

## Body Snatching in the Marketplace:

### Market-focussed Health Activism and Compelling Narratives of Dys-appearance

#### Abstract

This paper theorises how market-focussed health activism catalyses market change through revealing the ill-effects that consumers' accordance with market-shaped expectations and ideals has on their bodies and embodied lives. An understanding of this activism is developed by analysing a vicarious form of "bodily dys-appearance" which is used in Jamie Oliver's televised documentary, *Sugar Rush* (2015), to narratively provoke corporeal anxieties amongst audiences. In our analysis we borrow tropes from the science-fiction film, *Invasion of the Body Snatchers*, to interpret themes centred on a threat, a victim and a hero. We argue that market-focussed health activism problematises the neoliberal logic of personal responsibility and promotes market intervention as the only means to insulate and safeguard the body from harm. Where extant theorisation of consumers' antagonism toward the market hinges mostly on politically or intellectually motivated resistance, this paper demonstrates how somatically oriented concerns operate alternatively to invoke activism.

**Keywords:** neoliberalism, bodily dys-appearance, activism, consumer subjectivity, food, health, Jamie Oliver, narrative

## **Introduction**

In contemporary neoliberal discourse the market is the mechanism through which resources are allocated, society is organised, and people must navigate their lives (Dholakia, 2016; Yngfalk, 2016). The minimisation of state-governmental interference, including taxation and regulation, provides a particular vision of freedom and places the obligation of self-management on dutiful, responsabilised consumer *subjects* while mandating that a certain level of tacit trust must be placed on the marketplace to govern itself. The social and economic ordering of peoples' everyday lives as compliant and trusting consumers has however encountered a deluge of critical treatments in marketing theory. These discussions have historically focussed on the reflexively conscious individual's opposition to both the covert and overt structuration of identities, cultures, and behavioural standards by markets and marketing (Holt, 2002); citizens' subordination to corporate domination (Kozinets, 2002); and activists' desire for radical forms of social distinction, community, and collective expression of countercultural sentiments (Benmecheddal and Özçaglar-Toulouse, 2015). Important as these ideological motivations are to understanding disaffection towards the surreptitious governing machinery of the market, more sensitivity to forms of protest driven less by ideology and more by "somatic" concerns for the body are needed in marketing theory (see Nixon and Gabriel, 2016). Specifically, the alleged problems that the market's shaping of consumption can have on population health (see Seiders and Petty, 2004) stokes the

importance of opening up conversations around how the body and health are invoked by activists to criticise, responsabilise and bring about change in the market.

In speaking directly to its role in obesity and diet-related illness, Halton (2008: 9) refers to the market's influence over bodies as imposing upon people a particular subjectivity of "the industrial eater, BIG Zombie, capable of eating more and more". "BIG Zombie" aptly depicts the production of a self-interested consumer who relishes in the personal excesses accrued by choosing "the good life" while remaining largely oblivious to his/her exploitation and degradation of personal health. We propose that activist efforts to galvanise reflexive defiance to the market and its imposition of this ostensible subjectivity of "zombification" hinge on the ability to *compellingly* portray the nature of the menace that the market represents to people's bodies and embodied lives.

In this paper we draw upon philosopher Drew Leder's (1990) concept of bodily dys-appearance and borrow from tropes of the cult science fiction film, *Invasion of the Body Snatchers* (Siegel, 1956) to consider how a threat to the body is compellingly used to provoke resistance to marketer-imposed subjectivities in Jamie Oliver's Channel 4 documentary *Sugar Rush* (Cooper, 2015). Here we focus upon televised documentary – defined by Richardson-Ngwenya and Richardson (2013: 340) as "the creative treatment of actuality derived through authentic footage and subject testimony". Televised documentaries, particularly when they allow for audiences' response through wider resources such as petitions, harbour considerable potential to galvanise action in the

marketplace (see also Hopkinson and Cronin, 2015). We consider *Sugar Rush*, and its associated e-petition for a sugar tax, as a form of health activism centred on market change, or what we call market-focussed health activism. In contrast to other forms of health activism which are aligned to overtly biomedical issues and institutions such as patients, hospitals, pharmaceuticals or the healthcare system itself (cf. Burchardt, 2016; Newman and Carpenter, 2014), we position market-focussed health activism as concerned with problematising the market, its influence over consumption and the neoliberal orientation of personal responsibility. We outline how the narrative power of TV documentaries is used as a vehicle for this type of activism to compellingly reveal to consumers the negative influence that the market has over their bodies, while conveniences such as the e-petition are leveraged to provide consumers with a voice for market intervention.

In exploring *Sugar Rush*, the research is driven by two interlinked questions: (1) how does market-focussed health activism attempt to awaken people to the risks of remaining compliant and uncritical of the marketplace?; and (2) how does centring attention on the body work to inspire interest and encourage participation in calls for market change? As such, this paper demonstrates how compelling narratives of the body and the departure from neoliberal responsibilisation has the potential to catalyse a form of discontentment with the market that is somatically rather than ideologically motivated (Nixon and Gabriel, 2016) while also making issues that concern the body actionable in

ways that are distinct from conventional social marketing approaches to health (see Peattie and Peattie, 2003). Rather than conform to the managerial paradigm which social marketing campaigns often rely upon to change individual behaviour, we outline market-focussed health activism's creative invocation of collective demand for market change. This contrasts with how previous health-oriented campaigns, including those of Jamie Oliver, naturalised neoliberal values and reinforced subject positions in ways that we shall discuss.

