

Feeling Healthy: Media, Affect, and the Governance of Health

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Introduction

The Affective Governance of Health

If signification and representation (what things mean) are no longer the only primary realm of the political, then bodily processes (how things feel) must be irreducibly central to any notion of the political.¹

Kurbo helps you make smarter decisions so you can live healthier and feel happier.²

Health occupies a central place within the U.S. cultural imaginary. From reality television shows like *The Biggest Loser* to smartphone apps that track diet and fitness information, our media landscape is saturated with health information, advice, and, increasingly, interactive means for individuals to monitor and optimize their own health. New techniques for tracking what we eat, how we move, how we sleep, and even how we feel promise to help us achieve the elusive goal of complete physical and emotional health. As Fitbit says, “Seek it, crave it, live it.” Health is no longer simply the absence of illness or disease. Rather, health has come to signify an ongoing process of striving: the good body, like the good life, is something toward which we must continually work. “There’s a better version of you out there,” wearable tech company Jawbone enjoins. “Get up and find it.”³

Yet health is not simply a matter of work; it has also become the condition of possibility for greater freedom, happiness, and fulfillment. Online nutrition and fitness

¹ Jasbir K. Puar, “Coda: The Cost of Getting Better: Suicide, Sensation, Switchpoints,” *GLQ: A Journal of Lesbian and Gay Studies* 18, no. 1 (2012): 151.

² Kurbo Health, accessed May 25, 2015, <http://kurbohealth.com>.

³ “Learn about UP,” Jawbone, accessed December 18, 2015, <https://jawbone.com/up>.

tracking hub SparkPeople's tagline is "Sparkling Millions of People to Live Healthier and Happier Lives," while healthy habit app Balanced promises to help people "Get more out of life."⁴ Shifting the field of health beyond the walls of the clinic to suffuse nearly every aspect of daily life, these technologies allow individuals to turn a diagnostic gaze upon themselves, encouraging them to analyze, measure, and set goals to improve their physical, mental, and even spiritual wellbeing. From popular magazines like *Self*, *Shape*, and *Men's Health* to self-help gurus like Oprah and Dr. Phil, U.S. consumer culture is saturated with a never-ending stream of advice on how to "get fit," "stay in shape," and "be your best self." Popular media is not simply a site of health consumerism, but has also emerged as a primary instrument for the fields of medicine and public health. The growing fields of e-health and m-health are transforming the medical industry by offering digital tools for managing health care and prevention.⁵ Meanwhile, public health efforts from Michelle Obama's Let's Move! campaign to HIV/AIDS prevention initiatives increasingly rely on advertising, celebrity endorsements, and interactive media platforms to extend new forms of surveillance and monitoring over "target populations."

Even as "feeling healthy" has become a desirable affective state, discourses and practices of health continue to serve as the basis for regulating race, gender, sexuality, and dis/ability. Important work within the fields of feminist and queer theory, critical ethnic studies, and disability studies has demonstrated how discourses around health and disease are constructed through cultural, political, and economic systems of value that

⁴ SparkPeople, accessed December 18, 2015, <http://www.sparkpeople.com>; Balanced, accessed December 18, 2015, <http://balancedapp.com>.

⁵ See Michael Hardey, "'E-Health': The Internet and the Transformation of Patients into Consumers and Producers of Health Knowledge," *Information, Communication & Society* 4, no. 3 (2001): 388–405.

define certain bodies as desirable, useful, and productive.⁶ As scholars such as Lisa Lowe and Roderick Ferguson have argued, culture often emerges as a site of contestation over what forms of difference can or cannot be incorporated into such systems of valuation.⁷ Although dominant discourses of health are often reproduced through cultural representations, media technologies do not simply transmit hegemonic ideologies. Rather, popular culture has historically served as a site of contestation for conflicting discourses and practices of health.

Taking the cultural production of health as its point of departure, this dissertation investigates the complex entanglements between media, biopolitics, and affect as they have emerged over the course of the past century in the United States. While important historical and sociological studies of health and medicine have brought attention to the role of public health in regulating bodies and populations, this work has rarely considered the relationship between popular media and health governance. In order to understand how health has come to be that which we “cannot not want,” we must look beyond institutional histories of public health as a site of discipline to explore the role of popular culture and media in generating affective investments in health.⁸ From Progressive-era social hygiene films to 1980s safer sex videos, forms of popular media not only reflect,

⁶ Whereas much of this scholarship has sought to explain how processes of bodily and psychic pathologization function to exclude certain bodies and populations from the social body, less attention has been paid to the construction of health and normality. A notable exception is Julian B. Carter, *The Heart of Whiteness: Normal Sexuality and Race in America, 1880-1940*. Duke University Press, 2007.

⁷ See Lisa Lowe, *Immigrant Acts: On Asian American Cultural Politics* (Durham, NC: Duke University Press, 1996); Roderick A. Ferguson, *Aberrations in Black: Toward a Queer of Color Critique* (University of Minnesota Press, 2004).

⁸ Here I borrow from Gayatri Spivak’s influential formulation of deconstruction as “a persistent critique of what one cannot not want.” See Gayatri Chakravorty Spivak, “Bonding in Difference.” In *An Other*

but literally shape bodies and populations around notions of what it means to be, look, and feel “healthy.”

This project traces the emergence of what I call the “affective governance” of health in the United States over the past century: a system of biopolitical regulation that appeals to individuals’ desires for their own well being, producing affective investments in normative practices of “healthy living.” I demonstrate how media technologies have blurred the boundaries between leisure practices of consumption and disciplinary techniques of regulation by linking new forms of health governance to individual desires to *feel* better. Exploring the productive tensions between the affective and sensory experience of health and its regulatory effects as a mode of governmentality, this project argues for the critical importance of pleasure and desire as fundamentally inherent, rather than external, to biopolitical governance. I argue that “health” has historically been promoted as the condition of possibility for greater freedom, happiness, and fulfillment at the same time that it has justified ever more insidious forms of surveillance and control.

Governing Health

As an increasingly privatized system of health care has transferred responsibility for preventive health to individuals and families, consumer culture has emerged as a key site for the emergence of new techniques of health governance. Recent work in the sociology of health has documented how the rise of a “risk society” has shifted health policy and practice away from reforming individual behavior toward the management of

Tongue: Nation and Ethnicity in the Linguistic Borderlands, edited by Alfred Arteaga. Duke University Press, 1994.

populations using techniques of profiling based on factors such as age, occupation, and lifestyle.⁹ Health consumption participates in a larger cultural shift toward lifestyle politics, “combin[ing] the seductive draw of the commodity with the rationalizing program of lifestyle, conceived as a project.”¹⁰ As Sarah Nettleton notes, “[h]ealth maintenance involves the consumption of a range of goods and services which are increasingly marketed for their health-giving properties, such as food, exercise machines and fitness clubs.”¹¹ As health becomes a matter of “lifestyle,” it also becomes a form of self-governance, “an ongoing project whereby we are continuously assessing information and expertise in relation to our selves.”¹² Within this project, the valorization of health itself as a desirable (if ultimately unattainable) goal remains undisputed.

