific neutrality it is taken as a basis for judgments about what are ethical, rational, and responsible forms of personal conduct. By extension, it is also assumed to be a reliable predictive tool with which to identify 'at risk' target groups whose behaviour is judged to be irrational, even pathological (Petersen and Lupton 1996). Arguably the most emotively powerful form of risk is the threat of possible disease. In anti-obesity campaigns fatness is routinely medicalised and represented as a disease risk (Evans 2006; Kwauk 2012), while sexual health or anti-smoking campaigns frequently use explicit and emotive representations of disease like tar-filled lungs or lurid descriptions of genital lesions and sexual dysfunction (Gagnon, Jacob, and Holmes 2010; Lupton 2015). Indeed, the disciplinary success (mobilising individual action) of preemptive health campaigns rests on their ability to 'create a space of fear' (Massumi 1993, 23). As this fear is translated into strategies for dealing with the threat of disease, strongly emotional and moral judgments are formed about how people should rationally and responsibly behave. In turn, this readily leads to stigmatisation in cases where preemptive policies aim to identify and target 'at risk' sub populations, especially when this is coupled with an individual framing of risk which sees it as being voluntarily acquired (e.g through poor lifestyle choices). The social consequences are all the more concerning where children and/or parents are thus targeted through biopolitical technologies of surveillance (e.g. the UK school weighing programme; market research and population profiling) or self-diagnosis through questionnaires and surveys (Brookes and Harvey 2015; Evans 2006). These processes serve as mechanisms of 'segregation and social hierarchization…guaranteeing relations of domination and effects of hegemony' (Foucault 1976).

The consequences can be both psychological and material, and they can be enduring. Much research on obesity policy has identified the damaging psychological effects of campaigns targeted at young people, leading to body image anxieties and even self-harm or eating disorders (Evans 2006; Fullager 2009; Kwauk 2012). Moreover, these may intersect with wider public discourses of blame and shame to legitimate punitive measures like denying

smokers and obese people access to health care or welfare support. For instance, in their analysis of UK public discourses on food banks and obesity, Glaze and Richardson (2017) identify a government strategy of moralising these problems as failures of the working class and their 'poor choices'. In a typically neoliberal discourse, they argue, 'moral judgments about errant behaviour [are used] as a way to govern consumption without interfering with the ideological principle of allowing unrestricted market exchange' (ibid, p3). There has been a steady annual increase in UK food poverty since 2008, with over a million emergency food supplies given to families in 2016-17[3]. And yet rather than attributing the dramatic increase in food poverty to austerity policies like the punitive 'universal credit' workfare system (Jitendra, Thorogood, and Hadfield-Spoor 2017), the Cameron government (2010-16) blamed the 'feckless' poor for seeking free handouts, not managing their finances, not knowing how to cook, and making poor choices with their money, spending it on fripperies like tattoos (Glaze and Richardson, 2017).

Thus in a similar strategy to that observed in Swedish reality TV (Eriksson 2017), a neoliberal discourse of (poor) consumer choice is used to construct pathological and irrational identities for the working classes, whose purported ignorance and lack of self-control is used to ridicule and delegitimise them. In this sense public health discourse, far from intervening to help the most vulnerable in society, can potentially reproduce class disadvantage. The ideological potency of the predictive science of risk can condemn children to a life of social exclusion by virtue of their supposed pathologies: in the words of an Australian health care professional, 'these kids are going to grow up to be dysfunctional people' (Lawless et al., 2014, p. 422). However, as Fullager (2009) notes, risk takes many forms. She found that poorer families targeted by an Australian anti-obesity campaign continually weighed up physical, psychological and moral risks to their family life (for instance the dangers of letting children play out in local parks frequented by drug-users). Similarly an ethnographic study with working class mothers in the UK found that giving the family a 'favourite junk food for tea' sends a strong message of love and care in circumstances where children are struggling with stress and conflict at school in deprived areas (Gillies 2006). In short, the complex material, cultural and political obstacles to achieving 'healthy, middle class lifestyles' are often ignored in public health campaigns, which favour instead an emotionally laden, neoliberal discourse of risk and individual pathology.

To conclude, preemptive (bio)politics is a key strategy of neoliberal governance which assigns primary responsibility for health and wellbeing to citizen-consumers. Public health discourses play a key role in this, dispensing expert scientific knowledge about disease risk, instilling fear through 'shock-tactics', and pathologising 'at risk' groups in order to mobilise greater self-discipline and conformity to 'normal', health-promoting behaviours. In this sense modern biopolitics is contingent on shaping individual psychology which, as Rose (2001, 17) argues, makes it is a deeply personal form of power, 'instrumentalising anxiety and shaping the fears and hopes of individual families for their own biological destiny'. For this reason it is perhaps unsurprising that governments are increasingly turning to insights from behavioural psychology – or 'nudge' - in formulating social policy interventions. Indeed, in the UK context, the origins of the C4L campaign are closely bound up with the political discovery of nudge.

Nudge and the origins of the 'Change4Life' campaign

The sobriquet 'nudge' was coined by two American academics Richard Thaler and Cass Sunstein, authors of the popular and influential book *Nudge: improving decisions about health, wealth, and happiness* (2008). In it they advocate a technique called 'choice architecture', involving subtle adjustments to our decision-making environments, so as to steer us towards 'better', more 'rational' choices. Applied to public policy, the approach claims to offer a technology for governing that can affect individual behaviours and secure greater policy compliance. Nudge is premised on the behavioural economic argument that far from being the 'rational utility-maximizers' of neoliberalism's classic economic theory, we are inherently flawed decision-makers (Kahneman 1994). It aims to exploit these 'irrationalities' in such a way as to steer us towards what are deemed to be beneficent ends. As I shall argue below, its model of (ir)rationality, narrow conception of autonomy, and inherently manipulative mode of power have highly problematic ethical implications for the public sphere.

Nudge is particularly associated with the Conservative government, which has its own Behavioural Insights Team or 'Nudge Unit', although its influence in UK politics in fact pre-dates the current government and, indeed, the publication of 'Nudge'. The preceding Labour government began experimenting with soft paternalism, drawing on well-rehearsed techniques of corporate marketing as a basis for non-coercive preference-shaping in public

policy (Whitehead et al. 2012). Meanwhile in a Cabinet Office report, the behavioural economist and government advisor David Halpern outlined how soft compulsion could be used to bring about behaviour change with government 'acting as a more effective 'persuader' [alongside] an agenda of enhanced personal responsibility' (Halpern et al. 2004, 4). This report was then cited in the government-commissioned Foresight report on obesity (Butland et al. 2007), which features 'behaviours' among its top 50 keywords, collocating with 'individual' and 'change'[4]. This report, the work of epidemiologists and social statisticians, was the key source of scientific evidence for the Labour government's anti-obesity policy (Department of Health 2008), culminating in the launch in 2009 of the C4L campaign. The accompanying policy document also explicitly acknowledges the influence of behavioural economics in its design (Department of Health 2009). Moreover, as I argue below, the discourse used in this policy initiative reflects some of the core principles of nudge. Such is the popularity among policy circles of this campaign that its life has been extended under each subsequent government.

