**Moving Beyond Ideology: Contemporary Recreation and the Neoliberal Discourses of New Public Health**

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The suggestion that recreation needs to reaffirm historic values has become a common narrative throughout Canada’s contemporary recreation literature. A central assumption underlying these calls is that re-establishing the field’s social liberal beliefs will highlight the negative effects of neoliberal ideology and begin the process of repositioning recreation as a public good. Recognising, however, that the impact of neoliberalism does not lie solely in its status as a political ideology, we use this paper to demonstrate how our contemporary recreation practices are shaped by much more than the budget restrictions, efficiency measures, and audit processes of neoliberal ideology. Drawing on Foucault’s (1991) concept of governmentality, we analyse the articulation of neoliberalism as a political rationality during 16 focus groups and demonstrate how, in a recreation context, neoliberal discourses encourage individuals to govern their own subjectivity through healthy lifestyle and recreation practices. In doing so, we not only show how recreation is located within the dominant assumptions of new public health, we highlight the ways in which epidemiology has been used by participants to construct their understanding of recreation, physical in/activity, and health in ways that shaped their own behaviours and those of Others.

Keywords: recreation, public health, neoliberalism, risk, Foucault

**Introduction**

In 2015, Canada’s Federal and Provincial/Territorial Ministers responsible for sport and recreation endorsed *A Framework for Recreation in Canada 2015: Pathways to Wellbeing* (Interprovincial Sport and Recreation Council (ISRC) & Canadian Parks and Recreation Association (CPRA), 2015). Positioned as a ‘call to action,’ this pan-Canadian document not only ‘invites leaders and stakeholders in a variety of sectors to collaborate in the pursuit of five goals and priorities for action’ (ISRC & CPRA, 2015, p. 7), it does so based on an assumption that there is ‘an urgent need for recreation to reaffirm historic values’ (p. 7). Strategically positioned at the beginning of the document, this revisionist statement emphasizes the need to return to a time when programs and services focused on ‘outreach to vulnerable people, families, and communities’ and primarily served the ‘public good’ (ISRC & CPRA, 2015, p. 7).

The suggestion that recreation needs to reaffirm the historic values of public good is not unique to *A Framework for Recreation in Canada 2015: Pathways to Wellbeing*. For years, recreation and leisure scholars have been highlighting how the field’s social liberal values of outreach, equal opportunity, and mass participation have been threatened by an increasing emphasis on efficiency, accountability, and cost- recovery (e.g., Harvey, 1988; Smale & Reid, 2002; Taylor & Frisby, 2010). Documenting the effects of these business-like practices, much of this literature emphasizes the need for leaders in recreation to acknowledge the exclusionary effects of the current neoliberal ideology and recognise that the field’s practices are in opposition to its ‘historical social liberal roots’ (Cureton & Frisby, 2011, p. 8).

Putting aside the project of challenging these nostalgic tendencies (as we have done elsewhere; see Peers, & Tink, forthcoming), we use this paper to demonstrate how Canada’s contemporary recreation system is shaped by a much more complex field of discourses than neoliberal ideology alone. Drawing on Foucault’s (1991) concept of governmentality, we distinguish between government, as a state entity, and government as an activity that aims to shape, guide, or affect the conduct of individuals. Specifically, we demonstrate how, in municipal recreation contexts, ‘scientific’ discourses of new public health induce individuals to govern their own subjectivity through healthy lifestyle and recreation practices.

**Literature Review**

***Neoliberal Ideologies and Recreation***

For over three decades, recreation and leisure scholars have been questioning the ‘public’ nature of municipal recreation services in a number of national contexts (e.g., Hargreaves, 2006; Harvey, 1988; Reid, 2017; Smale & Reid, 2002; Taylor & Frisby, 2010). According to these scholars, municipal recreation departments, like other areas of government, have seen an increase in neoliberal ideas and beliefs. As a result, they have adopted strategies that were developed for the private sector (e.g., pay-per use market models, results-based budgeting, quantitative evaluation criteria) and have become primarily focused on serving particular segments of the population (i.e., consumers who can afford to pay the prices asked) instead of fostering meaningful participation for the entire community.

In Canada, the introduction of these neoliberal principles is commonly attributed to ‘the changing logic of state intervention’ (Andrew, Harvey, & Dawson, 1994, p. 2). Marked by the stagflation created by the energy crisis in the early 1970s, this period of contestation saw a steady decline in a number of welfare state measures (Harvey, 1988). During this time, social democratic discourses of equal opportunity were contested and neoliberal discourses of individual liberty, individual responsibility, and free enterprise gained momentum. Governments began to ‘roll back state control in order to free up individual initiative’ (Harvey, 1988, p. 326). This resulted in cuts in spending for social programs, privatisation of services, and government deregulation of various sectors (Harvey, 1988; Smale & Reid, 2002).