By questioning what is at stake in the pursuit of health as a normative ideal, this project challenges the dominant narrative in both scholarly and popular discourse that constructs health as a problem of exclusion. Recently, a veritable explosion of scholarship on the subject of biopolitics has sought to elucidate the connections between biopower and state racism by investigating the security apparatus of the state and the marginalization of certain bodies and populations from the biopolitical construction of life. Scholars from Giorgio Agamben to Judith Butler have demonstrated how social and political violence produces forms of “bare life” or “social death” in which the health of

⁹ Robert Castel, “From Dangerousness to Risk,” in *The Foucault Effect: Studies in Governmentality: With Two Lectures by and an Interview with Michel Foucault*, ed. Michel Foucault, Graham Burchell, and Colin Gordon (University of Chicago Press, 1991), 281.

¹⁰ Sam Binkley, “Governmentality and Lifestyle Studies.” *Sociology Compass* 1, no. 1 (September 1, 2007): 123.

¹¹ Sarah Nettleton, “Governing the Risky Self: How to Become Healthy, Wealthy and Wise,” in *Foucault, Health and Medicine*, ed. Alan R. Petersen and Robin Bunton (London; New York: Routledge, 1997), 208.

¹² *Ibid.*, 218.

certain bodies and populations relies on the exclusion of others.¹³ Yet I argue that this work risks constructing its own normative vision of what makes a “livable life.” Rather than mobilize normative concepts of “life” and “health” on behalf of excluded populations, my work illustrates how new forms of affective governance over the past century have operated through a logic of *inclusion*, incorporating bodies and populations into new systems of biopolitical regulation by producing affective investments in ideals of health.

Charting the emergence of affective governance from World War I to the early twenty-first century, this project focuses on the processes through which bodies and populations have been incorporated into health as a normative ideal. In the early twentieth century, new strategies of preventive health care began to transform medical practices and conceptions of health and illness. David Armstrong argues that this period saw the emergence of what he calls “surveillance medicine,” a new approach that extended health care beyond the spatial confines of the hospital or clinic. Rather than focus exclusively on institutions and practices for curing the ill, surveillance medicine attempted “to bring everyone within its network of visibility” by focusing on new populations in need of preventive care.¹⁴ Foremost among these were children, who were subjected to new monitoring and screening programs as early childhood development came to be understood as a time of precarity. Adolescence, too, emerged as a problematic period, as psychological and physical growth required continual monitoring to ensure

¹³ See Giorgio Agamben, *Homo Sacer*. Torino: G. Einaudi, 1995; Judith Butler, *Precarious Life: The Powers of Mourning and Violence*. Verso, 2006. See also Achille Mbembe, “Necropolitics.” Translated by Libby Meintjes. *Public Culture* 15, no. 1 (January 2003): 11-40.

“normal” development. Height and weight growth charts newly distributed the body of the child according to a “normal population curve,” rather than the binary status of sick or well.

This period also saw the development of a new approach to disability, which focused on rehabilitation rather than cure or elimination. In her study of disability and adolescence within U.S. media cultures, Julie Passanante Elman describes the emergence of a new model of what she calls “rehabilitative citizenship”:

While ‘cure’ implies an end to the management of a body, rehabilitation produces the body as forever incomplete—a ripe market for commodities and site for governmentality, both of which promote endless enhancement, flexibility, and self-regulation as voluntary, desirable, and liberating. Rehabilitative citizenship reframed individual citizenship, not as guaranteed in advance by the nation-state but rather as an endless ‘contractual’ negotiation that is contingent on perpetual self-surveillance and healthy (read: normative) behavior.¹⁵

This new model emerged around World War I, reconfiguring the process of “coming of age” into the rehabilitation of potentially unruly adolescents into governable subjects. As “a never-ending and participatory process of emotional and physical self-regulation,” rehabilitation emerged as a potent cultural narrative that “positioned perpetual work on the self as essential to achieving maturity, health, capacity, and good citizenship.”¹⁶ Over the past century, rehabilitative citizenship has expanded from a means of managing

¹⁴ David Armstrong, “The Rise of Surveillance Medicine,” *Sociology of Health & Illness* 17, no. 3 (1995): 395.

¹⁵ Julie Passanante Elman, *Chronic Youth: Disability, Sexuality, and U.S. Media Cultures of Rehabilitation* (NYU Press, 2014), 16.

¹⁶ *Ibid.*, 7; 17.

difference to a broader “culture of rehabilitation” that not only targets “those deemed disabled—but... all of us.”¹⁷

As a form of what Nikolas Rose terms “governing through freedom,” this system sought to foster the desires of individuals for their own well-being.¹⁸ “In the new modes of regulating health,” Rose writes, “individuals are addressed on the assumption that they *want to be healthy*, and enjoined to freely seek out the ways of living most likely to promote their own health.”¹⁹ Unlike direct forms of state intervention, such as public health campaigns to teach proper forms of hygiene, the development of biopolitical governmentality involved indirect methods for shaping conduct. As Rose explains, “Disciplinary techniques and moralizing injunctions as to health, hygiene and civility are no longer required; the project of responsible citizenship has been fused with individuals’ projects for themselves. What began as a social norm here ends as a personal desire.”²⁰

While making an important contribution to our understanding of liberal governance, Rose’s account fails to explain how individuals come to embark on such projects or how such public desires are translated into personal ones. My work addresses this question by demonstrating how popular culture and media technologies not only reflect but actively shape individuals and populations by orienting bodies around ideals of health, thus engendering new techniques for governing gender, sexuality, race, and

¹⁷ Ibid., 9.

¹⁸ Nikolas S. Rose, *Powers of Freedom: Reframing Political Thought* (Cambridge University Press, 1999). See also Nikolas Rose, *Governing the Soul: The Shaping of the Private Self* (Free Association Books, 1999); Nikolas Rose, “Governing ‘Advanced’ Liberal Democracies,” in *Foucault and Political Reason: Liberalism, Neo-Liberalism, and Rationalities of Government*, ed. Andrew Barry, Thomas Osborne, and Nikolas Rose (University of Chicago Press, 1996).

¹⁹ Ibid., 86-7.

²⁰ Rose, *Governing the Soul*, 88.

dis/ability. Here I draw on Gilles Deleuze's argument that the disciplinary institutions that Foucault analyzed in the eighteenth and nineteenth centuries have been gradually supplanted in the twentieth century by new techniques and apparatuses that he refers to as the "societies of control."²¹ While disciplinary societies sought to confine bodies within enclosures, subjecting them to the panoptic gaze in order to render them more docile and productive, over the past century major disciplinary institutions such as hospitals, prisons, and public schools have begun to be supplanted by new forms of control organized by flexible and free-floating networks of continual surveillance. Unlike processes of subjection within the discrete space of disciplinary institutions, societies of control have introduced a new target of power: "the new medicine 'without doctor or patient' ... singles out potential sick people and subjects at risk," which "substitutes for the individual or numerical body the code of a 'dividual' material to be controlled."²²

This new culture of risk functioned to blur the boundaries between the normal and the pathological, as health has come to be understood as a continuum, in which "the healthy can become healthier, and health can co-exist with illness."²³ Yet as Armstrong points out, "such a trajectory towards the healthy state can only be achieved if the whole population comes within the purview of surveillance."²⁴ The biopolitical fantasy of perfect health is underwritten by a constant state of precarious normality; "the problem is less illness *per se* but the semi-pathological pre-illness at-risk state."²⁵ As rehabilitation culture expands its network of health status monitoring to incorporate the healthy, it

²¹ Gilles Deleuze, "Postscript on the Societies of Control," *October* 59 (January 1, 1992): 3–7.

²² *Ibid.*, 7.

²³ Armstrong, 400; 397.