The bipartisan appeal of nudge can be explained on a number of levels: financial, political, cultural and ideological. Firstly, nudge is cheaper than regulatory and fiscal alternatives, thus making it an attractive complement to austerity policies. Secondly, its efficacy is largely unprovable, while at the same time allowing governments to show they are taking action. Thirdly, nudge draws on technologies of discourse proven to succeed in the marketplace and thereby resonates with a generation of people increasingly oriented to such consumer-based forms of relation and identification. Finally, the ideological principles underpinning nudge claim to address fundamental challenges of neoliberal politics. Critics have variously dubbed the approach 'neuropolitics' (Whitehead et al. 2012) or 'soft neoliberalism'(Wilkins 2013), while proponents defend it in the name of 'libertarian paternalism' (LP) (Thaler & Sunstein, 2003). It offers, they argue, a means to address some of the social, cultural and economic instabilities of the modern state (e.g.: environmental sustainability, gambling, petty crime, ageing, binge drinking, obesity), while retaining the libertarian principle of 'low cost to personal freedom'. Indeed, they characterise LP as 'The Real Third Way', capable of 'help[ing] the less sophisticated people in society while imposing the smallest possible costs on the most sophisticated'(Thaler and Sunstein, 2009: 252). Thus, from a Foucauldian perspective nudge embodies a central tension that underlies neoliberal societies between fostering free subjects and managing undesirable behaviours (of the 'less sophisticated'). The tension is partly resolved by co-opting 'risky' individuals into the processes of policy by

encouraging them to regulate their own behaviours. In doing so, widening social inequalities are accepted and legitimated by activating individual responsibility in the name of a more benign, 'paternalistic' liberalism. Viewed from this angle, nudge is a form of governmentality.

Much of Thaler and Sunstein's defence of nudge rests on preempting libertarian critiques that government interventions interfere with freedom of choice (Thaler and Sunstein 2003). Indeed, a crucial feature of nudge is its emphasis on non-coercion. However, as Goodwin (2012) argues, this is based on a limited, utilitarian conception of liberty as freedom *from* rather than genuinely empowering freedom *to*. Libertarian paternalism does nothing to alleviate the 'arbitrariness of social and natural contingencies' (Rawls 1999) which produce unequal abilities to take advantage of the choice opportunities provided by nudges. In fact, the advanced liberal state is not concerned with the acceptance and preservation of freedom as a pre-given, but rather with its ongoing manufacture as a technology of (self)-governance (Foucault 2007). Nudge thus provides a policy framework in which to construct more amenable subjectivities in the putative exercise of free choice. Rather than mitigating neoliberalism, it provides a mechanism for its continued political legitimation.

The conceptual underpinnings of nudge can be traced back to work in psychology and behavioural economics (Tversky and Kahneman 1981; Kahneman and Tversky 1984), and in particular the theory of 'bounded rationality'. Thaler and Sunstein (2008) argue that we operate with two cognitive systems: the Reflective and the Automatic, with the latter being the dominant force shaping decision-making processes. Thus we are prone to make rather poor decisions that are not necessarily in our own interest, as a result of environmental conditions like partial or unevenly framed information, alongside various cognitive limitations like imperfect reasoning or memory, inertia, emotional biases like a preference for the status quo, and a tendency to rely on mental shortcuts. Nudges exploit this by making subtle adjustments to our decision-making environment (e.g. changing default options or reframing messages) so as to make better choices (as prescribed by policy experts) easier or more attractive. Thus rather than provide the institutional and discursive spaces within which to stimulate rational deliberation over, say, public health, nudge is designed to strategically exploit our supposed limited rationality.

Nudge is premised on an ancient, well-rehearsed and highly problematic dualism between the rational and the emotional. The argument is that our tendency towards 'cognitive ease'

(mental laziness) means that Automatic, irrational desires (e.g. immediate gratification) and fears (e.g. losing what we already have) tend to impede our ability to make more rational decisions. In fact, these ideas can be traced as far back as Jeremy Bentham's utilitarianism. His 'axioms of mental pathology' identified loss aversion, status quo bias, and laziness (or 'the interest of the pillow') as important mechanisms in determining happiness (1983: 85, cited in Quinn (2016: 7).

When applied to welfare policy this utilitarian approach raises critical concerns about the validity and authority of 'expertise' (Wilkins 2013, 400), since it gives licence to policy makers to pathologise citizens' natural behaviours as inherently irrational and in need of 'rationalising' correction by experts, effectively rewriting the neoliberal narrative of the political subject. It is a short step from this to pathologise the *individuals* who display those behaviours, labelling them as deviant or abnormal. In fact, Thaler and Sunstein provide exactly the ammunition to do this by suggesting that these cognitive resources (the operations of the Automatic and Reflective systems) are not distributed evenly across the population (hence their distinction between the less and the most 'sophisticated'). We are given the analogy of Star Trek's Mr Spock as the archetypal user of his Reflective System. In his decision-making rationality is paramount. Thaler and Sunstein contrast this with Homer Simpson who is dominated by his Automatic System: 'One of our major goals … is to see how the world might be made easier, or safer, for the Homers among us (and the Homer lurking somewhere in each of us). If people can rely on their Automatic Systems without getting into terrible trouble, their lives should be easier, better and longer' (2009: 22). Thus nudge takes this highly problematic separation of the rational and the emotional and politicises it further by suggesting civil society can be divided into the *rational* versus the *irrational* 'Homers' who should be nudged out of their delinquency.

This raises two important critical questions: who exactly are the 'less sophisticated in society' and by what discursive processes are they categorised thus? In the case of C4L we must therefore ask which (potentially obese) sub-groups are targeted through this campaign. This involves looking not only at how social actors are represented in the adverts (section 8 below) but also the discourse practices whereby certain sections of the population were. behaviourally 'profiled' in preparation for this social marketing campaign. In 2006 government set up the National Social Marketing Centre to conduct 'audience segmentation' research in order to produce a typology of the most at risk families which 'exhibited behaviours and held attitudes with regard to diet and activity that suggested their children

were at risk of becoming obese' (DOH, 2009, p. 19). In turn this was used as the basis for identifying a set of behaviours and attitudes that would be targeted and problematized in C4L. The influence of nudge is evident here when we map the delinquent behaviours identified in C4L (DOH, 2009, p. 19) onto the cognitive flaws associated with the 'Automatic System' responsible for our poor decision-making (Thaler and Sunstein 2009). Thus the target of C4L is:

Automatic System 'cognitive flaws'	**'At risk' dispositions targeted in C4L**
Unreflective	'recognises childhood obesity is a problem but does not believe their own child is overweight'
Short-termist	'prioritises their child's immediate gratification over their long term health'
Uses bad heuristics	'routinely underestimates amounts their children eat and overestimates how much they exercise'
Influenced by social stereotypes	'perceives health living to be a middle class aspiration'

The C4L policy intervention is thus premised on the assumption that at the heart of 'the UK's greatest public health crisis' are flawed attitudes among 'at risk' groups. Obesity is a problem which correlates strongly with social deprivation: the most deprived 10% of children are twice as likely to be obese as their least deprived counterparts. Indeed, the 'at risk' cluster families identified above demographically fit this pattern. However, individualised solutions are ultimately acknowledged to be more attractive:

> 'Solutions to address the obesogenic environment such as changes in transport infrastructure and urban design… can be more difficult and costly than targeting intervention at the group, family or individual' (Butland et al., 2007: 11)

Hausman and Welch (2010) suggest that individual nudges should be assessed on the basis of a kind of moral cost-benefit analysis wherein, for example, the societal benefits of a Texan anti-littering campaign cited by Thaler and Sunstein outweigh the relatively minor costs to personal autonomy. I would go further and argue that in addition to an ethical critique, it is important to understand how nudge is an expression of neoliberal governance, and how its presumption of 'irrational' target audiences helps reproduce and endorse the social practices

and unequal relations of consumer capitalism. A governmentality perspective, I argue, helps focus critical attention on the problematic model of rationality which underpins nudge. From this perspective rationality is not a matter of transcendental reason against which normative judgments can be made, dividing the population into the 'more' and 'less' sophisticated, but instead a matter of historically embedded social relations (Lemke, 2000). Thus it forces us to consider the links between a person's material and social circumstances and their ability to engage in 'rational' decision-making. As Rose (2001) argues, understanding the operation of 'biopower' in late modernity is a matter of identifying the practices of governmentality that produce compliant, self-disciplinary subjects. Here I take up this question by examining their realisation in the C4L campaign.