This dismantling of welfare state measures has resulted in what Cureton and Frisby (2011) describe as a continued shift from ‘a “citizen participation orientation” to a “consumer choice orientation”’ (p. 19). Programs geared toward mass participation faced budget cuts, and an increase in neoliberal policy frameworks resulted in the imposition of user fees. Given the implications of such changes,scholars have called for an examination of the ideologies currently shaping public recreation (e.g., Cureton & Frisby, 2011; Smale & Reid, 2002; Taylor & Frisby, 2010). A central assumption underlying these calls is that re-establishing a social liberal ideology will automatically result in practices focused on equal opportunity and mass participation. However, as Coakley (2011) has pointed out, ideologies, particularly shifts away from neoliberal ideology, do not just happen. Converting ideological ideas and beliefs into particular practices is a political activity involving particular objectives, strategies, and power relations.

It is this curiosity about the mechanisms of, and beyond, ideology that have led some scholars to turn to the theories and methods of French philosopher Michel Foucault (1980), who argued that although many contemporary practices of public institutions are accompanied and influenced by ideologies, they are ‘much more and much less than ideology’ (p. 102). Rose, O’Malley, and Valverde (2006), for example, argued that continuing to attribute social changes directly to a coherent set of ideological principles reduces neoliberalism to a ‘kind of cookie-cutter typification or explanation’ (p. 97). This approach to ideology not only assumes that neoliberalism is a top-down political ideology implemented through a coherent policy framework, it does not account for the ways neoliberalism governs through the choices of seemingly autonomous subjects – where the term *subjects* refers to self-aware beings produced through politico-historical forces (e.g., citizens, (non)participants; Foucault, 2003c; Rose, 1993).

To date, a number of scholars have used this Foucauldian notion of ideology to demonstrate how neoliberal discourses have been (re)produced within various domains of health promotion (e.g., Alexander, Frohlich, & Fusco, 2014; Fullagar, 2002; Harrington & Fullagar, 2013; McDermott, 2007; Petersen & Lupton, 1996). Fullagar (2002), for example, documented how neoliberal rule is exercised in everyday life by revealing the ways contemporary health discourses (particularly those related to risk and physical activity) serve to govern populations by individualising, moralising, and responsibilising ‘healthy’ conduct. Through such modes of analysis, neoliberal ideologies are theorized as contributing to, but not structuring in its entirety, the discourses and governance techniques of what has come to be known as “new public health.”

***New Public Health***

Nettleton (2006) argues that during the late twentieth century, health policies began to emphasise the need to advance ‘health promotion.’ Rather than focusing solely on finding cures for infectious diseases using a biomedical model of health, this preventative approach targeted chronic conditions that were increasingly linked with social and behavioural factors (Nettleton, 2006). In order to distinguish this emergent form of ‘public health’ from earlier models focused on sanitation, hygiene, and immunisation, the term ‘new public health’ was introduced (Ashton & Seymour, 1988). Moving beyond a belief that ‘equates the level of health with the quality of medicine’ (Lalonde, 1974, p. 11), this new direction in health shifted the focus ‘from patients and hospitals to people and their everyday lives’ (Martin & McQueen, 1989, p. 2). Ashton and Seymore (1988) describe it in the following way:

[T]he New Public Health is an approach which brings together environmental change and personal preventative measures with appropriate therapeutic interventions, especially for the elderly and disabled. However, the New Public Health goes beyond an understanding of human biology and recognises the importance of those social aspects of health problems which are caused by lifestyles…what are needed to address these problems are ‘Healthy Public Policies’ – policies in many fields which support the promotion of health (p. 21).

Reflecting on this new paradigm for health policy, Castle (1991) has conceptualised the changes in terms of a shift from ‘dangerousness’ to ‘risk’. As a result of this shift, health ‘experts’ are no longer only interested in intervening directly on ‘dangerous’ behaviours, groups, or individuals. Instead, health policy and practice has become dominated by the ‘risk factor approach’: an approach which disproportionately values western-based quantitative ‘empirical’ evidence gained through epidemiological approaches, and whereby statistical techniques are used to link abstract factors (e.g., race, age, weight) with particular health outcomes (e.g., obesity, heart disease; Lupton, 2013). This new form of systematic prediction uses population-level data to calculate the probability of specific populations developing a particular illness or disease. It is through this probabilistic calculation that particular interventions come to be legitimated, not simply on the basis of the *existence* of an illness or disease, but rather on the basis that there is a *likelihood* of a particular illness or disease occurring in a given population.

Foucault (2003b) problematized these kinds of discourses and technologies as modes of biopower. Briefly defined, biopower can be read as the production and differentiation of populations and the creation and utilization of population-level surveillance, in order to better act upon (or govern) various aspects of the population’s life chances (including birth, illness and death rates). Such biopolitical interventions have been studied and problematized within the context of various physical activity interventions (Alexander, Frohlich, & Fusco, 2012; Dallaire, Lemyre, & Krewski, 2012; Vander Schee, 2008; Fullugar, 2003), including recreation (e.g., McDermott, 2007; Tink, et al., forthcoming). For example, Tink, et al., (forthcoming) analyzed how *A* *Framework for Recreation in Canada 2015: Pathways to Wellbeing* (ISRC & CPRA 2015) uses a series of epidemiological risk discourses to link physical inactivity to negative health outcomes such as obesity, diabetes, heart disease, depression, and even suicide.