²⁴ *Ibid.*, 400.

simultaneously proclaims that no one is healthy enough. Rather than an absolute condition, health exists on a scale, “an almost limitless condition in which one can always lose a bit more weight, or eat a little less.”²⁶ While marginalized groups continue to bear the brunt of regulation, the middle and upper classes are no longer exempt from forms of surveillance that include regular monitoring of consumption habits, health profile, et cetera.²⁷ In this sense, “no major population groups stand irrefutably above or outside” the reach of surveillance medicine and rehabilitation culture.²⁸

Instead of viewing health as a norm that divides the fit from the unfit, we need to understand how health has come to operate as a “liberal eugenics of lifestyle programming” that targets bodies through their “ever-expanding potentiality.”²⁹ Jasbir Puar has argued that a framework of pathology is insufficient for understanding the differential distribution of health in “the broader context of neoliberal demands for bodily capacity.”³⁰ Rather than continuing to differentiate between normative and nonnormative subjects, Puar argues that we need to attend to the “gradations of capacity and debility” that are differentially distributed across bodies and populations.³¹ If we are now in a situation where power no longer seeks to differentiate between “life” and “death” but rather to establish differential degrees of life, we need to track the mechanisms through

²⁵ Ibid., 401.

²⁶ Emma Rich, John Evans, and Laura De Pian, “Children’s Bodies, Surveillance and the Obesity Crisis,” in *Debating Obesity: Critical Perspectives*, ed. Emma Rich, Lee F. Monaghan, and Lucy Aphramor (Palgrave Macmillan, 2010), 151.

²⁷ Kevin D. Haggerty and Richard V. Ericson, “The Surveillant Assemblage,” *The British Journal of Sociology* 51, no. 4 (December 2000): 617.

²⁸ Ibid., 618.

²⁹ Puar, 153.

³⁰ Ibid.

³¹ Ibid., 155.

which capacities are generated, in order to understand what kinds of bodies they have produced and thus what forms of life are rendered livable.

Rather than trace a smooth transition from disciplinary institutions to a more diffuse system of “control,” however, this study shows how various biopolitical apparatuses “do not replace one another, but are instead assembled with one another.”³² The affective governance of life has not entailed the abandonment of disciplinary techniques; rather disciplinary apparatuses are increasingly enmeshed within larger assemblages of control. In contrast to assertions that the shift to techniques of control has brought a loss of embodiment, I insist that “the body” remains central to modes of governance in a control society. The body has emerged as an open-ended flexible system of accumulation, even as we rely on technologies to optimize its “natural” abilities and performance. As a dynamic interface for ongoing systems of feedback and strategies of control, bodily matter seems to matter now more than ever. Maurizio Lazzarato has characterized relations of control as “the action at a distance of one mind on another, through the brain’s power to affect and become affected, which is mediatized and enriched by technology.”³³ According to Lazzarato, disciplinary power works “by constituting habits mainly in bodily memory,” whereas the societies of control “modulate brains and constitute habits mainly in spiritual memory.”³⁴ While Lazzarato sees control as a shift from molding bodies to modulating brains, I am interested in how bodies remain a site of affective investment within societies of control. Indeed, what we see in

³² Maurizio Lazzarato, “The Concepts of Life and the Living in the Societies of Control,” in *Deleuze And the Social*, ed. Martin Fuglsang and Bent Meier Sørensen (Columbia University Press, 2006), 186.

³³ *Ibid.*, 180.

³⁴ *Ibid.*, 186.

the growing field of health technologies is an obsessive focus on the so-called organic body. Even as new medical technologies and various health promotion devices are drawing us closer to a posthuman understanding of “life itself,” there has been a sharp increase in the deployment of nostalgia for the “natural” human body. Maintaining the fantasy that these technologies are bringing us closer to some ideal of “nature’s” perfection, we grow ever more intimate with such “artificial” materials. Far from representing a shift away from the body, I contend that technologies of control are centrally focused on shaping bodies in new ways.

This study suggests that the body is neither a surface of inscription that is pre-given, nor a purely symbolic construction with no materiality outside of discourse. Rather, bodies are simultaneously medium and mediated: we cannot separate embodied lived experience from the cultural, political, and technical apparatuses that constitute them. As what Henri Bergson described as “centers of indetermination,” bodies themselves are “not pre-formed entities, they are always extending beyond themselves.”³⁵ Work from the philosophy of science and technology has argued for the importance of rethinking the human and the technical as co-constitutive. Rather than opposing the “natural” human body to the “artificial” machine, we need to understand technology as fundamental to the human. In this sense, the tool or prosthesis “is not a mere extension of the human body; it is the constitution of this body *qua* ‘human.’”³⁶ Yet in focusing on the originary technicity of the (post)human body, we must not imagine that the so-called “natural” or fleshly body has ceased to matter. By examining how “the body” has

³⁵ Quoted in Mike Featherstone, “Body, Image and Affect in Consumer Culture,” *Body & Society* 16, no. 1 (March 1, 2010): 205.

emerged as a locus of control as well as a site of optimization, I hope to contribute to what Michel Foucault called “a ‘history of bodies’ and the manner in which what is most material and most vital in them has been invested.”³⁷

Circulations of Media and Affect

Although scholarship has traditionally analyzed media at the level of representation, this project shifts the lens to a consideration of the “affective productivity” of media interfaces.³⁸ Building on work in media and cultural studies that emphasizes media as “useful,” I also push past the idea of instrumentality to situate the specific media technologies that I examine not as tools but rather as dynamic systems with their own sets of social, political, and technical relations. Cinema, television, video, and digital media are not simply instruments for the transmission of cultural content, but interfaces for the production of new relations of power.³⁹ Bringing together new constellations of material and immaterial forces, these media express their own capacities in relation to a larger set of dynamic constraints and possibilities. Here I borrow from Jussi Parikka and Tony Sampson’s “assemblage theory of media,” which focuses on “how various assemblages of bodies (whether technical, biological, political or representational) are composed in interaction with each other and how they are defined,

³⁶ Bernard Stiegler, *Technics and Time: The Fault of Epimetheus* (Stanford University Press, 1998), 152-3.

³⁷ Michel Foucault, *The History of Sexuality* (New York: Vintage Books, 1990), 152.

³⁸ Misha Kavka, *Reality Television, Affect and Intimacy: Reality Matters* (Basingstoke England ; New York: Palgrave Macmillan, 2008), 5.

³⁹ See Alexander R. Galloway, *The Interface Effect* (Cambridge, UK ; Malden, MA: Polity Press, 2012).

not by forms and functions, but by their capabilities.”⁴⁰ Drawing on Deleuze and Guattari’s concept of assemblage as “a heterogeneous composition of forces,” Parikka and Sampson suggest that as “material forces of culture,” media assemblages are not simply machines for transmission but rather dynamic, open-ended systems of “events, bodies, [and] technologies.”⁴¹ It is precisely this flexibility that enables them to create what Amit Rai terms “affective resonances,” potentializing bodies in unpredictable ways.⁴² As a series of indeterminate events that are continually evolving, media assemblages can be understood to produce and circulate bodily affect through “open interfaces with outside forces, dynamics, and materialities.”⁴³

Importantly, an assemblage theory of media does not involve moving away from the field of representation altogether. Rather, media images themselves are “felt through bodies,” and thus representations and media imagery “may literally move us, make us feel moved, by affecting our bodies in inchoate ways that cannot easily be articulated or assimilated to conceptual thought.”⁴⁴ Insofar as representations themselves “generate both meaning and effects,” we need to attend to the ways in which signifying practices constrain or enable affective resonances across social, cultural, and technical domains.⁴⁵ Focusing on film, television, video, and new media as “technologies of intimacy,” this project explores the ways in which these media assemblages circulate their own affective

⁴⁰ Jussi Parikka and Tony D. Sampson, *The Spam Book: On Viruses, Porn, and Other Anomalies from the Dark Side of Digital Culture* (Hampton Press, Incorporated, 2009), 8; 5.