Multimodal critical discourse approach

CDA offers a useful analytical framework for approaching this problem since it offers a detailed theoretical account of the role of semiosis in mediating and structuring social life (Fairclough 2005). Given its dialectical ontology, CDA engages in transdisciplinary dialogue with social scientific theory in order to illuminate the role of language in structuring social practices. Here I bring the concepts of governmentality and biopower into dialogue with the multimodal analysis of discourse to examine the strategies used in C4L to target certain sub-populations and secure their self-disciplinary governance by means of expert knowledge . I begin by examining the range of discourse and social practices which intersect to produce this policy intervention, since these help explain the genres, discourses, and styles which it draws on (Fairclough, 2005). I then investigate the semiotic resources used to convey the policy problem and enlist 'at risk' citizens in the active regulation of their own life and health. I therefore ask:

- How does C4L represent its target audience and encourage identification?
- How does C4L represent its core policy message of disease risk?
- How does C4L encourage active engagement?

To this end I draw on the model of multimodal critical discourse analysis proposed by Machin and Mayr (2012; Machin and Mayr 2013). This approach is derived from social semiotics (Kress and Van Leeuwen 1996; Kress and Van Leeuwen 2001) and argues that the critical analyses of texts can be enriched by examining the full range of communicative modes through which meaning is produced. In the following analysis I treat language (spoken

narratives), visuals (cartoon setting, animated characters, design features), and audio (music, speakers' voices and accents) as the key semiotic resources which comprise the discourse of C4L. I analyse the choices made by the creators of C4L in bringing these resources together to attract an 'at risk' target demographic and nudge them towards behaviours compatible with policy aims. In investigating the first question I draw on the visual and linguistic representation of social actors (Van Leeuwen 2008) and the visual design (Kress and Van Leeuwen 1996) of the C4L family unit. The second question examines the recontextualisation of expert discourse (Van Leeuwen 1993) and the role of visual modality and metaphor in transforming it to fit the logic of preemptive politics and demands of governmentality. Finally the third question focuses on the strategic mixing of visual modalities and interdiscursive links to other discourse practices in order to produce consumerist forms of engagement.

Overview: C4L as discourse practice

The policy document launching C4L is confident about the efficacy of nudge, stating that the campaign 'will of course influence the behaviours of today's children, leading to a gradual decrease in the prevalence of obesity' (Jarvis et al., 2009: 5). It sees social marketing as the key to this goal by providing 'creating a campaign to change …attitudes' and supporting behaviour change through a 'customer relationship management' (ibid.). From the outset C4L thus introduces the language and relations of the market. Indeed, social marketing by definition involves a partnership between government and business. French (2009: 2) defines it as 'the systematic use of marketing concepts and techniques to achieve specific behavioural goals, for a social or public good' (French, 2009: 2). In effect it is a vehicle for recontextualising in public policy the discourse practices, values, and social relations of the commercial sector. Like commercial marketing it aims to influence behaviour, but instead of a product it promotes a set of values, norms and practices. Corporate sponsors include supermarkets Tesco and Asda and the manufacturers Unilever, Pepsico, and Kelloggs, all major producers of 'junk' food, as well as many of the healthier 'diet' alternatives promoted by C4L. The marketing company M&C Saatchi was commissioned to create the campaign and its 'brand assets': a brand logo (Fig 1) featuring colourful human figures, simple 2D artwork using bright primary colours, and the 'Change4life' slogan along with various derivatives like 'start4life' and 'swim4life'. The campaign itself comprises a series of genres:

a website, leaflets, merchandise, public information posters, and (the centre piece of the campaign) a series of 26 short adverts broadcast on TV since 2009.

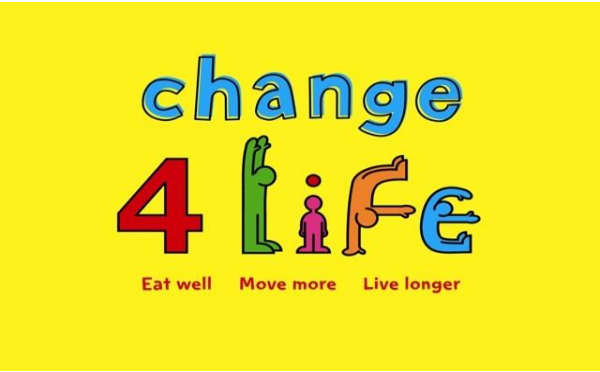

Figure 1: The Change4Life brand logo

Child-oriented visual design

It is predominantly children (embodied in animated cartoon characters) who ventriloquize the government's policy message in C4L and the overall visual design is designed toattractchildren. The C4L campaign and its brand logo are visually distinctive and 'designed to be accessible and fun... contain[ing] little 'people' whose presence gives the identity humanity, but they have no gender, age, ethnicity or weight status' (Jarvis et al., 2009: 44). We might say that the C4L animated figures act as empty signifiers, through which the issue of obesity can be personalised, helping young viewers to recognise themselves in the depicted characters and their unhealthy lifestyles as they embark on their behaviour-change journey. The entire campaign uses a bright yellow, highly saturated, unmodulated background for all its communications, conveying the affective meanings 'warm, sunny, positive, adventurous' and constructing a generic, idealised version of reality. (Kress and Van Leeuwen 2002, 345). Such highly simplified visual imagery and bright primary colours are of course commonly used in texts and objects designed for children. As Machin & Thornborrow (2003: 460) observe such semiotic choices create a fantasy text world which allows 'the protagonist increased space for agency'. Creating such a world of possibility, freedom and agency enables C4L to hand responsibility for tackling obesity to children and their families. Moreover these visual strategies are complemented by linguistic ones also designed to attract an audience of children: fairy tale genre conventions involving 'once upon a time' narratives featuring child protagonists; simplified moral framings into 'good' vs 'bad' (lifestyle habits), a childlike register; and the voices of children.

The C4L adverts

Each short C4L advert (typically less than a minute) follows a problem-solution pattern: the narrative describes risky lifestyle behaviours (idleness, overeating, eating junk food) and then gives scientific advice on health and nutrition, advocating a healthier 'Change4life'. The participants in these adverts are members of a typical nuclear family (mum, dad, daughter, son, dog), engaged in various domestic activities (mostly eating junk food and watching TV). The setting, a smallish, ordinary-looking family home, is depicted in colourful 2D, while the family members are animated plasticine figures. These were created by Aardman Animations (makers of popular children's animated cartoons and films like Wallace and Gromit) allowing C4L to capitalise on their established brand appeal.

Linguistic organisation: confessional narratives

The adverts can be divided into two main types. In Type A the addresser, a disembodied government voiceover, directly addresses the depicted family in a colloquial, conversational style '*Honestly! YOU lot! What ARE you putting into your bodies? Come on, let me show you!'; 'Want to unstick the kids from the sofa this summer?*'. This more direct government intervention is also mirrored visually with a giant hand reaching into the C4L home with a physical nudge (Fig 2 below). In Type B adverts an animated child character delivers a first person narrative confessing unhealthy habits, the disease risks these pose, and how they are now making a 'change4life'. Every advert ends with an urgent, invitational imperative (*sign up now; join C4L; search C4L; get your snack swapper now*): a consumerist appeal to the viewer to take active control over their health by signing up to the website, claiming their 'free stuff', and engaging in self-diagnosis through instruments like the '*How are the kids?*' questionnaire (cf Brookes & Harvey, 2015; Harvey, 2013).