There is yet to be a study, however, that explores municipal recreation practices as a form of governmental power (Foucault, 1991). This is a major gap, because municipal recreation facilities have been positioned as part of the infrastructure that is ‘vital to the health of any community’ (Hancock, 2002, p. 269). As such, this analysis draws from the field of Foucauldian governmentality studies to answer the following questions: Who or what is to be governed in a municipal recreation context? According to what logics? With what techniques? Toward what end? (Rose, O’Malley, & Valverde, 2006). Our main objective is to demonstrate how municipal recreation is shaped by much more than neoliberal ideology alone. More specifically, our aim is to demonstrate how, in municipal recreation contexts, ‘scientific’ discourses of new public health moblise a set of health promoting techniques by which we are governed and through which we govern ourselves (Foucault, 2003a, 2003c; Rose, 1993).

**Theoretical Framework**

Our analysis is informed by Foucault’s (1991) concept of governmentality. Defined generally as the ‘conduct of conduct,’ government is understood as an activity: a way of problematising life and seeking to act upon it (Foucault, 1991, 2003c). Instead of seeing one single body (i.e., the state) as responsible for managing the population, a governmentality approach recognises that a whole variety of authorities govern in different sites, according to different objectives, and through different techniques and procedures (Foucault 1980; Rose, O’Malley, & Valverde, 2006). Within this notion of government, it is not a question of simply *imposing* laws, rules, or regulations upon individuals, but rather, *employing* tactics and techniques that shape, guide, correct and modify the ways in which individuals govern both themselves and others (Foucault, 1991, 2003b).

Power, within a governmentality perspective, differs from the conventional use of the term. Rather than being viewed as a commodity that can be owned, or a position that can be held, power is understood as a capillary-like network made up of constantly shifting force relations, which run through the entire social body (Foucault, 1980, 2003c). As a result, power is not restricted to top-down acts of domination. It is a productive and multi-directional force that operates by and through the body (Foucault, 1978, 2003c). Individuals or groups do not possess power. Instead, they exercise power through the use of strategic discourses and techniques aimed at enabling or inducing particular actions, often through producing particular ‘kinds’ of subjects. It is in this way that power becomes more a question of *governing* than of domination or control - where to *govern* ‘is to structure the possible field of actions of others’ (Foucault, 2003c, p. 138); regardless of whether one seeks to govern individual others (disciplinary government), or particular populations (biopolitical governance).

Importantly, however, this does not mean that everyone can act with equal authority on the actions of others. Power relations are often unequal in that those subjects who have been constructed as having greater authority to speak truthfully (e.g., doctors, health promoters) can draw on dominant discourses (e.g., scientific knowledges that have come to be produced as ‘truth’ within a given context) to more fully structure the possible field of actions of those whose knowledge or subjectivities have been disqualified by contemporary regimes of truth. The effect of these unequal relations of power, is that certain individuals and populations become subject to (and subjected through) a decreasing field of possible actions, further delegitimising their knowledges, and diminishing the range of ways they can act, think, and be. It is the proliferation of these unequal relations of power and the dominant discourses that sustain them that enable and intensify processes of marginalisation, relations of domination, and the maldistribution of life chances (Spade, 2015).

Recognising how unequal authority plays a role in governance, the analytical tools developed in studies of governmentality are interested in neoliberalism, not as a set of political philosophies, but as a series of power relations directed toward certain ends (Rose 1993). Analysts using a governmentality perspective seek to identify how different ‘authorities’ enact neoliberalism (along with other political rationalities) as a ‘kind of intellectual machinery or apparatus for rendering reality thinkable in such a way that it is amenable to political programming’ (Rose & Millar, 1992, p. 179). Therefore, the task is not to define the impacts of political thought in terms of ideology, but to critically analyse the ways in which these dominant discourses of ‘truth’ determine who or what is to be governed, why they are to be governed, how they should be governed, and to what ends (Rose, O’Malley, & Valverde, 2006).

These questions are particularly useful for this paper because they allow us to analyse contemporary recreation practices as a series of statements, concepts, and taken-for-granted assumptions organised, represented, and (re)produced through discourse in ways that enable their greater strategic use in the increased government of (particular) individuals and populations.

**Analytical Process**

The documents that we analysed herein were focus group transcripts from a larger research project about access to indoor recreation facilities and outdoor recreation spaces in two regions in Alberta, Canada. Over a period of two years, a total of 16 focus groups were conducted with 88 adult participants. Participants were recruited through follow-up phone calls after completing an online survey (as part of an earlier research project). Each focus group had between 3 and 14 participants ranging in age from 18 years to over 65 years. 50 participants identified as female and 38 as male. 53 participants were categorized as *Regular Users* (defined as those who personally use indoor recreation facilities and/or outdoor spaces one or more times per week) and 35 were categorized as *Non-Regular Users* (defined as those who personally use public recreation facilities and/or outdoor spaces fewer than once per week). The annual household income of participants ranged from less than $20,000 to more than $125,000. All of the study participants lived in one of four bedroom communities bordering a provincial capital in Western Canada. Each community had a population of less than 100,000 people.