## **Conceptual Background**

### ***Docile bodies: The making and unmaking of consumer subjectivity***

An important conceptual area to begin with is “the new marketing governmentality” by which commercial actors render individuals as “subjects” to the market and steer their agency toward particular acts of consumption (Skálén *et al.*, 2008; Zwick *et al.*, 2008). This Foucauldian inspired literature draws our attention particularly to how marketing efforts work *ideologically* through indirect forms of power to influence people's expectations, conceivable choices and self-interests which ultimately map out and determine their conduct as consumers (Mikkonen *et al.*, 2011; Shankar *et al.*, 2006; Skálén *et al.*, 2008).

We use “subject” here to refer to an individual who claims conscience and identity in relating to ideologically-driven ideals, normative identifications and practices as grounds for constructing agentive projects in their own experiential universe. From this, consumer subjectivity can be defined as the aspects of individual experience that are shaped and delimited by both ideological frameworks maintained by the marketplace to manage its influence upon individuals, and an individual’s own capacities to engage with, choose, and act upon personal and social expectations and ideals in matters of consumption (Beckett, 2012). Consumers are constrained and enabled; subject to the market by their dependence on it but also subject to their own selves through personal reflexivity and self-interest. The end result is the production of what Foucault (1977) calls “docile bodies” – capable yet obedient (thereby subjugated) individuals. The specification of “bodies” insinuates an individual’s subjectivity is reified through embodiment – i.e. ongoing corporeal actions used to both experience the social world and express oneself in it (Waskul and Vannini, 2006) while “docility” implies that these corporeal actions are both “analysable” and “manipulable” (Foucault, 1977: 136). While capable of agency, the bodies of *consumer subjects* are, because of the market’s influence, “political puppets, small-scale models of power” amenable to observation and intervention (Foucault, 1977: 136).

Despite the market’s efficiencies at predisposing consumers towards certain kinds of consumption, subjectivities can always be undone through resistance or defiance

(Mikkonen *et al.*, 2011). Non-cooperation or indocility has mainly been explored amongst evangelical and fringe activist communities that cohere to condemn expected forms of consumption for ideological and identity-motivated reasons (Kozinets, 2002; Kozinets and Handelman, 2004). In speaking about such condemnation, Glickman (2009: 26) defines consumer activism as “organized consumption or, more often, non-consumption that is collective, oriented toward the public sphere, grassroots, and conscious of the political impact of print and commerce”. However, ensuring the widescale legitimacy – or “mainstreaming” (see Hopkinson and Cronin, 2015) – of activism, we shall argue, is oriented less around immaterial or abstract subjects like political impact, commerce, morality, identity or the collective bonds people can foster through these, but is more likely rooted firmly to material, visceral concerns individuals have about the effects docility might have on their bodies and health. The docile body exists at the epicentre of subjectivity and as such, the shaping and control of consumer bodies is central to theorising how both power and governance operate but are also contested in neoliberal market economies (Yngfalk, 2016). This is where we propose emphasis on the docile body and fears for the body have the broader potential to encourage citizens’ criticality of their subjectivity as consumers and serve as an ostensive form of market-focussed health activism. With this thinking we now move to the concept of bodily dys-appearance as a way of viewing and problematising the impact of the food marketplace on consumers.

***The Fear of Dys-Appearance: Is the Market snatching bodies?***

Health philosopher Drew Leder (1990) offers the concept of bodily dys-appearance to characterise the state of corporeality that is brought to a person's heightened awareness through the experience of "vital or affective disturbance" (85). From the Greek prefix "dys", meaning "bad", bodily dys-appearance occurs when the body – something we ordinarily treat as an automaton that works with us in silent conformity – *appears* to us as having fallen outside of our control. For Leder, this experience of feeling as though our bodies have been snatched from us forcibly displaces and separates us from engaging in our day to day activities, distracting us from our attention to particular institutional or governmental frameworks and locking us into the sole need to respond to the "demands" of our flesh. While the body is experienced as vaguely "absent" in an ordinary state and amenable to inspection at our discretion, Leder suggests pain, discomfort, disability and other symptoms constitute a type of "corporeal alienation" (1990: 93) which demand urgent attention to the body's presence and force us to contend with it "as an alien thing, a painful prison or tomb in which one is trapped" (1990: 87).

The concept of dys-appearance has been used to interpret and explain corporeal alienation experienced by people in times of sickness or disability such as stroke (Kvigne and Kirkevold, 2003), anorexia (Duesund and Skårderud, 2003), and a wide range of consumption – and specifically diet – related illnesses. Cronin et al. (2015) for example draw upon dys-appearance to note how diabetic consumers and those with coronary heart disease feel their conditions alienate them from "old" ways of life and reorient their



attention to the ongoing management of their bodies. Furthermore, the concept has been utilised in explanations of the alienation experienced when living with excess skin and intestinal changes following weight-loss surgery (Groven et al., 2013) and the loss of natural teeth from decay (Rousseau et al. 2014). Such work points to consumption-related illnesses as key catalysts for alienation while provoking questions about the suitability of our consuming lifestyles as orchestrated and exploited by the marketplace.

Importantly, Leder (1990) shows how bodily dys-appearance inspires resistance; that when the threat of a person's body being snatched away arises, he/she is forced to interface with it as "that which 'stands in the way', an obstinate force interfering with our projects" (1990: 84). This instinctive and immediate state of emergency that bodily dys-appearance engenders reaffirms for us that the body is the ideal tool for activists in convincing consumers that marketer-imposed subjectivities are to be resisted and that the body's docility to the marketplace must be challenged.