Figure 2: The 'physical' nudge

The adverts follow a fairly consistent move structure, texturing together three distinct discourses: a lifeworld discourse depicting unhealthy behaviours; a scientific discourse of disease risk (or unhealthy nutritional content) and a behaviour-change narrative. Together these form a basic problem-solution pattern which reflects their governmentality function in problematizing certain lifestyles as 'risky' and exhorting self-corrective behaviour change.

Description	Example
Lifeworld discourse (problematized lifestyle)	*we don't stuff ourselves with snacks and things, and veg on the sofa. Or do we?; [mum] gives me enough to feed a horse; if they gave out gold medals for sitting around doing nothing then I'd win one; we love pop; I like my snacks; we're always hunting down the sweet stuff*
Scientific discourse (disease risk/risky substances)	*that could mean heart disease, cancer, or type 2 diabetes; 9 out of 10 kids growing up with dangerous levels of fat in their bodies; too many hidden nasties can create dangerous levels of fat in your body; can lead to nasty things like a stroke, mouth cancer, liver and heart disease; we get painful toothache and need fillings…* *there's seventeen cubes of sugar in that fizzy drink [there's] up to ten cubes in one can an' up to 52 in a bottle!...*
(moral/affective) reaction	*ugh, nasty, yuk!*
Behaviour change discourse (good behaviour benchmarks)	*mum's got this new game, snack swapper; now I eat me sized meals; just remember, choose less red go more green instead; fill in our games for life questionnaire; pick your favourite Disney team and help them win; we turn the dial and swap some of our snacks for healthier stuff we like; we're making one o Change4 Life's smart swaps; sugary to sugar free drinks*
Policy exhortation	*join change4life now for your free meal mixer and special offers; sign up now for your free meal mixer; get your snack swapper NOW; search change4life; download the sugar smart app*

Table 1 Move structure in C4L adverts[5]

84% of the adverts begin with a 'lifeworld' narrative about unhealthy behaviours, delivered either through a 1st person confession or, where the government voiceover speaks, through

‘inclusive *we’*. This is then evaluated as a disease risk through a fragment of biomedical discourse whose intertextual source is the Foresight report, transformed in the adverts into a more familiar, proxy authority ‘*mi teacher’* or ‘*mi mum’*. The pragmatic impact of this risk is strengthened through very simple, child-like reactions ‘*yuk!’, ‘nasty’, ‘ugh’*. The solution comes in the form of a behaviour change narrative or suggestion. This frequently involves a benchmark for good behaviour encapsulated in a memorable slogan (*me sized meals; sugar swaps; smart swaps; choose less red*). These exploit the general nudge principle of ‘loss aversion’ by manipulating a reference point (here, ‘the healthy norm’) so as to enable the nudgee to compare their behaviour against a benchmark and perceive any deviation from it as a loss. These benchmarks are also reinforced visually (Fig 3) and are then repeated in the closing policy exhortation. Cheerful, upbeat signature music also begins just before the behaviour change discourse in these adverts positively evaluating the ‘Change4Life’.

Figure 3: Good behaviour benchmark (right)

Pathologising ‘risky’ (working class) lifestyles

In this section I ask: how do the C4L adverts represent their target audience? Following Machin and Mayr (2013) I examine the visual and linguistic representation of the social actors in C4L. Up to the two most recent adverts, the only participants are cartoon members of the ‘C4L family’. Visually they perform three main types of action: depicting the unhealthy lifestyles problematized in this policy intervention, relaying (with evaluative reactions) the government health advice, and modelling the recommended behaviour change. The genericised representation (featureless plasticine figures) invites a wide audience to identify with these characters, while gender and age are distinguishable by colour, size and voice, enabling the construction of a family unit. In the majority (76%) of adverts their visual depiction is proximate, frontal, and in the setting of the family home, patterns which construe relations of affiliation, equality and identification with the viewer (Harvey, 2013). This is

echoed in the language, where first person and second person address dominate. Even compared against a spoken reference corpus (BNC), 1st person pronouns feature in the top 30 keywords in the corpus, helping to build a conversational and personalised tone. The most frequently represented actions both linguistically and visually are material processes (overfeeding, eating, playing video games, watching TV and, subsequent to a 'Change4life', exercising in the park). Mental affective processes also connote emotionally entrenched 'bad behaviours' ('*we LOVE pop'*) and visually convey horror (at learning of the disease risks they face).

The children: out of control

The children are present in all but three adverts. They participate in all three types of action throughout the corpus but here I focus on their role in construing delinquent (working class) behaviours. Visually they are activated in all but two adverts while the actions they perform help construct a pathological lifestyle on several levels. Firstly, **dietary excess**: material processes represent the children (and their parents) not only eating junk food but in ways which suggest excess and sloth. For instance, while lounging in front of the TV they 'shovel' food into their mouths, 'pour' fizzy drinks down their throats, and frenziedly grab sweets from a giant jar (Fig. 4)

Figure 4: Dietary excess

While the idea of dietary excess is primarily conveyed through visual images, the accompanying narrative also reinforces the children's active agency through material and mental affective processes '*we're ALWAYS hunting down the sweet stuff'; 'we LOVE pop!'; 'I LIKE my snacks'*. The emphatic stress here highlights how these behaviours are habit-forming and emotionally driven; examples of the 'irrational' Automatic System choices which nudge theorists encourage policymakers to focus on.

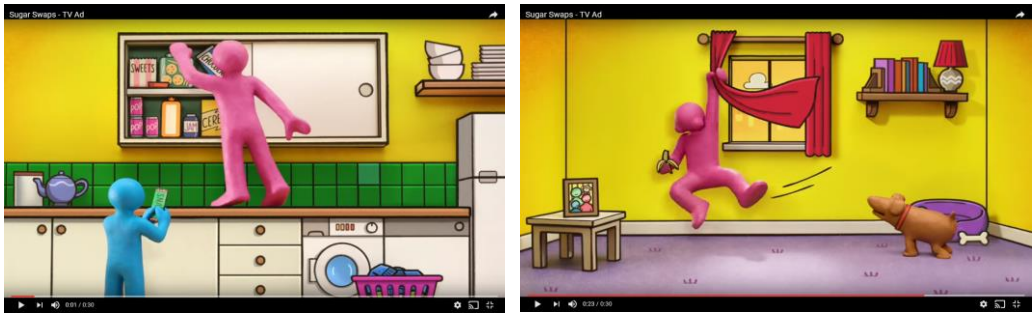

Figure 5: Out of control

Secondly, (and closely related to the idea of excess) the children are depicted as being **out of control**, jumping onto the kitchen counter-tops to raid the cupboard for junk food; swinging on the curtains; refusing to budge from the sofa; haranguing mum for sweets (Fig 5). These delinquent behaviours are also echoed in the narrative wherein the children represent themselves as '*right little monkey(s)'*. The only character voices we hear are, in fact, those of the children (a boy and a girl). Both have Yorkshire accents, which traditionally invokes social meanings like 'warmth, ordinariness' and is one of the poorer socioeconomic regions targeted by the C4L campaign, subtly implying a northern (working class) target audience. In addition to the childlike register, their speech also contains northern English dialect features as in the preceding example where '*right'* functions as an emphatic premodifier.

