

## **Mind-body relations in Physical Cultural Studies: Exploring the rise of a new corporeal therapeutics in mental health**

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This chapter pursues a line of critical questioning concerning how we come to ‘know’ the embodied, discursive and biopolitical dimensions of mental health and illness in the context of physical cultures. In terms of a Physical Cultural Studies (PCS) sensibility I situate my engagement with both epistemic and everyday issues of injustice within a feminist context that understands the personal as political. Over the past decade I have explored questions about the cultural formation of ‘normal and abnormal’ subjectivities in everyday contexts with respect to shifting public discourses about increasing mental health problems. This intellectual inquiry has also been shaped by my family biography that was severely disrupted by the iatrogenic effects of psychiatry in 1950s Australia (Ehrenberg, 2009). My grandmother and uncle (her son) were both diagnosed as ‘paranoid schizophrenics’ and endured therapeutic treatment that was informed by emerging theories of brain dysfunction, failure of maternal bonding and genealogical impurities. Mental illness was a shameful infliction that brought institutional confinement, over medication, electric shock treatment and the violation of basic rights. By the 1980s Australian mental health policies embraced the shift to deinstitutionalisation as the medical model was increasingly challenged by advocacy and human rights movements that were gathering momentum in the US, Canada and the UK. Thirty years after his ‘breakdown’ during the pressure of final school exams (he was dux at the time), my uncle moved into a house, learned to cook, manage his own money and began to enjoy the freedom of everyday movement.

Those wasted years of his institutionalised existence offer a stark example of how the minds and bodies of pathologised populations are governed through therapeutic imperatives that seek to restore normality in the pursuit of health. Connecting critical health and sport perspectives Genvieve Rail’s keynote at the recent International Sociology of Sport conference in Paris 2015 examined the “imperative of wellbeing” with respect to how “other” bodies are positioned, erased through normalised thinking or pathologised as unhappy, dissenting or unapologetic. In his critical work Metzl

(2010, p.2) has argued that “‘health’ is a term replete with value judgments, hierarchies, and blind assumptions that speak as much about power and privilege as they do about wellbeing. Health is a desired state, but it is also a prescribed state and an ideological position”. These points echoes the radical contextualism informing my PCS approach to mental health that situates biomedical, psychotherapeutic and health promotion intervention practices within a genealogy where truth claims about healing, restoring or optimizing mental health are historicized. Such an approach also makes visible the effects of power-knowledge relations on embodied subjects in order to disrupt the normative and open up other ways of knowing and being.

In writing this chapter my aim is twofold, first to consider how the “physical” within Physical Cultural Studies has been theorised with respect to questions of mental (ill) health in the context of an historical dualism of mind and body. Second, I explore how the broader cultural, economic and political context of the United Kingdom (UK) has positioned mind-body relations within mental health policy, research, advocacy and practice. It is now commonplace to read that “exercise is medicine” and I argue that active embodiment has been subsumed within a new *corporeal therapeutics* (with a nod to Nikolas Rose) aimed at ameliorating mental (ill)health. The physically active self is being mobilised through converging mental health discourses to treat and prevent a growing population ‘problem’. Depression, for example, has been identified by the World Health Organisation (2013) as a growing public health issue that affects about 400 million people (and it is gendered in ways that classify more women as depressed than men).

What might be the discursive effects of particular manifestations of truth - ‘healthy bodies, healthy minds’ – on how mental health is embodied within advanced liberalism? The corporeal self is being reimagined and acted upon through a range of somatic discourses about mental (ill)health that emphasis the physical as biological (the neurochemical brain of pharmacology and the physiological self of exercise medicine). While the shift to exercise as medicine may appear to counter the normative treatment of depression through drug therapies, I argue that it is intertwined with the growth of neuroscience and the pharmaceutical imaginary (Jenkins, 2010) that significantly shapes representations of mental (ill)health in the global north. In the next section I turn to my first question about how the embodied mind figures in

PCS and what other trajectories of thought about physicality are possible. These are both theoretical and practical concerns about the cultural resources that we have (and desire) to respond in critical and creative ways to the experience of emotional distress in this conjunctural moment.