A member of the research team led all of the focus groups using a semi-structured interview guide with a set of open-ended questions (e.g., Why or why not, do you go to these public recreation facilities? Why or why not, do you go to these public outdoor spaces?). Focus group leaders attempted to produce a sharing environment where a breadth of contradictory answers would be affirmed, however, we acknowledge that power relations in every room will impact the kinds of answers people offer. Each focus group was digitally recorded and transcribed. To protect the identity of participants, and adhere to institutional ethics, pseudonyms are used throughout this paper.

This analysis is not intended to offer a descriptive summary of the focus group data, as we have done in previous publications (see Nykiforuk, et al. 2014a, 2014b; Nykiforuk, et al. 2012a, 2012b). Nor does this paper intend to generalize from focus group data. Rather, this poststructuralist analysis focuses on theorizing from a handful of particular theoretically salient statements using a Foucauldian approach to discourse analysis (Anderson, 2003; Diaz-Bone et al., 2007). Recognising that Foucault has defined discourse in a number of differing ways, we define it as the forms of knowledge that establish and regulate what is possible to think, say, and do (Foucault, 1972). As discourse governs the possibilities of thinking particular ideas, even one instance of a seemingly intelligible statement can have theoretical implications, regardless of who the speaker is. Understood in this way, discourse is both an instrument and an effect of power. ‘Truth’, or what is understood to be true, emerges during a discursive struggle over which (and whose) knowledge counts (Foucault, 1980, 2003d). When particular discourses become accepted as truth, power and knowledge become joined, and dominant discourses emerge.

Despite his desire to avoid methodological prescription, Foucault (1972) offered three ways in which to analyse discourse: ‘treating it sometimes as the general domain of all statements, sometimes as an individualisable group of statements, and sometimes as a regulated practice that accounts for a certain number of statements’ (p. 80). Recognising these three uses of the term necessarily inform each other, our analysis engages with discourse primarily as an individualisable group of statements that function with constitutive effects (Graham, 2005; Peers, 2012). Our analytical process therefore began by identifying statements in the focus groups that functioned to influence the ways in which we govern ourselves and others. We systematically analysed each focus group transcript, isolating any statements that positioned the body as productive for social, political, or economic purposes. After identifying these statements, we further explored their productive capacity by asking the question, ‘how does this statement function?’ (Graham, 2005, p. 8). Specifically, we used the work of other poststructural health scholars (primarily Lupton, 2013; Petersen & Lupton, 1996; Tink, et al., forthcoming) to ‘grasp subjection in its material instance’ (Foucault, 1980, p. 97) and demonstrate how our contemporary recreation discourses encourage individuals to govern their own subjectivity (and the subjectivity of others) through healthy lifestyle and recreation practices.

Our analytical process was guided by three major principles: theoretical consistency, usefulness, and methodological transparency. Theoretical consistency involves using Foucault’s method of discourse analysis without separating it from its theoretical and epistemological underpinnings (Meadmore, Hatcher, & McWilliam, 2000; Peers, 2012). Usefulness involves conducting and positioning our analysis in a way that might foster different ways of thinking and acting (Meadmore et al, 2000; Peers, 2012). Methodological transparency involves being explicit about our sources of data and analytical processes (Meadmore et al, 2000; Peers, 2015). It also involves acknowledging that all knowledges are subjective. Thus, it is important to share that the primary authors have training in poststructuralist theories as well as experience in administrating and participating in recreation programs in Canada. Our opportunities and perspectives are deeply influenced by white, settler, and class privilege, and varyingly affected by homophobic, ableist, sexist, and transphobic barriers.

**Analysis**

Our analysis centers around three interrelated arguments. The first argument demonstrates how participants positioned and reproduced the discourses of new public health, reducing recreation to a functional form of physical activity. Building on this argument, the second and third arguments outline the ways in which participants reinforced the contemporary neoliberal notion that ‘good health’ is both a measure of responsible citizenship and a judgement of morality within a market-based democracy. In each of these arguments, we combine statements from the transcripts with our theoretical analysis to provide methodologically transparent analyses of how the ‘scientific’ discourses of new public health have been used by participants to construct their understanding of recreation and physical in/activity in ways that shaped how they govern both their own subjectivity, and the subjectivity of others, through healthy lifestyle and recreation practices. Transcript statements that did not fall within these discourses are discussed in previous publications (see above), however none of these statements contradicted any of the discourses discussed herein.

***Contemporary Recreation: A Technique of New Public Health***

Throughout the focus group data, participants regularly used new public health discourses to construct recreation as a preventative health strategy. For example, when discussing why he participated in recreational activities, Jordan said:

I think [physical activity] is important…from my perspective, it’s always wellbeing, because there are so many diseases...[Physical activity] chases off things like diabetes and other ailments. So if you’re in better physical shape, the likelihood of being sick and getting more diseases...is reduced by being in better health.

Equating recreation to physical activity, this quote is one example of the ways participants used health and risk-discourses to justify their use of recreation facilities. A second, and perhaps more explicit example was when Brent said, ‘[A] lack of recreation opportunities means what?...it means…Joe Blow can have a heart attack down the road.’