Importantly, embodied sensations like dys-appearance are not beyond appropriation by activists to generate attention to health issues. In this case, "embodiment *by proxy*" enlists support whereby "activists draw on physical sensations that they imagine for other people's bodies, rather than on those they experience themselves" (Newman and Carpenter, 2014: 640). Following this, we argue it is possible to look beyond dys-appearance at the level of personal experience and look further to *narrative* where vicarious encounters with corporeal alienation provide a compelling means to

provoke reflexive defiance to externally imposed subjectivities including those tied to marketing governmentality. Particularly, in recognition of the potency of narrative in studies of health, Burchardt (2016: 594) suggests “situations of emotionally charged storytelling have become crucial for understanding activism”, and draws upon Hydén (1997: 49) who argues that narratives are “one of [the] most powerful forms for expressing suffering”.

The assumption that others can experience dys-appearance by proxy through exposure to narrative storytelling, while fairly unexplored in the literature, is a relatively well-worked theme in science fiction film. Don Siegel’s classic mid-century sci-fi movie *Invasion of the Body Snatchers* (1956) (*Body Snatchers* for short), for example, provides a representation of how corporeal alienation, which lies beyond the direct experience of many, can be brought about vicariously. Briefly, in *Body Snatchers*, amid an “epidemic of mass hysteria”, mysterious alien “pods” surreptitiously target locals of a small American town while they sleep, duplicate their bodies, and form doubles – “pod people” – which usurp and take over victims’ lives. Fears and anxieties for one’s own body are thrust into the minds of a small number of witnesses while the protagonist, Dr Miles Bennell, seeks to alert and save others who are unaware of their impending victimhood. Besides *Body Snatchers*’ clear focus on a threat to the human body, the movie has been widely interpreted as a symbolic portrayal of the spread of an ideology such as communism or McCarthyism prevalent at the time and place of its production (LeGacy,

1978). For Halton (2009: 8) however, “the aliens were neither McCarthy-era paranoia-induced communists nor vegetable pods from outer space”, but rather should be thought of as representative of an insatiable post-war consumerism that will quietly “absorb the American body”.

Therein, *Body Snatchers*’ suspenseful narrative depiction of a proactive citizen confronting the public with the threat of their bodies being absorbed by the spectre of some ideology neatly demonstrates how audiences are made to face the concept of bodily dys-appearance vicariously, and provides a useful framework for activists who are concerned with exposing and refuting marketing governmentality’s impact on health in a rich and compelling way.

In this regard, leveraging the *Body Snatchers*’ narrative as allegory for understanding “dys-appearance by proxy” foregrounds two points of relevance for inciting market change through film. Firstly, dys-appearance relates as much to an ideological invasion of the body as it does to biophysical harm imposed to the body. In Leder’s (1990: 98) terms, “the body is always a place of vulnerability, not just to biological but to socio-political forces”. Secondly, the receiver of this message (i.e. the viewer, audience) is forced to confront his/her involvement in, and vulnerability to, a potentially destructive ideological influence regardless of whether he/she has yet to experience its negative effects first-hand. Next, we outline our empirical case and our use of *Body Snatchers*’ narrative logic to inform our analysis.

## **Case, Methods & Analysis**

We focus upon Channel 4's televised documentary, *Sugar Rush* (Cooper, 2015). Although there are other examples of TV documentaries that reveal to audiences their puppet position in relation to market-driven promotions centred heavily on sugar and seek to inspire social change (e.g. Jacques Peretti's *The Men Who Made us Fat* and Fiona Phillips' *The Truth About Sugar*), *Sugar Rush* was chosen for analysis because of its ties to a wider campaign (e-petition) and the influence of that campaign on national policy (Quinn, 2015).

Richardson-Ngwenya and Richardson (2013) suggest documentaries operate by presenting a “visceral” account of their subject matter. That is, they argue that visual representations engender deep-seated, primal reactions from audiences based on emotion rather than reason or thought. They argue that documentary film has the strength “to bolster the narrative force, conveying carefully selected ‘significant truths’ to leave a lasting impression on the viewer, with the sense that their action could yet change the final outcome” (2013: 345). Whiteman (2004) too suggests “documentary films become tools available to activist groups as they seek political impact” (2004: 67), and “create a space within which citizens can encounter, discuss, and decide to act on the issues raised in the film” (2004: 55).

Our analysis of *Sugar Rush* began with multiple viewings. First we identified key scenes and key occurrences in the film, which we flagged up for further analysis. We then compiled notes detailing certain regularities across these key scenes and occurrences that were subsequently coded and categorised. Early in the coding process the first author, who has an interest in classic cinema, began to recognise intertextual commonalities between *Sugar Rush* and the *Invasion of the Body Snatchers* movie. In seeking to unpack the theoretical reasons for consistency between the texts, the author explored how *Body Snatchers*, which is regarded as rich in interpretive potential in its own right (LeGacy, 1978), could be read as a form of embodiment by proxy. Recognising the theoretical relevance of this for health activism, a decision was then made by both authors to separate out the various tropes used in *Body Snatchers* that allowed this text to be so effective in centring audiences' attention on concerns for the body. These tropes were then deconstructed, discussed and used to assist in our organisation of emerging subcategories identified in *Sugar Rush*, thereby serving as a loose intertextual framework to help ground and explain our themes. As we became more convinced by the types of commonalities between both texts, a vicarious version of Leder's (1990) concept of bodily dys-appearance, or more specifically dys-appearance by proxy, became more central to the development of our themes.