### **Mind-body relations in Physical Cultural Studies**

Extending a line of reflexive questioning about that has recently opened up about the knowledge practices of PCS (Atkinson, 2011; Giardina & Newman, 2011; Rich, 2011; Silk, & Andrews, 2011; Newman & Giardina, 2014; Pavlidis & Fullagar, 2014; Pavlidis & Olive, 2014; Thorpe, 2014), I am interested in the *limitations and promise* of theorising physicality in relation to notions of embodied subjectivity. My analysis is focussed on these broader epistemological concerns given the lack of specific attention that mind-body relations (and mental health) have received to date within the emerging debates around the PCS as an inter or transdisciplinary project. The absence of critical attention paid to the embodied mind and mental (ill) health raises the question of whether the PCS imaginary has simply reversed the mind-body dualism rather than troubling the hierarchical relation? Bodies are the object and subject of contextual analysis with respect to different physical cultures, yet the politics of our embodied entanglement with emotion, affect or mind are often left unsaid. As Andrews and Silk (in press) argue, PCS is a fluid set of knowledge practices that can enable a theoretical and political responsiveness to emerging social problems. As an emergent field of study there is a danger of being hampered by recent didactic exchange that seeks to define (ironically from a universalised, disembodied and rather masculine standpoint) the object and subject of physical culture, right or wrong ‘sides’ and paradigmatic boundaries as well as new ‘mandates’ for praxis oriented critique. I am concerned with the limiting way that “bodies” or “the body” have often been conjured up as fleshy physical containers in which resides a unified, rational subject that is acted upon and/or resists various neoliberal power relations. Yet, I am also drawn to promise of PCS in terms of the creatively critical, relational and visceral ethos that can open different ways of knowing and disrupt manifestations of truth concerning embodied subjectivity. As a counter move, this Handbook opens up different intellectual trajectories for thinking through physicality.

The diversity of intellectual biographies in the Handbook highlights how PCS identified scholars engage in a politics of embodied knowledge that far exceeds the critique of an historical sociological imagining of sport. Having been drawn to PCS from the multidisciplinary field of leisure studies and the cultural turn within Australian post-structuralist sociology (Probyn 2005; Game, 1991), I feel ambivalent about identifying with an origin story that seeks to heroically replace the epistemic object of “sport” with that of “physicality” (Caudwell, 2011). My feminist sensibilities and long engagement with embodiment through feminist philosophy lead me to consider whether privileged claims are another masculine appropriation of “the body”? This is also a reflexive question about the intellectual genealogies of different fields that appear politically aligned with PCS but start with a different set of problematisations (gender studies, disability studies, for example). On the one hand, by privileging the “physical” PCS has *aligned* with feminist theories that trouble the assumed value of rationality, objective logic and self-present knowing that historically underpins the mind/body, masculine/feminine, reason/emotion dualisms. We see this politics in Giardina & Newman’s (2011, p.37) engagement with the physicality of the PCS project that “reemphasizes the body’s emancipatory potential through bodily praxis”. They position PCS as an intellectual meeting point for a diverse body politics and echo the sentiment of feminist philosophers of the body who argued for a shift in knowledge produced “about” women’s bodies to knowledge created “through” writing the embodiment of gender as a force for change (Grosz 1994). Although, beyond the work of feminists themselves in PCS there has been little deeper engagement with the extensive and diverse theoretical debates within and across feminist philosophy, cultural theory, sociology and critical psychology (Braidotti, 2013; Blackman, 2012; Whetherall, 2012; Probyn, 2005; Grosz, 1994).

*Productive tensions* are important in shaping PCS as different intellectual histories and fields enable points of engagement across diverse embodied experiences, subject positions, technologies and institutional practices (Silk and Andrews, 2011). As Newman and Giardina (2014, p.4) suggest physical movement is a central concern as, “there is biopolitics in how the body moves, why it moves, and how we come to make sense of that movement”. However, unless we assume a voluntaristic subject or functional physicality we are faced with the task of understanding the complex forces of movement that produce subjectivity as a biopsychosocial assemblage - thoughts,

emotions and affects – that we indeed try to make sense of through the discourses available to us (Ahmed 2004; Rose, 2007; Cvetkovich, 2012; Braidotti, 2013).