Like Jordan, Brent not only equated recreation to physical activity, he also privileged epidemiological projections (i.e., that physical inactivity causes heart disease), further reinforcing the notion that people who do not acquire ‘sufficient’ levels of physical activity are pre-patients who will eventually become ill. This conceptualization of recreation by both Jordan and Brent resonated throughout the focus group interviews. Notably, neither of these respondents privileged discourses resonated with the recreation sector’s official definition of recreation: ‘the experience that results from freely chosen participation in physical, social, intellectual, creative, and spiritual pursuits’ (ISRC & CPRA, 2015, p. 8). Rather, the dominant discourses resonated far more with the sector’s self-justification: ‘public recreation and parks services have an important role in enhancing physical activity, which in turn is a critical factor in improved physical and mental health’ (ISRC & CPRA, 2015, p. 13).

The need to be active *now* in order to avoid risk *later* was also a prominent sentiment among participants, with many suggesting that, in addition to preventing disease, physical activity could slow the aging process. Janet, for instance, explained how becoming active at a young age was an effective way to mitigate mobility impairments caused by aging:

I don’t want to be one of those people that’s pushing around a walker at 60, or 65...I want to stay physically active and you have to prepare now to allow that to happen...for me, the motivation is just the longevity.

Cynthia also reinforced the correlation between physical activity levels and aging. Describing her hereditary health risks, she expressed her belief that physical activity at a young age could reduce her chances of a series of medical conditions as she aged:

I’ve always been encouraged to be active...there’s a preventative measure. My family is very unhealthy, there’s fibromyalgia, there’s arthritis, there’s the weight conditions, and it stops them from participating in activities...And so I see that side of it. And I’m young enough to start working now.

In these quotes participants positioned recreation as a preventative strategy capable of reducing age-related illnesses. This linking of illness and disease to lack of participation in municipal recreation has at least three discursive effects: reproducing the truth claims of epidemiology as an instrument capable of predicting negative health outcomes; naturalizing physical activity as an efficient, if not necessary, means of staving off future negative health outcomes; and reinforcing the construction of recreation as being roughly the same thing as physical activity.

Such discourses not only position physical activity as positive, but physical inactivity (and thus a lack of the ‘right’ recreational activities) as inherently negative. For example, both Brent and Cynthia’s quotes above construct an inactive Other by referring directly to at risk people whom they do not want to be like or to become (i.e., family members, ‘Joe Blow’). By constructing physical in/activity within a risk rationality, participants not only embraced the knowledges of epidemiology, they reinforced a dominant gerontological discourse in new public health – one which suggests physical activity is ‘the “positive” against which the “negative” forces of dependency, illness, and loneliness are arrayed’ (Katz, 2000, p. 147).

The above quotes are a few examples of how risk-related discourses were circulated throughout the focus groups. Interestingly, when discussing the benefits of recreation, nearly all participants suggested particular health ‘ailments’ – cardiovascular disease, obesity, diabetes, fibromyalgia, arthritis, and even some of the processes of aging – could be prevented if an adequate amount of physical activity was accumulated during their recreational activities. In this way, participants not only reduced recreation, almost entirely, to a functional form of physical activity; they also reinforced the notion that recreation matters primarily because it serves to mitigate the risks (and fears) associated with aging, illness, and possible dependency in a neoliberal culture that holds independence as sacred. It is worth noting that the purpose here is not to argue for or against the health benefits of physical activity, or to interrogate the research base supporting the particular health correlations claimed. Rather, it is to highlight how an epidemiological understanding of risk has shaped participants’ knowledge of and engagement with municipal recreation, providing further evidence of how contemporary recreation has been constructed as one of many governmental techniques contributing to the aims and objectives of new public health.

***The Responsible, Healthy Citizen***

Many of the participants drew on the taken-for-granted discourse that it is an individual's personal responsibility to exercise their freedom and choose to participate in health-promoting recreational activities. Alex, for example, characterized his participation thusly: ‘For me, it’s a lifestyle choice, so I do it everyday and have done for my whole life.’ Additionally, Blaine – in the context of an entirely different focus group – used much of the same language: ‘It’s about lifestyle for me…I’ve always been physically active…It’s important to me…just because that’s what my lifestyle’s about.’ Through the use of lifestyle discourse, both Alex and Blaine positioned themselves as rational, autonomous actors capable of making (and willing to make) the healthy ‘choice’ of recreation. These kinds of statements served to construct the speaker as a ‘healthy, responsible citizen’: a central feature in new public health. Emphasising both the rights and obligations of individuals, this contemporary vision of citizenship positions individuals as rational, autonomous actors able to take up and conform to the imperatives of ‘expert’ health knowledge (Lupton, 2013; Petersen & Lupton, 1996). The ‘responsible, healthy citizen’ is therefore one who takes responsibility for the care of their body by making ‘lifestyle’ choices that align with objectives of the state and other health authorities.