The thematisation process followed the hermeneutical back-and-forth principles of iterative analysis as recommended by Spiggle (1994). This meant establishing

provisional understandings of the patterns and overarching narratives in *Sugar Rush*, comparing them against our identified tropes from *Body Snatchers*, then returning to *Sugar Rush* to support, challenge or revise emergent interpretations. The intertextual interpretations were refined or refuted at each iterative turn under the mutual agreement of both authors and were integrated with explanatory concepts and ideas from relevant literatures to form conceptually woven categories. The next stage of the interpretive process sought to abstract these categories into fewer more general or *global* themes. This involved discussing the theoretical significance of each emergent theme and its pragmatic relationships with others in forming a single coherent narrative common to both *Body Snatchers* and *Sugar Rush*. This approach resulted in the unification of a number of categories into three interrelated themes – the threat, the victim and the hero – which form “parts” of one “whole” story (Spiggle, 1994). The next section provides some contextual background for *Sugar Rush* ahead of presenting these themes.

### ***Jamie’s Sugar Rush***

*Sugar Rush* aired in the UK on September 3<sup>rd</sup> 2015 on Channel 4. *Sugar Rush* is the latest in a stream of work featuring British celebrity chef, media personality, restaurateur and healthy foods campaigner Jamie Oliver as social-change agent including *School Dinners*,

*Ministry of Food* (both UK centred) and *Food Revolution* (in the USA). Oliver's campaigning oeuvre has been critiqued, most widely for its representation of him as "moral entrepreneur" and its inattention to social structures and therefore to history, poverty, class and gender (Warin, 2011; Hollows and Jones, 2010). Commentators point to 2008's *Ministry of Food*, in particular, as highlighting poor food choices made by families that are associated with poverty yet refuting the causality of poverty. Consequently, Oliver has been criticised for promoting blame, prejudice and stigma (Gibson and Dempsey, 2015; Slocum *et al.*, 2011) and contributing to a healthist discourse that stirs moral panic about an ostensible obesity "epidemic", which discredits body fat and, adhering to neoliberal values, frames it as a crisis of personal responsibility (Bell, Hollows and Jones, 2015). This levelling of blame on the individual has diverted attention from the systemic, and endorsed the market as a site of (more or less) informed choice by free agents. Furthermore, "Brand Jamie" and its considerable financial potential realised especially by extending his TV work to branded food products and cookery related merchandise, book sales and advertising contracts underscores the extent to which Oliver's personal interests are tied to the food market (Brownlie and Hewer, 2007). That Oliver is a figure of the market gives rise to criticism that he is simply and opportunistically reaping "moral authority" for his personal brand (Bell *et al.*, 2015). We are sensitive to these critiques, which partially relate to 2015's *Sugar Rush*, yet we also see *Sugar Rush* as departing in important ways – perhaps for tactical reasons – from

earlier campaigns. In *Sugar Rush*, Oliver shifts the blame from the individual to the market by highlighting the ubiquity of sugar in the UK's food environment in lay terms and focuses on marketised sugar consumption that he depicts as either unknown or underestimated – even by concerned consumers. The production allows the viewer to see both the extent to which sugar invades the body through what have become “normal” forms of consumption and also the stealth of this invasion.

The documentary is organised across roughly four main chapters or contexts: the clinic; the domestic/home-front household and its food environment (UK); the foreign/comparative household and its food environment (Mexico); and the industry. In the clinic, we witness a child being anaesthetised by medical professionals for multiple teeth extractions, while an adult amputee discusses diabetes as the causation for his limb loss. In the UK household and its surroundings, Oliver visits children including one who must administer blood tests to self-manage diabetes and another who regularly experiences marketing efforts to induce the desire to consume sugar-laden offerings when she watches TV and goes shopping with her mother. After this, Oliver shows us what the UK household could become through visiting rural Mexican communities where high volumes of soda consumption are normalised and diabetes-related amputations is endemic. The production then moves into its final chapter where Oliver organises a seminar with commercial restaurateurs in the UK, using a sculpture of fake amputated body parts, to convince them to impose voluntary taxation on sodas. The production



concludes with Oliver pleading with viewers to get active and “make change happen” through signing an online petition for the UK government’s introduction of a national sugary drinks tax. Such was the immediate effect of the call that the petitions website crashed (Quinn, 2015), demonstrating how documentary “engage[s] people in multiple ways and not simply as viewers/consumers but also as participants in the public sphere” (Richardson-Ngwenya and Richardson, 2013: 343).

**Table 1** provides an overview of the intertextual commonalities of the *Sugar Rush* documentary and *Body Snatchers*.

### **INSERT TABLE 1 HERE**

#### **Findings**

Our analysis of *Sugar Rush* is organised into three thematic areas– the threat, the victim and the hero - that together galvanise interest in market-focussed health activism amongst primetime TV audiences. By positioning Jamie Oliver as a mythic “hero” who must combat an invisible “threat” in the form of sugar from snatching “victims” bodies, citizens are fed a straightforward and defensible narrative. The governmentality of marketing in a free, if allegedly responsabilised, market is undone and its ideologies which

manifest in docile bodies are challenged and directed instead to an alternative, more regulated market better aligned to healthier consumption.