A PCS ethos that identifies the shifting conditions of possibility for contestation and change, offers a means of critically examining the embodied formation of the “inner world” of the self that we have come to “know” through the rise of the psy-disciplines. Without a more critical thinking through of mind-body relations we lack any comprehension of how the everyday emotional lives (injustices and suffering) of (bio)citizens are shaped by normalised imperatives and forces of global capital. Hence, mental health problems are all too often imagined, felt and represented as “private troubles” (chemical imbalances and personal failings) (Ehrenberg, 2009), rather than understood as “public feelings” (Cvetkovich, 2012) that are shaped within the nexus of culture, power and inequality. Hence, there is a need for critical exploration of how sport, exercise and other physical cultures are increasingly positioned as “good” for mental health. As embodied practices they are also sites of subjectification through which the exterior world is enfolded into the self with particular effects and affects.

By neglecting the complex interrelationships between mind-body, reason-emotion, social-biological there is a danger that PCS scholars will overlook the power-knowledge relations that shape cultural notions of health and mental health that also map across subject positions of normal-abnormal, masculine-feminine, white-black, expert-patient. At the heart of a critical perspective on mental health is the issue of the cultural (il)legitimacy afforded to particular forms of knowledge about sport, physical activity and exercise (policy, self-help, biomedical) and whose voices are privileged (citizens, experts, advocate organisations) (Cvetkovich, 2012). Newman’s (2013, p.400) call to move PCS beyond the desire for an embodied form of post-Enlightenment reason and towards an “ecology of a kinesis affect” does promise to open up new trajectories and methods. Yet, curiously Newman overlooks the extensive body of work on cultural theories of affect and feminist trajectories that have pursued an embodied politics of knowledge (and with a significant contribution to rethinking the corporeality of mental “illness”, see Cvetkovich, 2012; Blackman, 2012). Of particular relevance here is Rosi Braidotti’s (2013, p.100) rethinking of an “ontological relationality” that explores the formation of subjectivity through multiple desires and affects that connect culture, biology and technology through “intelligent

flesh and an embodied mind”. While there is not space to do justice to the extensive literature on affect and post-humanism I would like to highlight the rich potential for PCS to engage with new theorisations of the subject as somatic, contingent and relational in a far broader sense (non-human nature, technology). Without a further exploration of physicality there is a danger that “the body” within PCS will remain a rather static object of analysis in ways that marginalise other relational and inseparable dimensions of subjectivity, such as mind and emotion or affect.

PCS research is also profoundly affective in terms of how we are moved by injustices, contradictions and possibilities for change. The contradictions of performing feminine subjectivity that were evident in my qualitative research into depression and recovery have powerfully shaped the way that I approach the question of physicality. The women in our Australian study articulated the depths of their little heard social suffering through depression in terms of embodied metaphors (heaviness, numbness, trapped in a black hole, feeling the weight of the world)(Fullagar & O’Brien, 2012). Their stories also spoke back to the dominant therapeutics of pharmacology and psy-discourses through visceral responses that voiced subjugated knowing. When asked about the everyday experiences that significantly enabled their recovery (beyond biomedical and psy-expertise) they identified a host of practices from swimming, gardening, team sport, yoga, walking, running that were active, creative and connected. Active embodiment worked for many as a counter-depressant and was vital to their sense of “feeling alive” again (Fullagar, 2008b). Yet, these mind-body-affect relations were not simple “physical activities” nor were they stable nor easily pinned down as some kind of “cure” for depression. Rather, women’s diverse stories of understanding their own mental (ill)health in the context of gender relations opened up a discursive space to explore everyday practices that sustain and undo particular experiences of subjectivity in the context of normalised neurochemical selfhood.

While mind-body relations have been largely absent in PCS theorizing there is an emergent literature that is broadly aligned with a PCS sensibility and critically explores the cultural nuances of embodied experiences of mental health. In terms of cultural difference Jette and Vertinsky (2011) question the limits of a normalized whiteness in mental health discourses. They identified how Western notions of self-responsibility for physical health were less dominant among older Chinese immigrant

women in Canada. While the neoliberal imperative to manage oneself was not strong, mental health was still steeped in the socio-political context of Chinese culture where exercise was a “way to regain health/balance and to improve their emotional state”(Jette and Vertinsky 2011, p.283). In a different Canadian study on immigrant women’s mental health and physical activity Lee et al., (2014) identified the limitation of policy discourses within immigration, sport and physical activity and the value of participatory methods opened up a space for alternate voices to contribute legitimate knowledge. These are several examples of an emergent literature that aligns well with PCS as scholars offer a more nuanced understanding of the complex material and discursive forces shaping embodied subjectivity through diverse physical cultures (Lafrance, 2011; Carless & Douglas, 2012; Smith, 2013; Caddick, et al., 2015; Cauldwell, 2014). Jane Cauldwell (2014, p.5) writes a powerful autoethnographic account of feeling blue and provides a counter narrative to make visible the mundane pleasures of active embodiment that are intertwined with the silence and stigma surrounding sportswomen’s experience,