⁴¹ *Ibid.*, 9.

⁴² Amit Rai, *Untimely Bollywood: Globalization and India’s New Media Assemblage* (Duke University Press, 2009), 5.

⁴³ *Ibid.*, 3; 5.

⁴⁴ Featherstone, 195.

⁴⁵ Susanna Paasonen, *Carnal Resonance: Affect and Online Pornography* (MIT Press, 2011), 10.

economies to draw health and desire closer together.⁴⁶ Sara Ahmed defines an “affective economy” as the circulation of intensity in a field of social relations. According to Ahmed, affect cannot be understood as a property of a subject, but is in fact produced “only as an effect of its circulation . . . across a social as well as a psychic field.”⁴⁷ As media assemblages facilitate the circulation of affective economies across both human and nonhuman entities, they open up new possibilities for ways of thinking, feeling, and being. By exploring “the intimate, tactile encounter” between viewers and forms of media, we can begin to understand how affective economies take shape.⁴⁸

Focusing on the circulation of affect across and through assemblages of bodies and media as a fundamentally social and political process, this project resists the impulse in contemporary affect studies to draw lines of distinction between definitions of affect as a “preindividual, non-conscious” process of neurological transmission favored by those working in a Spinozist philosophical tradition and feminist and queer theoretical and literary approaches to the study of emotion as a “structure of feeling.”⁴⁹ Scholars such as Brian Massumi have argued that affect, defined as “an ability to affect and a susceptibility to be affected,” must be differentiated from emotion, defined as the subjective recognition or territorialization of affect.⁵⁰ Yet the media archives I examine trouble this separation, demonstrating that the “emotional and cognitive” cannot be easily

⁴⁶ Kavka, 5.

⁴⁷ Sara Ahmed, “Affective Economies,” *Social Text* 22, no. 2 79 (June 20, 2004): 120.

⁴⁸ Jennifer M. Barker, *The Tactile Eye: Touch and the Cinematic Experience* (University of California Press, 2009), 15.

⁴⁹ Work on affect by Eve Sedgwick, José Esteban Muñoz, Lauren Berlant, Ann Cvetkovitch, and Heather Love draws on a variety of non-Spinozist affect theories, including the work of Silvan Tomkins and Raymond Williams.

separated from the “sensory and affective.” As Susanna Paasonen points out, insofar as emotions “orient ways of encountering, sensing, and making sense” of media imagery, “ultimately, isolating affect from emotion amounts to an impossible task.”⁵¹ Rather than attempt to differentiate affect from emotion, this project argues for the importance of the cultural, social, and political processes through which affect circulates and registers.⁵² As Ahmed notes, affect does not flow freely but “sticks and clusters following historically constructed, yet contingent boundaries and fault lines.”⁵³ A bodily affective response registering fear, for example, is often gendered and racialized in particular ways, even at a “pre-conscious” level. Likewise, the constellation of affects that makes up what we might name as a feeling of “health” cannot be disentangled from its historical and cultural environs. Following Ann Cvetkovitch’s use of the term “feeling” as “intentionally imprecise, retaining the ambiguity between feelings as embodied sensations and feelings as psychic or cognitive experiences,” this project traces the uneven, fragmented, and often contested processes through which “feeling healthy” circulates in and through

⁵⁰ Brian Massumi, *Parables for the Virtual: Movement, Affect, Sensation* (Duke University Press, 2002), 61.

⁵¹ Paasonen, 16; 26.

⁵² Lisa Blackman argues that approaches that reduce affect to a biological process of neurological transmission tend to ignore the role of the psyche, effectively reducing the mind to the brain. Rather than understanding affect as simply a set of “flows” or amorphous “intensities,” Blackman calls for attention to the material and *immaterial* processes through which affect takes form. Without returning to a notion of psychological interiority or fixed subjectivity, Blackman encourages us to nonetheless take into account the role of the psyche in the transmission of affect. For Blackman, the psychic forms “a threshold experience produced at the interface or intersection of the self and other, material and immaterial, human and non-human, and inside and outside such that processes which might be designated psychological were always trans-subjective, shared, collective, mediated and always extending bodies beyond themselves.” See Lisa Blackman, *Immaterial Bodies: Affect, Embodiment, Mediation*. (London; SAGE Pub, 2012).

⁵³ Paasonen, 60.

specific media assemblages, creating new alignments of bodies, technologies, and desires.⁵⁴

Media Archives of Feeling

In the chapters that follow, I examine four historical and cultural sites that index the emergence of affective governance over the course of the past century. Beginning in the early twentieth century, new forms of mass culture altered social organization and cultural patterns of consumption. Film scholar Miriam Hansen has argued that during this period, cinema played an important role in generating “new modes of organizing vision and sensory perception, a new relationship with ‘things,’ different forms of mimetic experience and expression, of affectivity, temporality, and reflexivity, a changing fabric of everyday life, sociability, and leisure.”⁵⁵ Scholarship on early cinema has often focused on how this “cheap amusement” served as a touchstone for eugenic fears around racial and sexual “mixing” as early moving picture houses came to symbolize the vice and degeneracy of the pleasure-seeking masses. Less attention has been paid to how public health reformers sought to transform cinema from a space of moral contagion to a pedagogical apparatus, engendering a new alliance between entertainment and education in the interest of national and racial health.

My first chapter, “Educational Prophylaxis: Cinema and Social Hygiene in the Progressive Era,” focuses on the production and circulation of two feature-length motion pictures produced by the U.S. War Department during World War I to address newfound

⁵⁴ Ann Cvetkovich, *Depression: A Public Feeling* (Duke University Press, 2012), 4.

public health concerns over venereal disease. As part of a larger social hygiene movement, this method of “educational prophylaxis” brought together strategies of preventive health care with the affective power of popular cinema. These films extended the reach of the medical gaze into the realm of popular culture, working affectively to establish new racialized and gendered sexual norms by conflating moral and medical standards of “healthy” behavior. Yet even as these films sought to “educat[e] desires and satisfactions” to produce normative investments in race, gender, sexuality, and compulsory able-bodiedness, I suggest that we cannot understand social hygiene cinema as simply an ideological apparatus for subject-formation. Social hygiene films combined techniques of narrative melodrama with the sensory impact of the “cinema of attractions” to circulate their own affective economies that mobilized fear, shame, and disgust on one hand, and appealed to desires for love, happiness, and pride on the other.⁵⁶ Drawing on Laura Marks’s notion of “haptic visuality,” I examine how the “tactile and contagious” qualities of social hygiene cinema generated new alignments between “health” and sexual self-governance.⁵⁷ Yet precisely because of its potential entertainment value, cinema always threatened to exceed its purpose as a pedagogical instrument. As Annette Kuhn points out, “the fundamentally erotic character of the pleasure of narrative cinema” always held the potential to “provoke unintended, even resistant, readings.”⁵⁸ Blurring the

⁵⁵ Miriam Hansen, “The Mass Production of the Senses: Classical Cinema as Vernacular Modernism,” *Modernism/modernity* 6, no. 2 (1999): 60.