***The Threat: Facing the Market from cradle to the grave***

“Look, you fools, you're in danger! Can't you see?! They're after you! They're after all of us! Our wives, our children, everyone! THEY'RE HERE ALREADY! YOU'RE NEXT!” – Dr Miles Bennell, *Invasion of the Body Snatchers* (1956)

The quote from *Body Snatchers* provided above is recognised as a memorable moment in cinematic history because of its unnerving fourth-wall-breaking shot of the protagonist screaming into the camera. The scene jarringly blurs the boundaries between the threat of “*They*” (some malevolent *Others*) being an exclusively on-screen fabrication and perhaps something more credible in the real world (LeGacy, 1978). In *Sugar Rush*, Jamie Oliver’s direct-to-camera warnings to home viewers that market-driven health consequences are coming indiscriminately for every man, woman and child are just as clear. Sugar is positioned as a threat snuck into our food and then into us, often with guile and stealth, by a force which aspires to colonise our bodies as early in the life course as possible. Before each advertisement break, we are treated to a fourth-wall breaking shot where Oliver sends a wall of sugar cubes tumbling towards the camera and, by extension, into every viewer’s home living room.

The notion that the menace is coming for *our children* – one of the most vulnerable consumer cohorts – is perhaps the most disquieting, and *Sugar Rush* focuses on this threat appeal most intensively. Oliver invites us to “*see the world from a child’s perspective*” and viewers become the *proxy inhabitants* of a child’s body when a camera and eye tracking headset are affixed to an eight-year-old girl on a shopping trip with her mother. Amidst Oliver’s warning that advertising spend in Britain is set to hit £16 billion for 2015 (of which “*loads of these ads will reach our kids*”), we experience how familiar candy and sweetened snack food brands capture children’s attention through insidious positioning at eye-level and pervasive invasions of their visual field. The experience is repeated as we move between venues and store types, reinforcing a constant, inescapable threat of bringing young bodies to dys-appearance. Even ostensibly innocuous food products, some branded as healthy or natural, such as fruit juices, breakfast yoghurts and cereal bars are revealed to be loaded with sugar. Appeals which threaten death or bodily harm are nothing new and are pervasive in social marketing and health promotion efforts to engender anxiety about risky consumption and to instigate behavioural change (Hastings et al., 2004). However the televised documentary campaign provides a particularly hyperreal reworking of the traditional threat appeal approach: narrative structures, journalism and real-life problems blend together through complex filmic discourses to challenge consumer subjectivity rather than personal choice.

To add credence to the end-result of an insidious threat, Oliver travels to Mexico, where consumption of sugar-laden beverages has become entirely normalised. Mexico's colossal numbers of bodies which have dys-appeared to diabetes, obesity and limb amputations are reported and represent what the UK could become if unquestioning subjectification continues. The silent spread and the totalising potential of invasion are graphically illustrated as Oliver describes the community-specific marketing of soda consumption in small Mexican municipalities like Zinacantán as "*a kind of ambush on the whole town*". Cola billboards are displayed all around in these towns, and local stores, restaurants and cafés are completely decorated in soda brands' promotional materials. The scene has immediate thematic parity with *Body Snatchers* where the protagonist Dr Miles Bennell recounts his first impressions about his hometown having returned from a medical conference: "*At first glance everything looked the same. It wasn't. Something evil had taken possession of the town*". It is that labyrinthine "something" that captures the invisible, creeping presence of "the alienating projects of the Other" (Leder, 1990: 98) so prevalent in both texts.

In rural Mexico, traditional indigenous meals are shown to be served with bottled, commodified sodas. Mass-market sodas are even offered up to the saints in religious ceremonies. What is noteworthy is that the film horrifies by its portrayal of cultural and material take-over – evoking at the same time the subjectification and impossibility of resistance to the bodily invasion by sugar.

The market's ability to normalise soda consumption has been so potent in some areas of Mexico that Oliver directs our attention to a mother combining breastfeeding with weaning her infant child on coke. The revelation of a young infant fed soda from a mother's lap, in the manner milk should be, demonstrates the efficacy of the televised documentary to arrest and shock through illustration of the market's perversion of the body and its interference with the naturalness of the mother/infant assembly. It places upon audiences a vicarious form of what Leder (1990: 73) refers to as "an affective call". While the film is not capable of delivering firsthand sensory experiences such as *pain* to TV audiences, the portrayal of body's desecration in a visceral, dramatic way uses *shock* to place "a peculiar hold upon our attention" (73). Through the potency of pictures, the threat narrative unfolds in the viewers' minds about how the hegemony of brands socialise bodies literally from the cradle all the way to the grave.

### ***The Victim: The embodied effect of consumer subjectivity***

From the documentary's outset, multiple plot devices in *Sugar Rush* allow us to bear witness to the market's "victim" and the intersubjective or *intercorporeal* interactions between the dys-appearing body and those who see and treat it as problematic (Leder, 1990). In particular, we get the impression that the subject position of "the consumer" is

treated by medical professionals as the *damaged* prey or casualty of commercial efforts. Feelings of resistance are galvanised amongst TV audiences by stimulating horror or betrayal through stark images of the physical consequences of marketer-imposed subjectivities. In the opening minutes, we see a six-year-old boy undergo anaesthesia to have multiple decayed teeth extracted in an operating theatre. The cost of docility to the marketplace is brought uncomfortably to bear through graphically capturing sensitive parts of the anatomy, such as teeth and gums, being opened to expel the contaminating effects of consumption and return dys-appearing bodies to their “normal” state.