...accent on timing and duration is no surprise given that the dominant cultural practices of sport and physical activity aim to promote achievement and success through measurement of time. I avoid this framing because, for me, highly structured plans of progression have forged a form of personal stoicism, which on reflection served to mask my desperate emotional landscapes. Instead, I consider the routine and sustained physical activity of rowing (on an indoor-gym machine) as a habitual companion to feelings of low affect. Despite echoing the repetitions characteristic of intense negative rumination, the sequential rowing motion opens the possibilities for bodily pleasures found within the mundane.

The emergent literature in this area reveals how minds, bodies and emotions are experienced in critical and productive ways that emphasise the importance of locating physicality within a cultural context, rather than an individualised corporeal therapeutics where “expert” knowledge prevails.

### **The rise of a new corporeal therapeutics – exercise as medicine**

Extending insights from scholarship on the biopolitics of mental health I turn to consider how mental (ill)health is rendered thinkable in terms of a form of somatic selfhood that privileges active physicality. Contemporary mental health policy, practice and research positions physical activity as a lifestyle intervention that has become part of what I have called a new *corporeal therapeutics* of wellbeing within public mental health. We are urged to constantly improve our wellness, active lifestyles and sense of happiness, while balancing mind and body, work and life through a desire to prevent illness, improve productivity (reducing the burden of disease and profitability) and thus be valued as self-managing citizens. Although there is nothing new about the moral imperative to work on the body and self in the name of health (Fullagar, 2002), there is a noticeable deployment of biomedical metaphors that link scientific expertise and a notion of individual agency that is expressed through active physicality (behaviours and choices free of social context). Recently the Academy of Medical Royal Colleges (2015, p.5) in the UK framed the value of exercise as a practice that can be prescribed by medical experts to cure ill health, ‘the message is simple. Exercise is a miracle cure too often overlooked by doctors and the people they care for’. The promotion of physical activity for good mental health has been incorporated into UK policy (No Health without Mental Health, 2011, <https://www.gov.uk/government/publications/the-mental-health-strategy-for-england>). There has also been a shift in the recent House of Commons Health Committee Report (2015, p.7) where physical activity is repositioned from an instrumental means of reducing obesity and to an activity that promotes a range of mind-body benefits including “good mental wellbeing”. In terms of the translation of research and policy into treatment practices, the National Institute for Health and Care Excellence (NICE) guidelines recommend structured group exercise as part of their evidence base for lifestyle interventions for depression (<http://www.nice.org.uk/guidance/cg90/ifp/chapter/treatments-for-mild-to-moderate-depression>). The National Health Service working through local authorities (and third party providers as part of the shift to privatisation) provides a range of individualised “exercise on prescription” and “social prescribing” programmes for patients diagnosed with depression or experiencing social isolation and those who are “frequent attenders” at GP surgeries. While these examples suggest that there is some state provision of exercise based interventions, the economic and moral imperative extends the individual responsibility for physical activity and health, to mental health



and wellbeing. Curiously the discursive framing of “exercise as medicine for the soul” simplifies and renders invisible the complex issue of agency and the “social determinants” of mental health that are well recognised (also impacting upon participation in exercise via the expert constructions of “adherence and compliance”) (Friedli, 2012). Despite the rhetoric of person centred care and consumer focused health that pervades the logic of care within advanced liberalism in the UK, there is a clear shift from the rights of the person to access state support to the responsibility to manage one’s condition and maintain an active lifestyle with “expert guidance”. The rise of exercise as medicine is situated within the broader policy context of what Hunter et al., (2010, p.234) have called lifestyle drift, “whereby governments start with a commitment to dealing with the wider social determinants of health but end up instigating narrow lifestyle interventions on individual behaviours, even where action at a governmental level may offer the greater chance of success.” In the context of mental health the phenomenon of lifestyle drift is also shaped by the contemporary intersection of two forms of expertise - exercise science and neuroscience.