⁵⁶ Tom Gunning, “The Cinema of Attraction: Early Film, Its Spectator and the Avant-garde,” *Wide Angle* 8.3, no. 4 (1986): 66.

⁵⁷ Laura U. Marks, *The Skin of the Film: Intercultural Cinema, Embodiment, and the Senses* (Duke University Press, 2000), xii.

⁵⁸ Annette Kuhn, *The Power of the Image: Essays on Representation and Sexuality* (Routledge, 1990), 127; 132.

boundaries between entertainment and education, these films precipitated a set of censorship battles around the potential antisocial effects of their “suggestive” erotic stimulation. As a contested site of health governance, social hygiene films also proliferated new and unexpected forms of affective contagion that ultimately limited their efficacy as instruments for inculcating social norms.

If the Progressive era witnessed the emergence of a new form of social governance in which non-governmental organizations took on responsibility for “solving” issues of social disorder and public health, by midcentury the rise of a mass consumer culture had transformed the cultural landscape and introduced new mechanisms for “governing at a distance.”⁵⁹ My second chapter, “‘Feel Better, Look Better, Live Longer’: Postwar Fitness Television and the Shaping of Self-Help Culture” examines how the emergent mass medium of television reconfigured the relationship between health and popular culture in the postwar period. Unlike health reform efforts in the early twentieth century that targeted public leisure in urban spaces, television brought a new consumer culture of health expertise directly into the homes of viewers. As an exemplary medium of postwar domesticity, television was blamed for encouraging sedentary habits and passive viewing, or what President John F. Kennedy called “spectatoritis.” But fitness television programs such as *The Jack LaLanne Show* (1951-1985) also offered a new way to manage Cold War anxieties around physical fitness. As health became increasingly negotiated through the market, fitness television helped to mitigate concerns around overconsumption as a threat to national security, while simultaneously

⁵⁹ Anna McCarthy, *The Citizen Machine: Governing by Television in 1950s America* (The New Press, 2010).

reaffirming the importance of gendered domestic leisure as a key facet of modern American life. While it participated in a larger postwar investment in a process of remodeling the body that sutured visions of bodily normality to gendered, racialized, and ableist ideals of consumer citizenship, fitness television also employed techniques of televisual intimacy to construct affective relationships with viewers that threatened to exceed the constraints of heteronormative domesticity. Reshaping domestic space as a site of personal revitalization, particularly for white middle class housewives, fitness television pioneered a new approach to self-improvement, marking a shift to “lifestyle” self-help culture and laying the foundation for the rise of the health coaching industry from Jane Fonda to Jillian Michaels.

The countercultural movements of the 1960s and 1970s rejected the professional authority and expertise of the postwar period, claiming embodied experience as a form of self-knowledge and producing alternative forms of expertise and cultural production. This focus on seizing the means of representation was a crucial strategy in the AIDS activist movement, in which the new availability of camcorder technology and low-cost editing enabled the proliferation of alternative media production as a form of direct action. Chapter three, “Pornographic Pedagogies: AIDS Activism and the Queer Politics of Safer Sex Videos,” examines the development of video technology in the 1980s as a tool for gay and lesbian AIDS activists. By deploying pornography as a technique of health promotion, safer sex videos sought to protect and preserve queer life in the face of public indifference and government inaction. Focusing on erotic safer sex videos created by the Gay Men’s Health Crisis (GMHC) between 1985 and 1990, this chapter explores

how these videos constituted affective interfaces for the integration of risk reduction practices and queer political identity. While safer sex techniques have been celebrated as exemplary of a radical sex-positive queer politics, I demonstrate how safer sex videos marked a shift in discourses and practices of health governance, incorporating marginalized individuals into a more inclusive definition of health while promoting a certain form of “healthy lifestyle” in the name of queer political and sexual liberation. Participating in a larger apparatus of health promotion that sutured individual sexual freedom (conceived within the language of “choice”) to a specific vision of queer politics and belonging, this mode of cultural production delimited the boundaries of who could or would align themselves with this particular political project, giving rise to new cultures and practices that rejected some of the foundational premises of safer sex.

In my final chapter, “Risky Measures: New Media, Interactivity, and the Child Obesity ‘Epidemic,’” I turn to the emergence of new media and digital platforms as sites for the management of health in the context of neoliberal multiculturalism. Focusing on Michelle Obama’s Let’s Move! initiative, this chapter examines how recent public-private programs to address the so-called “epidemic” of child obesity have employed social media and interactive technologies as techniques of risk prevention. Promising to address racial health disparities, these initiatives extend new forms of surveillance and monitoring over target populations according to a racialized calculus of risk. Even as rhetorics of neoliberal multiculturalism offer inclusion to formerly marginalized subjects, I demonstrate how digital technologies promote “healthy behaviors” by teaching individuals how to self-monitor. From MyPlate, an interactive website designed “to help

consumers make better food choices” to FitnessGram, a database system and interactive app for kids to measure physical fitness in gym class, interactive technologies aim not only to incentivize fitness but to integrate the pursuit of health into everyday life.⁶⁰ Rather than disciplining bodies, interactive media promote healthy activities as “fun,” circulating affective economies that link healthy behavior to a *feeling* of success and achievement. By associating health promotion with kids’ desire for play as a social, competitive, and rewarding activity, these platforms have transformed health and physical education from a disciplinary institution for training bodies to a site for promoting “lifelong” fitness. Although the notion of using play to promote health dates back to the Progressive era, I argue that what is new is the use of interactive technologies to (literally) plug kids into a network of ongoing surveillance and modulation.

Bringing media studies, queer and feminist theory, and affect theory into conversation with health and disability studies, this project contributes a new approach to the study of how health is distributed among bodies and populations. Insofar as scholarly investigations of biopolitics have largely disregarded the affective dimensions of biopower, my work argues for the centrality of affect to modern techniques of biopolitical governance. I suggest that the very process through which health has become that which we “cannot not want” is intimately bound up with individual desires for freedom and pleasure, and therefore requires a rethinking of resistance to such a regime.

⁶⁰ “Getting started with MyPlate,” *Choose My Plate*, accessed July 14, 2013, <http://www.choosemyplate.gov/downloads/GettingStartedWithMyPlate.pdf>.

Chapter I

Educational Prophylaxis: Cinema and Social Hygiene in the Progressive Era

It is possible to deal scientifically with venereal diseases and at the same time to advocate that every individual should know that sex relations outside of marriage not only expose him to diseases which may prove disastrous to himself and others but will unfit him for his highest efficiency in citizenship, marriage and parenthood.

– William F. Snow, American Social Hygiene Association⁶¹

Trashy novels feed sex desires; trashy movies are even more disturbing.
– Dr. Mabel Ulrich, CTCA hygiene lecturer⁶²

Introduction

In the fall of 1918, with the end of WWI in sight, an article in the *Journal of Social Hygiene* expressed dismay over what would happen when millions of soldiers returned home “in the full vigor and health of trained manhood” to communities “where preventable sin and disease are still rampant – eternally ready to suck their next victims into a swirling vortex of vice.”⁶³ Rather than celebrate the return of American troops from the physically and emotionally hazardous conditions of war, the author of this article was more concerned about the “vortex of vice” that lay in wait for them in the form of the “preventable sin” of venereal disease (VD). Whereas previously, soldiers had been viewed as potential vectors for infection (usually through contact with foreign

⁶¹ William F. Snow, "Public Health Measures in Relation to Venereal Diseases" (1919) Reprinted from *The Journal of the American Medical Association*, LXVI (April 1, 1916), 1003-1008. American Social Health Association Records, Social Welfare History Archives, University of Minnesota.