This neoliberal notion of the healthy citizen is now far-reaching, however, it is also relatively new. According to Miller and Rose (1993), it wasn’t until the late twentieth century that citizenship became so closely aligned with an individualised politics of health. During the first half of the twentieth century, citizens were constituted as ‘social being[s] whose powers and obligations were articulated in the language of social responsibilities and collective solidarities’ (Miller & Rose 1993, p. 97-98). Persons and activities were to be governed through ‘society’ using diverse programs such as social security, child welfare, and education. By the 1980s, however, a different concept of citizenship emerged:

No longer is citizenship construed in terms of solidarity, contentment, welfare, and a sense of security established through the bonds of organisational and social life. Citizenship is to be active and individualistic rather than passive and dependent. The political subject is henceforth to be an individual whose citizenship is manifested through the free exercise of personal choice amongst a variety of options. (Miller and Rose, 1993, p. 98)

As a result of this contemporary notion of citizenship, governmental programs now govern through the entrepreneurial self. That is, they hail a rational, autonomous self who is expected to ‘live life in a prudent, calculating way, and to be ever vigilant of risks’ (Petersen & Lupton, 1996, p. xii).

The focus group data demonstrate that this discourse is far from a top-down approach, with many participants internalizing it and governing themselves through this rationality. Embracing the preventative approach that characterizes the policies of new public health, the majority of participants reinforced the contemporary neoliberal notion that citizenship is ‘active and individualistic rather than passive and dependent’ (Miller & Rose, 1993, p. 98). For example, during an exchange with the interviewer, Charlie said:

I think as a community we have to do more to keep telling people that their health is their responsibility… fitness and nutrition and everything is their responsibility…

Interviewer: So your perspective is that the community needs to do a better job at encouraging individuals to take responsibility for their own [health]?

Well, what are the stats? Diabetes, juvenile diabetes is like almost epidemic. And obesity and stuff, we have to take charge of it…To me the information is out there. There is [physical and financial] accessibility in our community…people, to me, can make choices themselves…Because I think information’s out there and people just need to choose...It’s odd to say that it’s the community’s responsibility to make sure that people take responsibility for themselves…

This quote is one example of the ways participants used the discourses of risk to suggest that individuals must take responsibility for their bodies and act according to ‘expert’ advice.

Through discourses such as these, the individual citizen becomes both a target and a product of neoliberal forms of rule. Rather than attempting to govern society directly through state funded programs, neoliberal rule aims to ‘govern at a distance’ by constituting individuals as autonomous citizens capable of regulating their lifestyle choices in order to maximise their health and productivity and limit their potential harm to society (Lupton, 2013). Through neoliberal government, it is therefore expected that individual citizens will voluntarily conform to the ‘expert’ advice of the state, and other agencies. In the context of new public health, the primary role of the ‘expert’ is to provide advice for the self-management of risks (Lupton, 2013). As outlined by Petersen and Lupton (1996), epidemiological risks are constructed on a continuum ‘ranging from those risks that are perceived as completely out of individuals’ control to those risks that are regarded as purely the responsibility of the individual’ (p. 115). When risks are ‘external’ to the individual (e.g., radiation from a power plant) the individuals are positioned as ‘at-risk’ and interventions are thought of as a political issue. If, however, risks are viewed as being within the control of the individual (e.g., physical inactivity), it is constructed as an individual rather than a political issue. The individual is therefore expected to take responsibility for minimising the risk by acting in accordance with the expert advice outlined in government policies, information pamphlets, and the media. It is in this way that expertise, in the form of scientific knowledge, can be used alongside neoliberal and public health discourses and techniques to produce self-regulating citizens who monitor their own compliance with dietary, exercise, and other bodily maintenance regimes.

The above quotes are a few examples of how participants reinforced the notion that ‘good health’ is required for a person to be viewed as a ‘responsible citizen’. By suggesting that health is an individual rather than a social responsibility, participants reproduced the contemporary neoliberal rationality that encourages individuals to act as rational, self-regulating subjects who will make the ‘right’ choices about their recreational activities as part of a healthy ‘lifestyle’.

***A Moral and Economic Enterprise***

The discourses and expectations around responsible self-government through healthy recreation choices not only produce the good self-regulating citizen, but also its opposite. Morgan, for example, invoked the problematic nature of the many who have ‘chosen’ to be less responsible: ‘...people tend to give up responsibility rather than take responsibility.’ Like many participants quoted above, Morgan contrasted their own responsible recreation with a far less responsible Other: Individuals who willingly ‘choose’ to be sedentary, and as a result are unable to maintain ‘good health’. These individuals are not only constructed as failing to demonstrate individual control, but also failing to fulfill their obligations as a responsible citizen. This, as we will discuss below, is constructed as not only a health-based failure, but a moral one.