In response to new public health concerns about “lifestyle diseases” an epistemic optimism has fuelled the growth of the health and exercise science research (physical activity promotion, exercise physiology, behaviour change psychology). Through the identification of specific biological processes, dose-response rates, behavioural triggers and measurable benefits of physical activity the new exercise sciences seek to establish a positivist evidence base that will be recognised alongside the authority of medical knowledge (Piggin & Bairner, 2014; Neville, 2013). While there is conflicting evidence about the specific kinds of health and wellbeing outcomes that structured exercise can afford people experiencing mental ill health, there is a general consensus in this growing literature and policy that physical activity is beneficial for prevention and recovery (Harvey, et al., 2010). Nikolas Rose (2007, p.26) makes a compelling point about new public health imaginaries around somatic and neurochemical notions of personhood where, ‘exercise, the corporeal vitality of the self has become the privileged site of experiments with the self’. The corporeal self is being reimagined and acted upon through a range of somatic discourses about mental (ill)health that emphasise the physical as biological (the neurochemical brain of pharmacology and the physiological self of exercise medicine). While the shift to exercise as medicine may appear to counter the normative treatment of depression

through drug therapies, I argue that knowledge production is intertwined with the growth of neuroscience and thus has implications for extending rather than questioning the pharmaceutical imaginary (Jenkins, 2010).

There is a large body of critical work that identifies how psychiatric classifications of mental illness work to *produce* a range of disorders and individualised pathologies that position biocitizens as abnormal, dysfunctional and unproductive individuals (Foucault, 2003; Ehrenberg, 2009). Rose's (2007) careful analysis illustrates how psychodiscourses intersect with the economic and political rationalities of advanced liberalism to produce new forms of "somatic subjectivity", and with the rise of brain science we have entered an era of "neurochemical" selfhood (Fullagar, 2008b, 2009; Rose and Abi-Rached, 2013). Neuroscience has significantly influenced how mental illnesses are conceived of as biological problems and treated with drugs, electroconvulsive treatment or other forms of deep brain stimulation (vagus nerve stimulation, repetitive transcranial magnetic stimulation, magnetic seizure therapy). The molecular focus of neuroscience also permeates popular discourses and mental health promotion where the effects of exercise are identified as acting in an unmediated way upon our physicality. In 2015 you can read on the UK Mental Health Foundation website that, "Research has shown that exercise releases chemicals in your brain that make you feel good - boosting your self-esteem, helping you concentrate as well as sleep, look and feel better"

(<http://www.mentalhealth.org.uk/help-information/mental-health-a-z/E/exercise-mental-health/>). To extend Rose's (2007) argument about the molecular gaze of neuroscience, I suggest that the shift towards understanding the self in terms of molecular or neurochemical changes in the brain, is converging with a figure of the mobile body as organism (a mobile biopsychosocial assemblage, Braidotti, 2013). Changing the embodiment of mental (ill)health through exercise is conceived at the cellular level and through behaviours that move the whole body through instrumental relationships (dose-response) that aim to facilitate the self-management of depression.

The positioning of sport, exercise and physical activity within this new corporeal therapeutics is promising in one sense as it is a move away from pharmacological interventions that have been shown to be problematic in so many ways (Fullagar & O'Brien, 2013; Jenkins, 2010). However, it is a move that remains firmly within the

scientific grip of biomedicine and as such the experience of embodied (in)activity is reduced to an individualised, asocial context. Exercise becomes good medicine for all, providing a moral imperative for the expansion of expertise that fuels a particular policy and practice industry. Critical engagement with this discourse is vital to identify the knowledge “gaps” and other forms of “evidence” and ways of knowing that can incorporate the complexity of experience as shaped through material-discursive-affective processes. Unpacking key assumptions underpinning such truth claims can provide a deconstructive moment to open up debate about researcher reflexivity, the limits of knowledge, the politics of truth and the profoundly social context of active embodiment. If medical ethics require practitioners to “do no harm”, then how might the disciplines embracing exercise as medicine consider the negative implications of active embodiment?