Mum: misguided, ignorant, saved by C4L behaviour change

The representation of mum is rather more mixed: on the one hand she is the primary instigator of the behaviour change (70% of the time), while on the other hand her **ignorance and emotional vulnerability** are represented as part of the problem. Her parenting is pathologised by representing emotions as an obstacle to dietary discipline. For example, daughter lavishes mum with affection and is rewarded with a giant jar of sweets (*mum's ace, but I know how to get around her, get the snacks I want*), illustrating how the emotional bias of her Automatic System wins out, succumbing to emotional manipulation. Similarly she is activated in processes of well-intentioned but misguided over-feeding (*mum loves me; she thinks lots of food will make me big and strong, but she gives me enough to feed a horse!*). The theme of dietary excess is comically underscored through images of her delivering her son's stereotypically working class 'bangers and mash' dinner with a dumper truck. Her ignorance is also construed through mental processes that depict her as being confused about the nutritional basics like shopping and cooking (Fig 6, top right). Despite mum's visual agency in enabling poor dietary lifestyles, the linguistic representation does not blame her

explicitly, perhaps to avoid alienating key targets of this campaign 'who are more often the gatekeeper of diet and activity' (Jarvis et al., 2009: 19). Her ignorance is nevertheless assumed through assertions like: '*Eating healthy can be confusing* [mum puzzles over two similar-looking ready-meals] *It's hard to know what to buy, especially when we all need a different daily amount of calories*'. C4L thus offers nutritional advice for mothers whose ignorance and emotional bias require a nudge towards healthier, middle class lifestyles.

Throughout the corpus mum is also helped to become the agent of change, 'levering' her family away from the sofa and their junk food, with the guidance of C4L branded technologies of change: questionnaires; recipes; snack swapper; smart app (Fig 6, bottom). Linguistically mum's role as a force for positive change is realised primarily through verbal processes in which she imposes on the family new dietary rules *(mum says we need to make some healthy swaps; we need to see what's really in* [our drinks]; *six cubes a day max, mum says*) and material processes in which she engages with C4L's consumerist solutions (*mum's signed us up to C4L; she's got this new game, snack swapper; she's got a special app*).

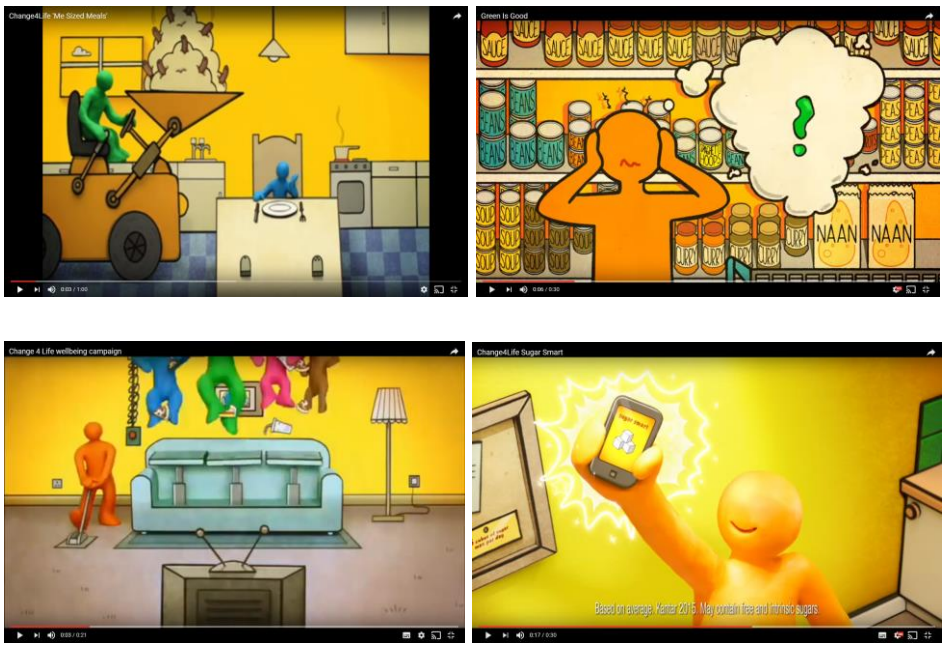

Figure 6: Mum as ignorant parent (top) and agent of behaviour change (bottom)

Through the representation of children and mum (dad is the least prominent actor, playing a peripheral role), the adverts construe a 'typical', working class, at risk family. Its lifestyle behaviours are represented as delinquent; excessive and out of control, while childhood obesity is blamed on parental ignorance and the misguided use of food as an expression of affection. Although framed in colourful visual choices which create a sensory modality

oriented to pleasure (Kress and Van Leeuwen 1996), these adverts nevertheless use parental guilt and shame to mobilise behaviour change. As Peeters (2013) argues, neoliberal governance increasingly construes parents as having limited expertise to tackle their children's problems alone. Parenting is thereby politicised, opening the door to the socially profiled 'calculated management of life' (Foucault 1976, 140) and the pathologization of the working classes.

A 'working class' target audience can also be inferred from a series of very short C4L 'policy placement' ads aired just before The Simpsons cartoon, to which visual intertextual allusions (Fairclough, 2003) are clearly made:

Figure 7: The Simpsons (left) and The C4L family (right)

The allusion acts as a humorous short-hand for the kinds of unhealthy lifestyles this campaign seeks to address. This animated cartoon series is an affectionate parody of a feckless and dysfunctional working class family, thus offering an archetype of the unhealthy 'ordinary' family with whom the target audience is invited to identify. Eating junk food while watching TV, the C4L family's gaze is directed at the viewer, a 'demand' pose engaging with the audience (Kress and Van Leeuwen 1996). Through the 'window' of their TV, the characters thus symbolically invite viewers into the cartoon 'lifeworld' of these adverts, a reminder of how lifestyle nudges redefine the limits of legitimate state intervention into personal life and 'target the collective subconscious of populations' (Pykett et al. 2011, 302).

Multisemiotic discourse of disease risk

In this section I ask: how do the adverts represent their core policy message of disease risk? As I have argued above the politics of late capitalism is centrally preoccupied with the preemptive management of risk. Viewed from a governmentality perspective this relies on the dissemination of expert knowledge in order to prompt self-regulatory behaviours. Public

health campaigns like C4L can act as a disciplinary mechanism for achieving this, but only in as far as they 'create a space for fear' (Massumi, 1993: 23). At the same time, C4L is directed at children and young parents, and seeks to 'drive, coax, encourage and support people … [to] eat well, move more and live longer' (DOH, 2009, p. 3) by using positive messages about health and behaviour change. These contradictory policy goals (instilling fear while presenting a more positive message) create a dilemma for C4L which, I argue, it attempts to manage through semiotic choices designed to appeal to children, 'sugar coating' with humour visceral images of 'harmful fat', and simplifying a biomedical discourse of disease risk.

Representing the body as a site of battle

The majority (77%) of the adverts contain a linguistic and visual scientific discourse conveying **disease risk**, which is recontextualised from the Foresight report. The scientific discourse is linguistically marked by the use of scientific lexis, cause-effect semantic relations, hedged epistemic claims, and the use of simple present tense and inclusive pronouns to render biomedical processes predictable and universal: '*if we eat too much, food gets stored as fat in our bodies, which means we could grow up to have heart disease, cancer, or type 2 diabetes; too many hidden nasties can cause serious diseases as we grow older including type 2 diabetes, some cancers and even heart disease.'* This is rather esoteric language for its target audience: how many 11 year olds are likely to know what Type 2 diabetes is? Thus the adverts incorporate three further semiotic strategies. Firstly, they localise the source of the problem to the fairly tangible idea of harmful, hidden fat. Secondly, the scientific information is made easier for children to understand through visual cartoon metaphors (arteries as a roller coaster) and technical modality[6] emphasising the sensory qualities of blood and fat. Thirdly, evaluative lexis helps construct an appropriate stance towards these 'facts', organising the message into 'good things' and 'bad things'.