⁶² Mabel S. Ulrich, "Mothers of America," n.d., American Social Health Association Records, Social Welfare History Archives, University of Minnesota.

prostitutes) to the general public, this article brought up a new concern about the prevalence of disease already existing in American towns and cities. As a pamphlet put out by the New Jersey Department of Health warned, VD “is not, primarily, a military problem or a war-time epidemic,” rather “the source of disease is in *civilian* communities.”⁶⁴

During the war, concerns over venereal disease had risen to a fever pitch as new testing procedures revealed that more soldiers were incapacitated by syphilis and gonorrhea than by enemy bullets, creating a national panic around public health and morality. The “venereal peril” was constituted as a direct threat to the strength of the nation, leading the U.S. government to endorse a “social hygiene” campaign that sought to curb venereal disease through repressing prostitution, instituting medical prophylaxis, and offering sex education. Aggressive measures in military training camps succeeded in drastically reducing the rate of VD among soldiers, but health officials soon realized that most new cases were entering the army from civilian life, where strong taboos against discussing such sordid topics meant that most young men and women remained ignorant of basic information around VD prevention and transmission.

In response to this dire situation, social hygiene reformers worked with the War Department to produce two feature-length films for popular audiences, the first public health education films of their kind to combine hygiene instruction with dramatic narrative. *Fit to Win (FTW)*, a remake of an army educational film called *Fit to Fight*, and

⁶³ William H Zinsser, “Social Hygiene and the War: Part I: Fighting Venereal Disease - A Public Trust,” *Journal of Social Hygiene* 4, no. 4 (October 1918): 524.

The End of the Road (TEOTR), a film addressed to women audiences, were financed by private hygiene organizations, backed by the government, and distributed to state health departments and commercial theaters in early 1919 with the endorsement of the U.S. Surgeon General. Despite strict regulations imposing sex segregation in theaters and barring children under 16, both films ran into trouble almost immediately, arousing the wrath of local censors and industry critics alike. The first commercial screening of *TEOTR* in Syracuse “created a storm that shook the city,” while the exhibition of *Fit to Win* in Brooklyn met with fierce opposition from the Commissioner of Licenses, resulting in a court case that eventually upheld his decision to ban the film.⁶⁵ To make matters worse, the National Association of the Motion Picture Industry initiated an attack against both films, declaring them “morally unfit to be shown to the general public.”⁶⁶ By August, the government had withdrawn its support of the films, signaling the end of their commercial career.

This chapter examines this unlikely union between public health and popular cinema in order to elucidate the complex web of interrelations between cultural technologies, pleasure, and biopolitical governance that emerged in the early twentieth century United States. Social and cultural historians have pointed to the importance of civic and nongovernmental organizations in the management of the public sphere in the late nineteenth and early twentieth centuries, marking the emergence of new forms of liberal governance associated with the development of systems of knowledge organized

⁶⁴ Pamphlet: “The Parent’s Part,” NJ State Department of Health, June 7, 1919, Pliff’s Exhibit No 8, Box 770, Folder 16-61(2), NY 2752, USDC – SDNY, Equity Case Files, E16-61 City of NY v. Silverman, NARA Federal Court Records, New York City; emphasis added.

⁶⁵ *Variety*, February 1919.

around social scientific expertise. Less attention has been paid to the role of popular culture and media technologies within this larger project of social governance.⁶⁷ Focusing on early social hygiene films and the cinematic assemblage that surrounded them as a site of governmentality, this chapter demonstrates how hygiene reformers sought to use the affective power of cinema to shape the sexual and social conduct of new and potentially unruly populations.

As film historians have shown, the development of modern cinema originated with the boom of nickelodeons around 1905, which transformed moving pictures from “a relatively marginal amusement” to a major form of urban recreation.⁶⁸ By 1910, approximately 26 million Americans visited the movies every week, making the cinema one of the most popular forms of modern entertainment.⁶⁹ As small storefront theaters often located in immigrant neighborhoods, this new site of commercialized leisure became a major site of anxiety for Progressive reformers, who were concerned about the potential of motion pictures to corrupt audiences, especially immigrants, women, and children who were seen as “incapable of easily distinguishing the moving images from reality.”⁷⁰ For these vulnerable populations, motion pictures threatened to “assault the

⁶⁶ “‘The End of the Road’ to Be Stopped Showing Here,” *Motion Picture News*, May 24, 1919.

⁶⁷ Notable exceptions include Tony Bennett, *The Birth of the Museum: History, Theory, Politics* (Routledge, 1995); Lee Grieveson, *Policing Cinema: Movies and Censorship in Early-Twentieth-Century America* (University of California Press, 2004); Lee Grieveson and Haidee Wasson, *Inventing Film Studies* (Duke University Press, 2008).

⁶⁸ Ben Singer, “Manhattan Nickelodeons: New Data on Audiences and Exhibitors,” in *The Silent Cinema Reader*, ed. Lee Grieveson and Peter Krämer (Psychology Press, 2004), 119. See also Charles Musser, *The Emergence of Cinema: The American Screen to 1907* (University of California Press, 1994).

⁶⁹ Eileen Bowser, *The Transformation of Cinema, 1907-1915* (Scribner, 1990): 4–6.

⁷⁰ Kirsten Ostherr, *Cinematic Prophylaxis: Globalization and Contagion in the Discourse of World Health* (Durham [N.C.]: Duke University Press, 2005), 26. See also Roberta Pearson and William Uricchio, “‘The Formative and Impressionable Stage’: Discursive Constructions of the Nickelodeon’s Child Audience,” in

sense organs and overstrain the nervous system with resulting increase of danger, not only to moral standards, but also to the physical basis of normal self restraint and control of sexual instincts.”⁷¹ The adolescent was especially susceptible to the power of “suggestion,” which might “prematurely awaken[] certain of his instinctive tendencies” and incline him to “antisocial types of behavior.”⁷²

Yet while some reformers blamed motion pictures for corrupting youth and provoking social disorder, others began to consider the possibility of using film as a vehicle for social reform. Dedicated to addressing a host of social ills through a commitment to modern “scientific” methods, these Progressives saw the potential of motion pictures “as instruments of education – physical, intellectual, spiritual – for the adult as well as the child, and for America's child, the immigrant of many races.”⁷³ For children and immigrants alike – both imagined as developmental subjects in need of proper tutelage in order to become democratic citizens – cinema was imagined as a “moral technology” that could create “better citizenship.”⁷⁴ While acknowledging that movies portraying crime and other scandalous subjects “very often have a debasing effect” on minds “already morally warped,” one doctor nevertheless advocated the

American Movie Audiences: From the Turn of the Century to the Early Sound Era, ed. Melvyn Stokes and Richard Maltby (London: BFI, 1999), 64-75.

⁷¹ C. A. Kofoed, "Instruction of Teachers in Sex Hygiene," American Social Hygiene Association (1915): 118. American Social Health Association Records, Social Welfare History Archives, University of Minnesota.

⁷² Joseph Roy Geiger, “The Effects of the Motion Picture on the Mind and Morals of the Young,” *International Journal of Ethics* 34, no. 1 (October 1, 1923): 73.

⁷³ Cited in Pearson and Urrichio, 66.