One of the major assumptions within the exercise is medicine agenda is the normalised view of sport and physical activity as “good” for the mental health of everyday and elite participants. Yet, the issues of over training, compulsive exercising, post-elite career identity loss, performance anxiety, eating disorders and body shame abound (Caddick, Smith & Phoenix, 2015; Burrows & Sinkinson, 2014; Smith 2013; Hughes & Leavey, 2012). Sport is a site of exclusion of all kinds where normalised masculine norms of toughness, invincibility and competitiveness contribute to a culture that stigmatises “failure” and reinscribes hegemonic ideals (Spandler & McKeown, 2012). A number of sport organisations (Football Association, Time to Change, campaign) are attempting to collectively act to address stigma particularly in relation to masculine norms that prevent men from seeking help (The Mental Health Charter for Sport and Recreation, UK, <http://www.sportandrecreation.org.uk/mental-health-charter>). While issues of over exercising and the desire for bodies that are thin or heterosexuality are well documented in feminist critiques (Francombe-Webb, 2014; Rich & Evans, 2013), they appear less recognised as sites of change to address mental health within sport and recreation organisations or research (McMahon, Penney & Dinan-Thompson, 2012; Fullagar, 2008a; Fullagar & Brown, 2003). Policy and practice “solutions” to mental health problems that involve sport and physical activity have largely ignored the complexity of social context, diagnostic classification and thus participate in the expansion of healthism that regulates active minds and bodies in particular ways (Lupton, 2012, Crawford, 2006).

## Concluding Remarks

Across the spectrum of “disorders” from “enduring mental illness” (schizophrenia or bipolar) to “common mental health issues” (depression or anxiety), the proliferation of medical, psychological and lifestyle treatments point towards a need for cultural analyses of emotional distress and wellbeing. Mental (ill) health is profoundly embodied as a manifestation of social suffering and diverse cultural meaning about mind-emotion-body relations (Harrington, 2008; Cvetkovich, 2012; Trivelli, 2014). This cultural framing of subjectivity remains under valued and difficult to articulate within the biomedical apparatus of care/cure and promotion/prevention frameworks that are steeped in an ethos of individualised responsibility for physical and emotional wellbeing (Crawford, 2006; Bendelow 2010). Mental health and illness are contested terms and the authority of research and policy also needs to be understood in relation to a range of publics that include activist websites, charity campaigns and survivor networks across a range of sites, spaces and practices as they all converge through an assemblage of wellbeing (Aitkinson, 2013). Artist Justine Cooper parodies drug consumption in her critical illustration of how pharmaceuticalization is changing our understanding of (ab)normality as we are urged to desire particular relations to self (attractive, productive, unproblematic). Her website advertises a fictitious drug that promises to maximise wellbeing, “‘HAVIDOL: when more is not enough. HAVIDOL is the first and only treatment for dysphoric social attention consumption deficit anxiety disorder DSACDAD’ (Cooper, 2009)”. The meaning and mobilisation of mental health and illness categories, identities and technologies is ongoing as evidenced in the rise of the anti-psychiatry and mad social movements (for example, the hearing voices network) (LeFrançois, Menzies & Reaume, 2013). They articulate an emancipatory politics that values difference, lived experience as a form of expertise and self-defined notions of life, identity and recovery in the context of individual and collective notions of wellbeing, human rights and health service provision.

In this chapter I have argued that physical activity, sport and exercise programmes can be understood as part of an emerging *corporeal therapeutics* that brings together scientised expertise and an individual lifestyle orientation in new public mental health

discourse. This shift appears to offer a non-pharmacological alternative that may contribute to improve quality of life for individuals, but the traces of new modes of neurochemical selfhood persist through the discourse of exercise as medicine. Solutions are highly individualised, ignore questions of social injustice and legitimise professional knowledge over diverse lived experiences. With the growth of community based treatment and recovery oriented (exercise prescription) programmes (inclusive sport) that have been funded by the State or charities there are tensions emerging in the current political context of intensified ‘austerity’. Within the UK legislative changes in 2013 allocated greater responsibility for public health to local governments (Health and Wellbeing Board, Clinical Commissioning Groups) (Marks, 2015). At the same time local authorities are working with the effects of conservative government budget cuts of 40% over the past five years (with more cuts announced in 2015). The vision of a physically active, mentally healthy, economically productive and self-governing citizenry exists alongside the closure of leisure centres, long waiting lists for community mental health support, increasing user pays orientation in physical activity provision and reduced staff in sport and recreation delivery (Parnell, Millward & Spracklen 2014). These everyday and theoretical tensions open up possibilities for deeper conversations and more sophisticated analyses of how physicality is deployed in the name of health and wellbeing. Within the context of an emerging Physical Cultural Studies field the words of Rosi Braidotti (2013, p.100) can help us think of physicality as “intelligent flesh and an embodied mind”.

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