Recognising its emotive connotations and alienating potential, the C4L campaign eschews the term 'obesity' (DOH, 2009, p. 44) and instead talks about 'dangerous levels of fat in the body'. The result is that the C4L adverts represent fat as an enemy inside the body. Linguistically, it is assigned a frightening (*harmful; dangerous*) agency which '*can lead to nasty things like heart disease, stroke, Type 2 diabetes, cancer'*. Visually this is achieved through visceral cartoon images of the body's battle with fat. The camera thus zooms into the child's stomach where we see an accumulation of fat clogging up the arteries. This is variously achieved through technical modality (Kress and Van Leeuwen 1996), representing

this biophysical process in quasi-scientific cartoon drawings (Fig 8 top) and through the metaphors of a cartoon racing car and roller coaster representing blood flow on a collision course with internal fat (Fig 8 bottom). The racing car visually positions the viewer in the 'driving seat' in a manner doubtless familiar for a generation of children used to computer games, inviting active participation in the actions represented.

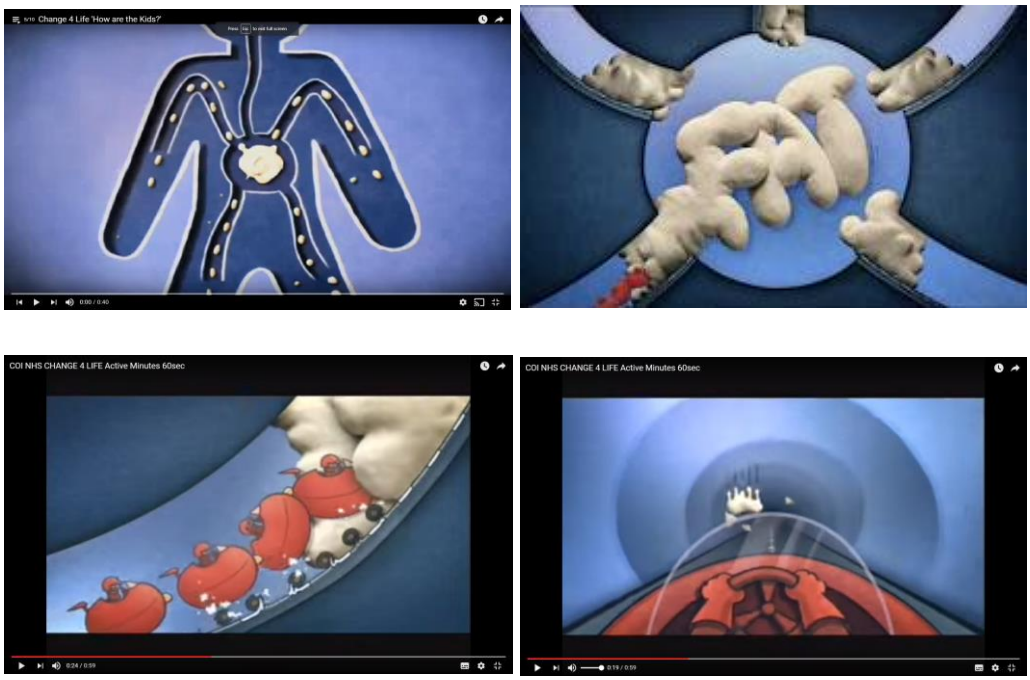

Figure 8: Top 'How are the kids?' (2009); Bottom '60 active minutes' (2009)

Iedema (2003, 47) observes that 'transposition between different semiotics inevitably introduces a discrepancy that goes or points beyond the original'. How do the C4L images 'go beyond' the verbal message? I would argue that they privilege experiential, sentient modalities and help the child (and parent) visualise the rather esoteric and abstract biomedical process described. Obesity or largeness, would in fact have been easier to convey, but may also have been more easily dismissed by the *unreflective* target nudgee who 'recognises childhood obesity is a problem but does not believe their own child is overweight' (Department of Health 2009, p19). Thus the image helps simplify for children a discourse of disease risk, while making the ideational content 'real' for the viewer. Moreover, Lupton (2015) argues that when used in public health pedagogy, images which breach the 'envelope of the body' are a powerful way of arousing an emotional response, activating disgust, fear and guilt. Images of blood, fat, excrement, and mucous evoke deep-seated cultural responses to a perceived rupture to the rational containment of the body. Of course in C4L this is realised in a less threatening, 'ideal' cartoon fantasy world in which complex problems are

solved with ease and 'the baddies' (fat) are always defeated by 'the goodies' (a change4life). Additionally, negative discourse-level evaluation (Lemke, 1998) of this biomedical discourse is triggered through simple lexis (*horrid, dangerous, serious, harmful, painful, nasties, lurking, ugh! nasty! yuk!)*. This provides the child viewer with an emotionally direct way of processing esoteric knowledge, helping to activate the appropriate 'moral disgust'. This is mirrored visually; the only time we see facial features in the plasticine figures is when they throw up their hands, turn 'pale' and exclaim in horror at the health risks of their lifestyles.

Figure 9: Expressions of horror, 'Be Food Smart' (2013)

Towards self-regulation: calibrated lifestyles and the smarter consumer

In this section I ask: how do the adverts attempt to enlist viewers' active participation? In C4L the 'enemy' is not only inside the body but also '*lurking'* inside our food. As the campaign progresses there is a move towards greater specification of the link between junk food and bodily fat storage. Discursive and material technologies of calculation underpin policy solutions aimed at producing 'smarter' citizens, capable of navigating the health dangers of modern consumer capitalism.

From 2013 (launch of the 'Be Food Smart' campaign) onwards there is increasing quantification of food in terms of its harmful sugar and fat content. The representation of fat is rather graphic and involves a more 'naturalistic' modality than that used hitherto. For example in 'Hidden Food Nasties', 2014, we see the C4L family eating junk food on the sofa. The disembodied voiceover directly addresses them '*Honestly, YOU lot! What ARE you putting into your bodies? Let me show you, come on!',* whereupon a giant (real) hand reaches in and lifts them out of the cartoon living room and into a kitchen environment. This setting has higher, more 'lifelike', modality than the C4L family home and is scaled up so that the C4L family is now proportionately miniature. They are then told '*THIS is the amount of fat in*

that whole pizza', while a giant wine-glass is filled with a viscous white substance (Fig 10, left), causing the family to exclaim in horror '*YUK!'* Both the disgust-arousing visual imagery and the exaggerated scale mean the visuals add emotional impact to the message.

Fig 10: Visual cues for calibrating nutritional content

In the case of sugar, extensive consumer testing was used to devise memorable ways of portraying nutrients, experimenting with teaspoons, piles, and eventually settling on sugar cubes[7]. For instance in 'Smart Swaps', 2014, the children are nudged from the sofa where they are drinking fizzy pop, into a kitchen setting. Here they discover with dismay the sugar content of their drinks, measured in cubes '*Up to ten cubes in one can? An' up to 52 in a bottle? That's LOADS o' calories!'* (Fig 10, right). Compared with the images of fat, these offer a much more effective means of calibrating nutrients visually and linguistically, although they have less power to evoke a disgust response.

The setting is again of interest, since it marks a departure from the usual C4L family home. It provides a great deal of contextualising detail; its verisimilitude symbolically anchors the nutritional message 'in reality'. The setting is thus designed with the greatest degree of naturalistic modality encountered so far in the campaign; compared with the C4L home colour is less saturated and contains more depth perspective, more light and shade differentiation, and more representative pictorial detail. In fact there is a progressive move towards more mixed modality as the campaign develops. From a naturalistic perspective of what visually 'counts as real', the more abstract fantasy world of C4L is frequently mixed with more 'real' settings, nutritional proxies (sugar cubes; fat), and ultimately real people. Nutritional information is also linguistically framed as a 'reality check' (*'we need to see what's REALLY in 'em* [sugary drinks]'; *'sometimes it's hard to know what's REALLY in our food'*), suggesting consumer ignorance is the cause of the unhealthy lifestyles.