Surgery becomes one of only a few “hermeneutic and practical strategies of repair” (Leder, 1990: 133) to mollify docile bodies which have become dysfunctionally apparent to their owners and to re-establish their “absent presence” (1990: 13). Audiences see how medical interventions such as amputations, teeth extractions, and insulin injections become necessary to snatch bodies back from the defiling grip of the marketplace and to cleanse “the stains of commerce” (Nixon and Gabriel, 2016: 42). .

Just like the victims of the “body snatchers” in Don Siegel’s movie, the victims of the market are not phenomenologically *Other* but rather look much like we do and lead lives similar to ours. *Sugar Rush* thereby contrasts with Oliver’s previous documentaries which have been critiqued for their depiction of poverty, use of shame and voyeuristic tendencies (Hollows and Jones, 2010; Slocum *et al.*, 2011). Instead, we see concerned parents seeking and failing to navigate the healthy diet and we visit an amputee who

solemnly asserts that it “*couldn’t happen to me, surely. What, diabetes? But it did*”, reinforcing that anyone can end up as a victim.

Subjectivities work most efficiently when people believe that their choices are largely amenable to the exertion of free will. However, “victimhood is the flipside of consumer sovereignty” (Gabriel and Lang, 1995: 129) and *Sugar Rush* presents the inadequacy of consumer agency to protect from exploitation. In addressing this, Oliver implies that a medical institution such as the NHS (National Health Service) should not have to bear the considerable burden to reverse consumer victimhood:

“We’re kind of taking the piss out of [the NHS]... We need to help these guys do their job and focus on the things that really matter, not pulling out bloody teeth because there’s too much sugary shit in the environment.” (Oliver, *Sugar Rush*, 2015)

Oliver’s indictment of the market environment rather than of consumers’ choices contrasts with his earlier TV campaigns which politicised the relationships between diet, ignorance and moral impoverishment and especially within communities positioned as needy or indolent (Warin, 2011). Productions such as *School Dinners* and *Ministry of Food* have arraigned what Bell et al (2015: 4) label “improper consumption” more so than improper economics – or poverty – as the problem to be solved and thus encouraged on-screen actors to conform to an ethos of agency and self-responsibility. Such productions

imply that actors are at fault rather than the market per se. Instead, in *Sugar Rush*, Oliver boldly declares that “*self-regulation and personal responsibility isn’t working*” and advocates a *definite* need for the market to be policed (“*That’s why I think now is the time for the British government to step up and just get tougher on the industry’s ass*”). In the next part of our analysis we discuss how the power to police the market rather than oneself is not a disembodied aspiration but is anchored to the heroic experiences of *those who can*.

### ***The Hero: Market change as refracted through a Man of Action***

The notion of heroism as embodied in Jamie Oliver is a central component of *Sugar Rush*, as it has been in many of his previous documentaries (Slocum et al., 2011; Warin, 2011). Here, however, Oliver acts not as the “poverty tour guide” as he did before (Barnes, 2014), but rather he embodies a less voyeuristic stance as hero-for-all to wake *all* audiences to their subjectivity as consumers and to problematise the notion of “regimes of self-discipline and transformation” (Warin, 2011: 26) as sources for salvation. Oliver’s lone hero-for-all depiction bears striking resemblance to logic employed in *Body Snatchers* which tells of the resolute determination of one heroic man of conscience, Dr Miles Bennell, to desperately confront and convince others of a near imperceptible danger. Miles embodies the morally conscious figure, “the rugged individualist” who



witnesses a problem and commits to doing something about it (LeGacy, 1978: 291). He is a general practitioner of medicine – importantly, *not* a specialist – and this motif of a moral avenger who is not specialised in (or constrained by) the particulars of a specific problem but relies on independent reasoning is effectively carried over to Jamie Oliver. At all times in *Sugar Rush*, resistance to the market and our first line of defence to bodily intrusion is refracted through Oliver; *his* body, what he says, what he does, where he goes, and who he talks to. In Leder’s (1990: 11) terminology, it is through Oliver’s “bodily surface” that we must “engage the world” and address the spectre of dys-appearance.

Oliver – like the character Miles Bennell – keenly emphasises his lack of specialist knowledge in confronting the threat at hand. Oliver neither has a clinical background nor formal training in epidemiology. Nevertheless, he has a moral understanding that something “bad” is going on. Armed with his professional expertise as a chef and restaurateur, he represents for audiences the relatable, straight-talking maverick in a coldly deductive world of dehumanising evidence-based practice, aetiology and biomonitoring. At the outset of the production and voiced over an edgy electric guitar backing track, he lays down his objectives in the familiar military-style language of previous campaigns (see Warin, 2011) to prime audiences for a confrontation:

“I’m going into my biggest battle ever; this time I’m taking on sugar [...] I’m tired of all the talking and waiting around for something to be done while more and

more people get sick. So I've decided to do something about it." (Oliver, *Sugar Rush*, 2015)

This combative voiceover is conspicuous in its injection of clichéd roughish masculinity yet remains consistent with audience's expectations of Oliver as the "crusading" male chef who brazenly decrees himself to be the only person capable of effecting real change (Bell et al., 2015). While Oliver ironically remains very much part of the market that he criticises, aspects of his personal brand are not so subtly leveraged to concretise his moral authority. These distance him from the systemic and conspirative body-snatching associated with impersonal corporate 'Others'. Drawing upon his charismatic and rogue "laddishness" or "blokishness" (Brownlie and Hewer, 2007: 229), Oliver embodies for audiences the "man-of-action" archetype that contemporary consumer culture idealises (Holt and Thompson, 2004)