⁷⁴ Grieverson, *Policing Cinema*, 32.

exhibition of pictures in tenements and settlement houses “that tend to elevate the mind and improve the moral condition of their audiences.”⁷⁵

After conducting an investigation of New York City’s nickelodeon theaters in 1908, a Progressive reform organization called the People’s Institute concluded that this form of “cheap amusement” was far superior to alternative forms of urban recreation, particularly the vaudeville show and the penny arcade. From its derelict beginnings as “a carnival of vulgarity, suggestiveness and violence,” this report found that the moving picture show had “elevated itself” in recent years to become a form of “family” entertainment.⁷⁶ By this time, the motion picture industry had begun a new quest for respectability (and increased profits) by appealing to middle class audiences, with film producers advertising their products as “Moral, Educational and Cleanly Amusing.”⁷⁷ Noting that “[a]ll the settlements and churches combined do not reach daily a tithe of the simple and impressionable folk that the nickelodeons reach and vitally impress every day,” these reformers embraced cinema’s potential to become a constructive and morally uplifting technology.⁷⁸ As “an instrument whose power can only be realized when social workers begin to use it,” cinema was imagined as a “new social force” that could be used for the public good.⁷⁹

As “a node around and through which flowed discourses and practices of government as a shaping of the modalities of selfhood, citizenship and populations,”

⁷⁵ Cited in Pearson and Urrichio, 66.

⁷⁶ John Collier, “Cheap Amusements,” *Charities and the Commons* 20 (April 1908): 74-5.

⁷⁷ Tom Gunning, “From the Opium Den to the Theatre of Morality,” in *The Silent Cinema Reader*, ed. Lee Grieveson and Peter Krämer (Psychology Press, 2004), 146.

⁷⁸ Collier, 75.

social hygiene cinema emerged at this moment as a key cultural technology for the regulation of gender, race, and sexuality.⁸⁰ Other scholars have detailed how the social hygiene movement was part and parcel of a larger “incitement to discourse” on sexuality that occurred during this period, as film provided a new technology for the production of racial and sexual normativity.⁸¹ While sex hygiene films undoubtedly functioned as tools for moral instruction in gendered and racialized practices of heterosexual citizenship, I argue that we need to understand hygiene cinema as a new form of affective governance that brought medical and social scientific expertise together with the cultural institution of popular cinema, engendering new techniques for governing individuals and populations. In a moment when the disciplinary institutions of the eighteenth and nineteenth centuries were beginning to enter a period of crisis, popular culture enabled new media technologies to extend medical practices and techniques into everyday existence. I argue that *FTW* and *TEOTR* mobilized the affective power of cinema to shape social behavior by employing conventions of melodrama and spectacular display to

⁷⁹ Ibid. See also Lary May, *Screening Out the Past: The Birth of Mass Culture and the Motion Picture Industry* (University of Chicago Press, 1980).

⁸⁰ Lee Grieveson, “On Governmentality and Screens.” *Screen* 50, no. 1 (March 20, 2009): 186. See also Grieveson, *Policing Cinema*.

⁸¹ Drawing on Michel Foucault’s notable formulation in *The History of Sexuality Volume I*, Annette Kuhn makes the point that sex hygiene films actively participated in the construction of a larger moral panic over venereal disease in the 1910s. See Annette Kuhn, *The Power of the Image: Essays on Representation and Sexuality* (Routledge, 1990), 130. Richard Eberwein also draws on Foucault and Jonathan Crary’s work on observation to argue that WWI marked a new moment in the relationship between film as a viewing technology and the regulation of sexuality. See Eberwein, *Sex Ed: Film, Video, and the Framework of Desire* (New Brunswick, N.J.: Rutgers University Press, 1999). Julian Carter has demonstrated how the discourse of social hygiene during this period functioned to link whiteness with a specific set of sexual norms. See Carter, *The Heart of Whiteness: Normal Sexuality and Race in America, 1880-1940* (Duke University Press, 2007). For further discussion of social hygiene cinema see also Annette Kuhn, *Cinema, Censorship, and Sexuality, 1909-1925* (Routledge, 1988); Allan M. Brandt, *No Magic Bullet: A Social*

generate attention and regulate sentiment. By attempting to harness and modulate these structures of feeling, I suggest that these films exemplified a new strategy of affective governance that appropriated the techniques of popular cinema in order to shape conduct.

For social hygienists, motion pictures represented a means to “educate desires and satisfactions” so that “right social behavior shall spring from personal choice that is spontaneous, satisfied, and convinced,” as one health educator put it.⁸² By linking the pleasures of film spectatorship to the pedagogical imperatives of social hygiene as a set of moral prescriptions and material practices, hygiene reformers blended psychological expertise with popular entertainment to bring health and desire together through the affective interface of the motion picture screen. As we will see, it was precisely their capacity for “strong social effects” that led social hygienists to consider the possibility of using film as a vehicle for social reform. Drawing on the “arts of the educator and advertiser,” reformers saw motion pictures as a way to appeal to the desires of individuals, even as they sought to actively manage and regulate such desires.

Far from representing a straightforward ideological mechanism through which to impose bourgeois standards of sexual conduct, social hygiene cinema should be understood as a complex and contradictory site of negotiation between various forces: the desires of the U.S. military, the desires of social hygiene reformers, and the desires of audiences, to name a few. By examining the affective circulations of these films and the controversies they created, I demonstrate how these media events constituted a dynamic

History of Venereal Disease in the United States since 1880 (Oxford University Press, 1987; Janet Staiger, *Bad Women: The Regulation of Female Sexuality in Early American Cinema* (U of Minnesota Press, 1995).

and interactive process in which “the tactile and contagious quality of cinema” at times undermined their pedagogical intentions.⁸³ While traditional film theories of spectatorship have emphasized the psychoanalytic dynamics of film viewing, Marxist and Lacanian theories of subject-formation are inadequate to account for the affective economies that circulated within and beyond the motion picture theater. Rather than an ideological apparatus for subject-formation, social hygiene films constituted their own media events, generating tensions and contradictions among various social actors, including movie audiences, exhibitors, distributors, censors, health officials, military and law enforcement officers. By examining how the cinematic apparatus worked to circulate “affective transmissions across bodies,” we can begin to understand the motion picture screen as an interface for the affective governance of health.⁸⁴

Dramas of Disease and Defense

With the outbreak of WWI, new alarming statistics on the rates of syphilis and gonorrhea among soldiers transformed venereal disease from something that had previously been considered mainly an individual moral danger into a biological threat to the security of the nation. As Secretary of the Navy Josephus Daniels put it, “America stands in need of every ounce of her strength. We must cut out the cancer of disease if we

⁸² “Preliminary Synthesis and Integration of the Returns of the Sex Education Conference,” (1921), 12, American Social Health Association Records, Social Welfare History Archives, University of Minnesota.

⁸³ Laura U. Marks, *The Skin of the Film: Intercultural Cinema, Embodiment, and the Senses* (Duke University Press, 2000), xii.

⁸⁴ Patricia Ticineto Clough, “Afterword: The Future of Affect Studies,” *Body & Society* 16, no. 1 (March 1, 2010): 225.

would live.”⁸⁵ Here venereal infection metonymically connected the body of the individual soldier to the national body, both of which were in need of physical purification. Within this biopolitical logic, the military strength of the nation was at risk from the “cancer of disease,” which referred not to cancer but to venereal disease. Yet this risk was not a purely biological one, for “the safety of democracy” was also imperiled by the moral implications of venereal disease. For Daniels, the military had a duty “to preach clean lives so as also to make democracy worth fighting for.”⁸⁶ Victory was jeopardized by venereal diseases not only because they “destroy the fighting strength of armies and navies,” but also because they were in fact “preventable.”⁸⁷ As the United States sought to become a global military power, venereal disease threatened both the physical strength of its fighting forces and the social and political institutions that justified its position as an international symbol of progress.