The later stages of the campaign continue with this more explicit 'reality check' both linguistically and visually. Thus government statistics on sugar consumption (PHE 2015) are

recontextualised in more tangible terms: '*Over a year us kids eat a whopping five thousand five hundred and forty three sugar cubes. That's TWENTY TWO bags of SUGAR! That's more than a kid like me weighs, and I'M FIVE!*' (Sugar Boy, 2016), while sugar cubes are animated to form a boy made of sugar (Fig 11, top left). They then reassemble to represent nutritional content of foods and the diseases their excessive consumption can lead to.

Figure 11: 'Sugar Boy' (2016), 'Be Food Smart Breakfast' (2017)

Sugar Boy (2016) and Be Food Smart Breakfast (2017) feature, for the first time, a real boy who directly addresses the viewer: (*Sugar is lurkin' in our everyday food and drinks…Cos we eat and drink too much sugar we get PAINFUL TOOTHACHE and need fillings* [sound of dentist drill]. *Thousands of us EVEN end up in HOSPITAL having TEETH out. We may look fine on the outside but too much sugar can lead to the build-up of harmful fat on the inside that we CAN'T see. This fat can cause serious diseases as we grow older* [feet of sugar cube man crumbles] *including type two diabetes,* [rest of torso crumbles] *some cancers, and even heart disease* [beating sugar cube heart stops, 'flat-lines', ambulance siren]. *But YOU can act NOW!)*. Here again food is represented as a hidden enemy (lurking). As a reminder of the adage 'you are what you eat', the visual metaphor of the 'sugar person' is used to convey the inexorability of health harms. Thus an adult figure made of sugar cubes steadily crumbles to dust as the boy lists the risks to later life health. Sound effects accompany this message

(including the universally feared sound of the dentist's drill), culminating with implied death as we hear an ECG flat-lining. These semiotic choices produce a much more visceral and frightening policy message.

What might explain this move towards more mixed, 'realist' modalities and stark disease messages? I would suggest this is because of a policy decision to give a stronger nudge to parents. Prior to the launch of the 'Sugar Smart' campaign in 2015 market research found that parents continue to underestimate their child's weight and sugar consumption, while being 'shocked by the visualisations of sugar when seen as real sugar cubes' (PHE, 2016b)..The sugar smart adverts thus target parents more explicitly, rather than relying (as in earlier phases) on enlisting children as agents of change. This is clear from the closing invitational imperative: '*Download the change for life sugar smart app so YOU can make the changes you need to protect YOUR kids'*. The adverts encourage personal empathy by depicting a real little boy (with a Tyneside accent – another targeted 'at risk' region); demonstrate relevance through tangible facts about the sugar content of familiar foods; and instrumentalise parental guilt and anxiety through stark images of tooth decay, disease, and death.

'Smart' solutions

Governmentality relies on the voluntary self-regulation of behaviours. Moreover, as Wilkins (2013) argues, a fundamental goal of libertarian paternalism (nudge) is to extend market values to all areas of life and embed them by socialising individuals to adapt to the demands of late capitalism. C4L plays a role in this by exhorting viewers to learn from its expert health advice and become smarter consumers. A consumerist discourse features prominently throughout the campaign: 'smart' is the 7th highest ranking keyword in the corpus, while 'free' is the 2nd and the brand name 'Change4Life' is the highest. The closing policy exhortation (present in all adverts) features branded slogans like 'smart swaps' and encourages viewers to sign up to the C4L campaign. They are incentivised to do so by the offer of 'free stuff': merchandise branded by C4L and in some cases sponsors like Disney (stickers, fridge magnets, games, recipes, wall charts, stopwatches); discount vouchers for products on sale from sponsor supermarkets. Some adverts are interspersed with commercial adverts for 'healthy foods' from global corporate sponsors Mars, Arla, and Asda. For instance, a friendly Yorkshire fishmonger at the discount supermarket Asda offers ready-to-cook meals to '*make fish simple for you'*. Most recently £11.3m was spent on launching tracker apps for mobile phones. Using barcode scanning technologies, the app shows

nutritional content of foods through the visual metrics of cartoon sugar lumps, fat globules, and salt packets (Fig 12, left). Viewers are also encouraged take an 'IQ quiz' (Fig 12, right) to see 'how food smart' they are. This is available in various formats, including via Facebook, and capitalises on the widespread popularity in consumer culture of psychometric testing. Such technologies are an important interdiscursive practice in modern techniques of governmentality, encouraging viewers to become active participants, self-diagnosing pathologies (unhealthy habits, nutritional ignorance) and directing patterns of consumption.

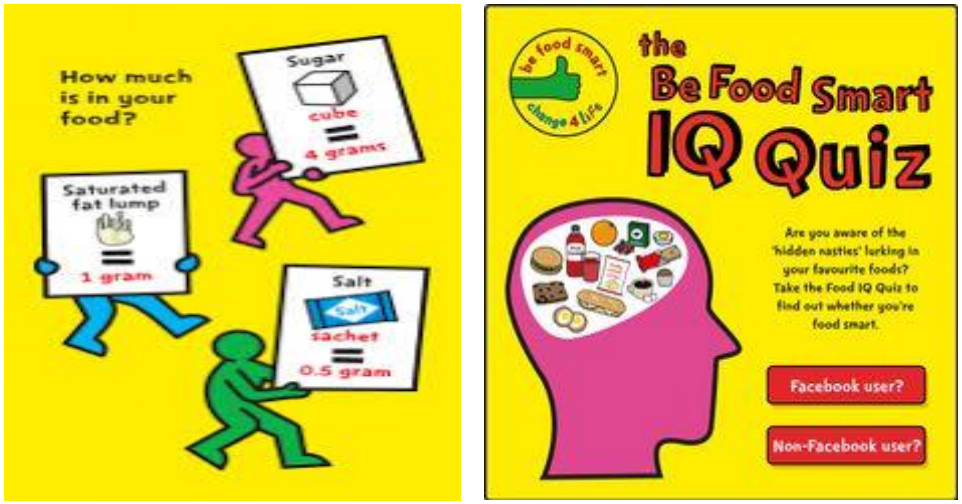

Fig 12: 'Be Food Smart' app; 'Be Food Smart' online quiz (2017)

In this way C4L draws heavily on commercial communication techniques to *sell* rather than *tell* its health promotion message, thereby interacting with citizens primarily as consumers. Time-limited promotions, 'freebies', and discounts at low-cost supermarkets like Aldi and Asda construct an appeal targeted at poorer families. The attempt to incentivise voluntary behaviours fits with the nudge principle of preserving freedom of choice while also exploiting people's tendency towards 'hyperbolic discounting', wherein the offer of a small incentive to do something now is seen to offset the perceived burden of the task . Moreover, website sign-up procedures act as a 'calculative device' to gather demographic statistics which are then used to claim the policy's success in reaching '99% of targeted families'[8], regardless of whether actual behaviour change occurs. There is, of course, a denial of structural inequalities which lies behind this, as is evident in this quote from the C4L website:

> 'Myth 1: Healthy food is just too expensive! Loads of people think this is true, but it's actually more likely you will find a lot of cheap healthy meal ideas that help save you money. You just need to be clever about it.' (NHS 2017).