Man-of-action heroism is a social complexity, however, realised only when "represented through highly dramatic plots that hinge upon a tenuous resolution of powerful contradictions" (Holt and Thompson, 2004: 429). The first of such plots plays out through Oliver's balancing of *empathy* with his celebrity status and highly commercialised personal brand. In approaching the bodily dys-appearance of those he meets, Oliver is keen to avoid displaying the "highly distanced, antagonistic or objectifying" stare of the Other (Leder, 1990: 96), an aspect that drew some criticism in his earlier work (Barnes, 2014). While it has been recognised that TV celebrity chefs such

as Oliver can be criticised for the co-optation of politics in their personal brand building (see Bell et al., 2015), Oliver's status as a global brand here is carefully shifted to the background where the central message is: as a chef and food lover, Oliver assumes co-subjectivity with the market's victims and shares the same cruel realities that the average consumer must face. Oliver's empathetic nature is further reinforced by communicating his lack of specialist knowledge, even if this belies experience he acquired in his earlier campaigns:

“There's been this kind of cloud of doom, this disease, Type II diabetes that everyone's talking about – it's always associated with diet-related disease. I just don't know enough about it, I don't think enough people do. Like what is it? How does it affect the body? [...] I kind of need to get my head around it.” (Oliver, *Sugar Rush*, 2015)

This excerpt reveals Oliver's blatant departure from his previous TV roles as “the expert outsider who will lead the way toward better nutrition” (Gibson and Dempsey, 2015: 53). Instead Oliver is strategically positioned as the baffled *everyman* who must set out to educate himself in a boots-on-the-ground immersion in the invasion, visiting hospital wards and outpatients to personally witness the problem of dys-appearing bodies. Ironically, while working to separate himself from the medics during this self-taught journey of the everyman, Oliver is shown dressed in the uniform of the clinic, wearing hospital scrubs, and participating (as an observer) in the operating theatre early on in

*Sugar Rush*. While paradoxical, such scenes visually illustrate to audiences Oliver's hands-on ability to avoid armchair activism and get stuck in.

Another dramatic plot to bolster Oliver's heroism lies in how he manages *confrontation*. We see this in his one-on-one meeting with Ian Wright, the Director General of the Food and Drink Federation. The meeting is presented to audiences as clear opposition, one man sitting across from another. Oliver exercises his man-of-action ability to dominate lesser men, hitting the market representative with questions and asserting his superiority as the "heroic superman [who] vanquishes the diabolical foe" (Holt and Thompson, 2004: 429).

The heroic superman represents a transformation of Oliver's celebrity image beyond his "naked chef" persona of the 1990s and evangelical moral entrepreneur of the mid to late 2000s (Hollows and Jones, 2010; Warin, 2011). In 2015's *Sugar Rush*, Oliver's evangelism toward improper consumers is replaced with directing aggression to the commercial *Other*. As the man-of-action hero who wins our support through confrontational machismo and everyman aesthetics, Oliver's market-focussed (rather than individual-focussed) efforts challenge audiences' marketer-imposed subjectivity. This instils in audiences a sense that simply being responsabilised to make "correct", healthy choices for ourselves is not enough, that we need to behave as heroic agents in policing companies to avoid becoming an aggregate of subjects whose bodies will ultimately dys-appear.

### ***Aftermath: Audience Vindication of the “Screwball” Hero***

Narratives which seek to expose the realities of conspiracy, social corruption or invisible subjectification often engage in what Roth (2000: 106) calls “the great screwball theme” whereby the hero’s vindication and triumph only comes to pass through overcoming sustained episodes of confusion, frustration and the acute scepticism of others. *Body Snatchers* was originally intended to conclude with Dr Bennell standing in the middle of a motorway, visibly dishevelled, wild-eyed and screaming unsuccessfully at passing motorists to inform the authorities about the invisible invaders (LeGacy, 1978). The intention was to underscore the effective powerlessness of the lone protagonist – apparently paranoid and lacking the credibility necessary to bring about change. Badmington (2001) suggests the movie producers were apprehensive about audiences’ reactions to a bleak conclusion, and opted instead for more optimistic ending in which the ranting Bennell, restrained at a hospital, convinces a psychiatrist of the threat and the federal government is mobilised.

Curiously, Oliver relayed similar experiences of alienation in the months after filming *Sugar Rush*. Erasing the substantial movement against sugar (including filmed interlocutors) that arguably provided the newsworthiness that secured him a primetime slot, Oliver later publicly stated that initially, “I was a lone voice; everyone was trying to

make me look like a fruit cake” (Oliver, 2016). The production itself concludes with a solitary Oliver pleading with audiences to sign an e-petition that would necessitate parliamentary consideration of a sugar tax. But the real conclusion of his campaign unfolded beyond the screen over the following months. The requested parliamentary debate took place and, furthermore, Oliver was given the stand to address the House of Commons' select Health Committee. Months after *Sugar Rush's* initial airing, on 16<sup>th</sup> March 2016, Oliver was recorded performing a celebratory dance outside Parliament buildings as a tax on sugar-added drinks was announced (Richards, 2016).

The importance of the screwball theme is that the audience Oliver had subjected to dys-appearance by proxy over his journey became instrumental in his triumph and in realising a conclusion. Including audiences to vindicate the screwball hero, particularly via media such as the e-petition, grants them an active role and thereby becomes a crucial aspect of the broader market-focussed health activism.