As Crawford (1994) has argued, ‘the “healthy” body has become an increasingly important signifier of moral worth, a mark of distinction that serves to delineate those who deserve to succeed from those who will fail’ (p. 1354). In contemporary society, attention to the ‘healthy’ body is, therefore, not simply about avoiding disease. It is also a means by which individuals demonstrate the virtues of self- regulation, self-control, and self-discipline (Petersen & Lupton, 1996). Individuals who are constructed as unable to regulate their lifestyle choices and failing to protect themselves from ‘internal risks’ (e.g., physical inactivity, smoking, an ‘unhealthy’ diet) are not only increasing their chances of becoming ill, they are demonstrating ‘an instance of personal moral failure...for if we can *choose* to be healthy by acting in accordance with the lessons given [to] us by epidemiology and behavioural research, then surely we are culpable if we do become ill’ (Galvin, 2002, p. 119).

Participants regularly reinforced the notion that the ‘healthy’ body is a signifier of moral worth. Throughout the focus groups, participants continually positioned both themselves, and others, as problematic individuals due to a lack motivation to take appropriate precautions against predetermined risks. For example, when explaining why she didn’t use the recreational facilities in her area, Blake said, ‘I’m lazy, that’s my biggest problem.’ Similarly, when asked to describe the underlying reasons for her inactivity Brenda simply stated, ‘procrastination and laziness…[I’m] just a bit lazy.’

The need to avoid being viewed as lazy was also a motivating factor for some participants who regularly took part in physical activity. For instance, when asked to describe what physical activity meant to her Cameron said, ‘Being active, and not being so lazy.’ These accounts are illustrative of the ways participants conceptualised the ‘decision’ to not engage in municipal recreation as morally suspect; as evidence of a personal vice of ‘laziness.’ Those who were not overly active, thus were not only constructed as at risk for a number of health ailments (as discussed in the previous section), they were also constructed as ineffectual in the management of time and self.

Building on the notion that physically active municipal recreation participation is at its core a moral enterprise, a number of participants also reinforced the idea that physically inactive individuals bear an unacceptable economic cost to society. For these participants, lifestyle decisions related to physical activity were bound up in economic rationalities. Choosing the ‘right’ recreational activities and achieving optimal health were therefore part of fulfilling the economic obligations of citizenship. In illustrating this point, Nick said,

...if we’re looking at lowering health care costs, and all this other kind of stuff that’s just killing us now, I mean you want to keep an active population. I think through that physical activity you’re going to be able to ward off any of the future expenses.

What the quotes above demonstrate is that, ‘lifestyle’ decisions related to things such as diet and physical activity are no longer private matters. Rather, they are part of a collective interest, whereby good health is linked directly to virtuous citizenship. As part of this collective interest, individuals not only have a responsibility to make the correct lifestyle choices to achieve good health (as discussed in the previous section), they have an obligation to do so for the overall health of society. Individuals who ignore their civic duty to stay well not only fail to express the individual virtues of self-regulation, self-control, and self-discipline, they do so while also disregarding the collective interest of the nation. Petersen and Lupton (1996) summarised this point when they wrote:

In the context of western economies, in which expanding production and the accumulation of wealth are important, ‘good health’ is that condition which is least disruptive of production: the healthy citizen is the citizen who can work continuously over her or his lifetime. Good health, therefore, is related to virtuous citizenship because of the benefits that extend from the individual to the social body. A healthy person is able to take part, to the best of his or her physical ability, in contributing to the nation's prosperity (p. 67).

In capitalist societies, the health status of the individual is therefore regarded as ‘collective capital owned by the lineage, the race, the nation’ (Herzlich & Pierret, 1987, p. 161). Thus, the practice of ‘good’ citizenship involves not only caring for the self but also concerning oneself with the collective interests of society. Individuals are required to protect themselves, and the nation, by living life morally, rationally, and in a profit maximising way (Lupton, 2013). Those who are unable to fulfill this duty are made to feel as though they have broken the neoliberal contract by infringing on the freedom of their healthy counterparts. In other words, they are made to feel as though they are an economic burden to society due to their inability or unwillingness to make the ‘correct’ lifestyle choices.

A number of statements explicitly constructed a physically active lifestyle (as evidenced by participation in municipal recreation) as a preventive health technique capable of contributing to the nation’s long-term economic security. Brent, for example, shared that, ‘...there’s a wider question...a whole cost-benefit to activity...And you know, if you get people active, it costs less in the overall system.’ Positioning physical activity as a state-level economic imperative, he went on to say, ‘I’ll get involved [in physically active recreation]…and I’ll save the taxpayer hundreds of thousands of dollars. Because I won’t end up in the hospital with dementia or a heart condition, all the rest of it.’ By attaching his own identity to a state-level economic rationality, Brent not only used economic discourses to justify actions that are not primarily economic; he drew on the binary logics of active/inactive, healthy/unhealthy, responsible/irresponsible, and moral/immoral to do so. The discursive effect of such statements is the reproduction of a division of individuals into two groups: 1) active, healthy, responsible, moral citizens who *save* the taxpayer hundreds of thousands of dollars, and 2) inactive, unhealthy, irresponsible, immoral citizens who *cost* the taxpayer hundreds of thousands of dollars.