Rather than acknowledging the complex material and cultural barriers to health faced by poorer families, C4L instead pathologises their behaviours and offers consumerist nudges. As the campaign progresses C4L more obviously instantiates biopolitics, offering ever more explicit, metrics-driven advice about how to live, eat, and shop. By framing this as a shocking reality check, it seeks to 'create a space for fear' and thereby mobilise self-disciplinary behaviour change. The carefully crafted brand identity with its positively affective meanings is never entirely abandoned, however. The modality remains mixed and the policy exhortation, with its discourse of smarter consumerism, remains colourful and attractive to children.

Conclusions

In this paper I have argued that the UK government's Change4Life anti-obesity campaign can be understood as a form of biopower which uses population surveillance and calculation to formulate and disseminate expert knowledge about disease risk. Then, through multimodal emotional manipulation and consumerist technologies of attraction, it exhorts target groups to take greater responsibility by engaging in prescribed behaviour changes. The approach forms part of a trend among advanced liberal governments in the last decade towards the use of behavioural economics or 'nudge' in public policy. It is a trend the UK government is leading, with its own Cabinet Office 'nudge unit', now partly privatised and advising governments and organisations around the world. Its global spread is reflected in growing critical scholarship on nudge, notably among political scientists and sociologists. However, despite the importance it places on communication strategies, the critical literature on nudge has not yet investigated the linguistic techniques it uses in practice. This paper addresses that gap by offering the first analysis of the *multimodal discourse strategies* used to *operationalise* nudge. It provides detailed evidence of how nudge functions as a technique of governmentality in the C4L campaign, instrumentalising fear and parental guilt to produce risk-prepared subjectivities, and despite claims to the contrary, reinforcing an 'individual blame' approach to health inequalities by representing the behaviours of the working classes as delinquent and in want of greater nudging.

The analysis shows how this policy intervention was designed from the outset in a manner amenable to a neoliberal political landscape. The surrounding order of discourse of C4L, bringing together government and business in its design and implementation, provides the conditions for individualistic, consumerist policy solutions to the complex problem of

obesity. The campaign uses colourful brand logos, slogans, cartoon adverts, and Disney-sponsored merchandise designed to attract children and enlist them (and their pester power) as active agents of behaviour change. At the same time corporate sponsors like low-cost supermarkets Asda and Aldi offer, in the name of C4L, discounts on healthier, diet products produced by Pepsico, Danone, and Mars (also major producers of junk food), thereby helping them build a virtuous circle of profit while improving their corporate image.

The main part of the analysis examines a corpus of 26 TV adverts (2009-17), depicting the everyday lives of the cartoon 'C4L family'. I identify three main multimodal strategies: (1) the representation of (northern, working class) lifestyles as delinquent (2) a discourse of risk and threat mobilised through emotional manipulation and (3) a discourse of 'smarter' consumerism.

Firstly, regional accent, interdiscursivity, and intertextuality are identified as strategies whereby a working class audience is subtly targeted. Children are represented as 'out of control' and guilty of dietary excess, while parenting is pathologised by representing mum as nutritionally inept and vulnerable to emotional manipulation. Nudge is based on a problematic emotion-reason duality which it aims to exploit in public policy interventions designed to steer the behaviours of 'the less sophisticated in society'. The C4L adverts reinforce this problematic and socially divisive discourse of nudge by visually and linguistically implying that delinquent working class behaviours, rather than structural inequalities, underpin obesity and its uneven social distribution.

Secondly, I show how preemptive epidemiological discourse of disease risk is resemioticised for an audience of young children through cartoon metaphors and technical modality depicting internal bodily processes of fat storage and arterial blockage. These images are evaluated through simple reactions '*yuk! nasty'*. In this way anxieties are mobilised while rather esoteric, irrealis messages are simplified in an emotionally direct way. The modality of later adverts also incorporates more 'realistic' images to construct an explicit, shocking depiction of health risks targeted at parents. Nudge eschews rational appeals in favour subtle interventions into decision-making environments, for example by reframing the way choices, risks, and so forth are communicated, or by incentivising desirable behaviour. C4L conforms to this principle in so far as it appeals primarily to emotions (fear, guilt) and short-term gratification (offers of free merchandise), although deviates from nudge to some degree in the explicit causal links it draws between lifestyles and disease risk.

Thirdly, visual cues (sugar cubes, lumps of fat) are used to convey calibrated nutritional benchmarks, while a pervasive discourse of 'smart' consumption aims to incentivise active engagement through urgent invitational imperatives and offers of branded 'freebies'. In effect, C4L 'sells' its policy message to target viewers and helps reconfigure the social relations between state and citizen along consumerist lines. Like many health promotion campaigns C4L aims to convey a discourse of risk and present it as a real threat to be feared (Lupton, 2015). However, most campaigns tends to present the (shocking) health consequences and leave things there. C4L goes beyond this with slogans (*six cubes a day; choose less red; 5 a day*) and consumerist technologies (*smart swapper; Disney's 10 minute shake-up wristband; be food smart app*) designed to benchmark and steer behaviours towards desirable ends. Such choice architecture is, I argue, a technology of governmentality. C4L's guidance on how and what to buy and eat is inherently biopolitical, in which expert scientific discourse penetrates individual psychologies and the practices of the lifeworld. Moreover, through corporate partnership and consumerist solutions, the impact of C4L goes beyond health policy, sustaining neoliberalism by spreading to new social domains the discourses, values, and relations of the market.

Over the lifetime of the C4L campaign there has been a programme of fiscal austerity, punitive welfare cuts, widening social inequality, persistent child poverty, and increasing food poverty. Politicians and the media have repeatedly denigrated the obese, smokers, food bank users, and welfare claimants as feckless, irresponsible, and guilty of making 'poor choices'. Such stigmatisation is readily translated into grounds for denying treatment in the context of chronically underfunded healthcare. In this context nudge provides a cheap and highly visible political response; one that is hard to measure and even harder to criticise because of its apparently laudable goal of making people's lives 'longer, healthier, and better' while preserving freedom of choice (Thaler and Sunstein, 2009: 5). Ideologically nudge also provides a legitimating discourse by arguing that the root cause of health inequality (and other social problems) is not systemic but individual, that the cognitive flaws of the 'less sophisticated' prevent them from making rational choices. The policy solution is to nudge the most vulnerable groups into being 'smarter' consumers. C4L thus exploits our irrational, 'inner lizard' and uses emotional manipulation to steer target groups, many of whom may not be able to afford, let alone have the facilities to cook, the healthy foods recommended. With its narrow, utilitarian insistence on freedom of choice, nudge overlooks the fact that what ultimately matters is not the *will* to be healthy, but the *capability* to be.

The ideological work in nudge and C4L is multimodal and subtle, making it difficult to identify. For this very reason, I argue, it is important for (M)CDA to extend its critical gaze to these ever more subtle techniques of governance as they take hold in public life.

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[1] Each of the adverts is available to view on YouTube (variously posted by Aardman Animations, Public Health England, and private users). For example: https://www.youtube.com/watch?v=KY0xEJ6VNsQ
[2] Change4Life launch advert, 2009
[3] https://www.trusselltrust.org/news-and-blog/latest-stats/, accessed 02/08/17
[4] As compared against BNC written sampler using wmatrix (Rayson 2009)
[5] The coding procedure combines content analysis and (move structure) genre analysis (Lombard, Snyder-Duch, and Bracken 2002; Swales 1990).
[6] I am grateful to one of the anonymous reviewers for this insight
[7] Jessica Pullar, Marketing, Public Health England, personal communication 2017
[8] http://www.thensmc.com/resources/showcase/change4life, Accessed 07/08/2017