## **Discussion**

The approach to analysis taken in this article demonstrates both how marketing governmentality can incur a resistant response when the body is brought to bear in narratives and how compelling, visceral techniques can be used to awaken people to the risks of being docile consumer subjects. Invoking the body's potential to provoke desire

for market change rather than encouraging personal changes allows us to tease out a new dimension to the relationship between subjectivity, health and consumers in the form of “market focused health activism”. In total we define this neoliberal-sceptic pedigree of activism and guarded departure from personal responsabilisation as a narrative-driven practice in somatising the negative influence of the marketplace and mobilising consumer action toward consumption-related health causes through compelling narrative. The illusion of independent sovereign consumerism is narratively positioned by market-focussed health activism as a poisoned chalice at the heart of disease conditions. Health is framed as a market issue and the stimulation of fears for the body is given precedence over other less-tactile or ideological motivations for indocility and resistance. While there may be other ways of narrativising these fears, the market-focussed health activism we explored here is mobilised through mass-media (TV documentary) and digital media technologies (the e-petition). Importantly, market-focussed health activism is orientated around changing the market rather than the individual, and is therefore constituted by its non-invasiveness in terms of little requirement, burden or obligation placed on individual consumers. Rather it is not simply based on the assumption that if people are awake to a problem then they will act, but on the principle that the opportunity to act is made as simple as possible. Consumer audiences are galvanised to become activists through demanding change that someone else will bring about.

One of the core contributions of this paper is clarifying how narrative can work as the understructure by which health activism is “moved” (Burchardt, 2016) through compellingly highlighting the problems of the body’s “docility” to the market (Foucault, 1977). Our analysis shows how narratives that instil in audiences a particularly deep and graphic fear of the “danger of defilement” (Nixon and Gabriel, 2016: 43), or specifically a vicarious form of bodily dys-appearance, create an urgent and potent need for action. Here, the understructure of *Sugar Rush* departs from previous understandings of “reality TV as a health-promoting mechanism” (Warin, 2011: 26) and genres such as “the campaigning culinary documentary” (Bell et al. 2015) which both operate as biopedagogies in shaping and teaching problematic individuals to cook and eat their way to good health. Instead of moralising depictions of fecklessness and redeeming the irresponsible individual, the market-focussed nature of *Sugar Rush* points instead to populations’ helpless subjection to the market environment, the futility of personal choice and the necessity for intervention. In this sense, playing heavily to an instituted and indiscriminate threat on a scale beyond personal correction differs also from social marketing which operates managerially to target, educate and convert “certain sections of the population” (Peattie and Peattie, 2003: 366). Rather, the market-focussed documentary as an activist tool perhaps compares more with the counter-ideological and paranoia-inducing science fiction of Cold War cinema than with “televised forms of governmentality” (Warin, 2011: 25). Thus the *Body Snatchers*-esque narrative of *Sugar*



*Rush* highlights for activists the potential of redirecting health interventions away from self-discipline towards creatively inciting solidarity around macro-defensive mechanisms for population health.

Secondly, like Nixon and Gabriel (2016), we suggest somatisation of marketplace problems works to galvanise defensive action over and above politically or intellectually motivated resistance. Where Nixon and Gabriel suggest the dangers that mass-consumption represents to bodies inspire individuals toward agentic non-consumption decisions, private prohibitions and idiosyncratic distancing ceremonials, we problematise the level of personal ingenuity and absolute distance or freedom that populations desire when market problems become recognised as shared. Here our analysis of *Sugar Rush* contributes to the further problematisation of consumers' ability to truly contest and liberate themselves from discourses of power (Thompson, 2004). Particularly, the campaign's successful call for more regulation implies the end-goal of resistance and indocility to the marketplace hinges on the contemporary subject's ultimate powerlessness and need for *rescue* by some alternative governing force like the state.

The success of the *Sugar Rush* campaign demonstrates how something as crucial and universal to all consumers' lives as their bodies engenders a desire for the ultimate relocation of authority from one ostensible governor to another, in this case from market governance to state governance. This confirms previous consumer researchers', such as Shankar *et al.*'s (2006: 1013), concerns that "people can never escape from the operation

of power”; that power can only be passed on from one governor to another merely to produce, shape and normalise subjectivity in different ways. While market change is promoted through appealing to audiences’ rejection of marketer-imposed consumer subjectivities, the solution they vote for is arguably delivered through less sovereignty in the forms of *more* market regulation, *more* governance and *more* protective measures to insulate and safeguard their bodies.

Much of the literature that informs subjectivity maintains that “it is always the body that is at issue - the body and its forces, their utility and their docility” (Foucault, 1977: 25), though the Lederian literature on dys-appearance has allowed us to also consider the body as a supreme source of raising anxieties, instigating indocility and galvanising action. Rather than appeal to the moral rectitude, rebellious desires for emancipation and evangelical identities of reflexive consumers (Kozinets, 2002; Kozinets and Handelman, 2004), the appeal of *Sugar Rush* is in its scepticism toward the ideology of personal responsibility. This has implications for future programs of resistance theorisation as market-focussed health activism appears to be divorced largely from a genuinely ideological desire for personal sovereignty and is anchored instead to the collective welfare of the body.

Finally, we recognise the limitations of any analysis based on one documentary. We do not claim that market-focussed health activism can only be conducted through televised campaigns although we believe that the particular case studied here catalysed

high profile support which was instrumental in urging the UK government to take the first step in applying tax to food on health grounds. In light of on-going and public debate around sugar and wider themes of the market versus government dynamics, we suggest further research that centres on the influence of media, social marketing and narratives, as well as the impact of celebrity on population health will become increasingly more important.

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