As demonstrated throughout this section, focus group participants positioned recreation as much more than a way for individuals to protect themselves from ill health. By suggesting physical in/activity is an important signifier of moral worth and linking it to Canada’s long-term economic security, participants positioned it as a tool of governmentality. Inactive (and therefore unhealthy) individuals were not only cast as threats or drains to our national health and economic systems, they were consciously made to feel as though they had broken a moral contract by infringing on the freedom of their healthy counterparts.

**Implications for Researchers, Practitioners, and Policy Makers**

Throughout this article we have analysed a number of lay discourses central to municipal recreation, demonstrating how they are located within the dominant assumptions of new public health. A strong theme emerging from our analysis is that recreation appears to be, at its core, a moral enterprise that involves prescriptions about how we should live our lives. The ‘facts’ assembled by epidemiology not only influenced the ways in which participants came to construct their understanding of recreation, physical in/activity, and health, this ‘objective, scientific’ knowledge also governed their individual behaviours and the ways in which they thought about and discussed Others. It is in this way that discourses of risk re-secured a pathologising analyses that suggested individual citizens are responsible for minimising their risk of ill health by acting in accordance with expert advice and remaining, or becoming, physically active. By extension, these discourses also construct those who are ill as citizens who have morally failed to care for themselves.

Like other scholars who have argued against the negative effects of neoliberalism on municipal recreation in Canada and beyond (e.g., Hargreaves, 2006; Reid, 2017; Smale & Reid, 2002; Taylor & Frisby, 2010), our analysis highlights some of the ways in which contemporary recreation has enacted particular features of neoliberal rule: individualisation, economic rationalisation, and risk management. Where our analysis differs, however, is in our suggestion that contemporary recreation practices are not simply the consequences of this dominant ideology. That is, we were able to highlight how particular ways of thinking and acting are the result of strategic discourse (or ways of knowing) at particular moments in time. In other words, this approach allowed us to recognise discourse as a tactical element operating within a power/knowledge nexus that defines who is to be governed, according to what logics, with what techniques and toward what ends (Foucault, 1978, 2003c).

From this perspective, we can see how contemporary recreation reinforces an institutional-turned-individual need to enact a notion of responsible, neoliberal citizenship. As demonstrated throughout the focus group conversations, participants’ desire to partake in recreational activities was primarily fuelled by positivist knowledges, such as statistics and economics, and defined largely in relation to the concept of ‘risk’. Therefore, despite being defined as “the experience that results from freely chosen participation in physical, social, intellectual, creative, or spiritual pursuits” (ISRC & CPRA, 2015, p. 8), contemporary recreation appears to be constituted as merely a proxy for a productive form of physical activity required for responsible citizenship. As a result, the discourses surrounding recreation not only pathologise individuals who do not (adequately) participate in physical activity, they limit the forms of recreation that are deemed appropriate (as a way to prevent risk) and thus narrow the ways that individuals can engage with and experience recreation.

The notion that our contemporary recreation activities are not as ‘freely chosen’ as we might think is important for recreation professionals to consider. In contemporary Western societies, recreation and leisure have long been (and continue to be) associated with free time and choice. As a result, many recreation researchers and professionals are unaware of how our recreation discourses and practices operate as normalising technologies by using particular ‘truths’ in an attempt to govern the bodies of others (and ourselves) in terms of health, diet, and exercise. Researchers and professionals who believe recreation should include freely chosen activities that foster social, intellectual, creative, or spiritual development must therefore do more than just rail against neoliberalism as an ideology. In order to create a recreation system that results in a wider range of people experiencing a wider range of recreational opportunities, we must recognise that recreation is a highly regulated institution that operates according to a number of ‘scientific truths’ and critically examine how these discourses of medicine, epidemiology, demography, and economics have been, and continue to be, reproduced within a recreation context.

As Foucault (1978) explains, science is not used to simply ‘explain’ reality, but to produce, manage, and normalise it. Therefore, any process that aims to transform recreation practices and policies must begin with a questioning of the ‘scientific truths’ that have come to constitute patterns of action and systems of thought. The very raising of these questions may allow us to fully realise the moral and political effects of a recreation system that has been, and continues to be, built upon the ‘expert’ knowledges, market forces, and political objectives of public health, which in turn might begin the process of imagining (and therefore re-creating) a recreation system that actually delivers on its promise to promote individual fulfillment, encourage self-discovery, and give meaning to life.

**Acknowledgements:** This work has been completed as part of Tink’s doctoral work and was supported by the Social Sciences and Humanities Research Council (SSHRC) Doctoral Fellowship, the Sport Participation Research Initiative – a joint initiative of SSHRC and Sport Canada, the Stollery Children’s Hospital Foundation through the Women and Children’s Health Research Institute, Mitacs Accelerate Fellowship, and the Canadian Training Network for Parks and Recreation. Peers received support from the Social Sciences and Humanities Research Council (SSHRC) as part of their Canada Research Chair in disability and Movement Cultures.Nykiforuk received support as an Applied Public Health Chair from the Canadian Institutes of Health Research (CIHR) in partnership with the Public Health Agency of Canada (PHAC) and Alberta Innovates. Focus group data was collected as part of a research grant (PI: Nykiforuk) funded by CIHR.

**Disclosure Statement:** The authors report no conflicts of interest.

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