In response to political pressure from a number of civic organizations, U.S. Secretary of War Newton Baker established the Commission on Training Camp Activities (CTCA) on April 17, 1917, as a new federal agency dedicated to protecting troops from venereal disease. Staffed largely by members of voluntary agencies including the Young Men’s Christian Association (YMCA), Young Women’s Christian Association (YWCA), and the American Social Hygiene Association (ASHA), the CTCA represented a new strategy that combined public health measures with a Progressive focus on environmental factors. A detailed study of conditions during the U.S. military campaign on the Mexican border the preceding year reported appalling conditions of

⁸⁵ Josephus Daniels, “For the Safety of Democracy,” *Journal of Social Hygiene* 4, no. 1 (January 1918), 24.

⁸⁶ *Ibid.*

drunkenness and debauchery in border towns and red light districts near army camps.⁸⁸

Baker was convinced that these conditions posed a risk to military efficiency, stating “We can not allow these young men... to be surrounded by a vicious and demoralizing environment, nor can we leave anything undone which will protect them from unhealthy influences and crude forms of temptation.”⁸⁹

In designing a new strategy for protecting soldiers from hazards to their physical and moral health, the CTCA borrowed heavily from the methods of the social hygiene movement, combining traditional tactics of repressing prostitution with new educational and psychological strategies of prevention. An amalgamation of the nineteenth-century tradition of moral reform along with a Progressive-era focus on scientific and medical expertise, the social hygiene movement arose in the first decades of the twentieth century as a response to problems of racial and sexual “disorder” in the context of unprecedented industrialization and urbanization. Unlike older models of purity reform that were mainly carried out by religious and women’s organizations who fought prostitution and “white slavery” by advocating a “single standard” of sexual conduct for both men and women, social hygienists were mainly male medical professionals, expressing their arguments as rational appeals to national health and military efficiency. Labeling purity reform as traditional in contrast to the modern methods of social hygiene, these experts helped to

⁸⁷ Ibid.

⁸⁸ Max Exner, “Prostitution in Its Relation to the Army on the Mexican Border,” *Journal of Social Hygiene* 3, no. 2 (April 1917): 205–20.

⁸⁹ Quoted in “The Attack on Venereal Diseases,” U.S. Public Health Service (October 1918), Plff’s Exhibit No 10, Folder 2-08, Box 2400, NY 2752, USDC – SDNY, Equity Case Files, E16-61 City of NY v. Silverman, NARA Federal Court Records, New York City.

construct a narrative of progress in which medical science offered to free society from the shackles of both disease and religious dogma.⁹⁰

Yet while the social hygiene movement claimed to represent a radical departure from earlier traditions of moral reform, hygienists were also deeply invested in questions of morality, and particularly in the project of instilling normative ideals of heterosexual marital reproduction as a means of protecting white supremacy. As the nation sought to assimilate unprecedented numbers of immigrants whose ethnic, religious, and cultural diversity threatened the precarious alignment between white supremacy and heteronormativity, venereal disease became a potent symbol for new anxieties over the potential degeneration of the Anglo-Saxon race. With the medical discovery of the long-term effects of syphilis and gonorrhea in the early twentieth century, sexual immorality was explicitly linked to forms of physical disease and disability, understood to signal racial “retrogression” to a more primitive evolutionary state.⁹¹ The declining birth rate of Anglo Saxons had already ignited anxieties over “race suicide” in the face of rising immigration, and new research linking gonorrhea to sterility in women and blindness in

⁹⁰ As Christina Simmons points out, hygiene reformers themselves “initiated the myth of Victorian repression, exaggerating the old morality as authoritarian and sexually repressive in order to contrast it unfavorably with their own supposedly enlightened and scientific approach.” Christina Simmons, *Making Marriage Modern: Women’s Sexuality from the Progressive Era to World War II* (Oxford University Press US, 2009), 30.

⁹¹ Insofar as venereal disease had long been constructed as an indicator of racial inferiority (syphilis was considered “a generic condition of the Chinese race,” just as it was likewise strongly associated with the black population of the United States), rising rates of these conditions among whites led to new anxieties regarding the fitness of the dominant race. See Nayan Shah, *Contagious Divides: Epidemics and Race in San Francisco’s Chinatown* (University of California Press, 2001), 88. See also Elizabeth Fee, “Sin versus Science: Venereal Disease in Twentieth-Century Baltimore,” in *AIDS: The Burdens of History*, ed. Daniel M. Fox and Elizabeth Fee (University of California Press, 1988); Sander Gilman, “AIDS and Syphilis: The Iconography of Disease,” in *AIDS: Cultural Analysis, Cultural Activism*, ed. Leo Bersani and Douglas

newborns elicited new anxieties over the effects of these diseases on white women and children. In his foundational social hygiene treatise, “Social Diseases and Marriage,” Dr. Prince Morrow outlined the dangers of congenital syphilis and gonorrhea to the future of the white race, calling on physicians to protect the institution of marriage in the name of eugenics.⁹² Sexual misconduct was no longer simply a threat to morality or religious belief, but came to be imagined as a biological threat to the individual and the nation (imagined here as synonymous with the white race) in the shape of venereal disease. As a “racial poison,” syphilis endangered not only the wife and the child, but also the future of (white) society itself.⁹³

By establishing venereal disease as a direct threat to the racial purity of the nation, this view exemplified what Michel Foucault has described as “biopolitical racism.” As the modern state began to take the health and welfare of the (white) national population as its primary objective, it simultaneously sought to eliminate the “biological threat” of those deemed inferior.⁹⁴ Biological threats could come from “outside” society (and were dealt with through exclusionary immigration and anti-miscegenation laws) but they could also come from within. For the social hygiene movement, the “racial danger” of venereal disease was precisely this risk of degeneration from within, “manifest not only in the loss of potential citizens to the state, but in the production of degenerates and defectives – the

Crimp (MIT Press, 1988); Susan Reverby, *Examining Tuskegee: The Infamous Syphilis Study and Its Legacy* (UNC Press Books, 2009).

⁹² Prince Morrow, *Social Diseases and Marriage: Social Prophylaxis* (New York: Lea Brothers & Co, 1904).

⁹³ Prince Morrow, "Health and the Hygiene of Sex" (1916 [1914]). American Social Health Association Records, Social Welfare History Archives, University of Minnesota.

⁹⁴ Michel Foucault, *Society Must Be Defended: Lectures at the Collège de France, 1975-76*, 1st ed. (New York: Picador, 2003), 256.

blind, the deaf-mutes, the feeble-minded, the epileptic, and other physical and mental weaklings which fill our institutions for defectives and impose an enormous cost upon the community for their support,” as Morrow put it.⁹⁵ In response, the American Social Hygiene Association promised “to organize the defense of the community by every available means, educational, sanitary, or legislative, against the diseases of vice.”⁹⁶

Following these principles, the CTCA established three “lines of defense” to safeguard the health and morality of the U.S. Armed Forces.⁹⁷ First, it developed its own “positive recreational facilities” within military training camps “to take the place of the things we are trying to drive out of business.”⁹⁸ By providing athletic programs, lectures, and even motion picture theaters under direct CTCA control, the CTCA aimed to reduce soldiers’ “temptation to indulge in unwholesome amusements.”⁹⁹ The second line of defense involved repressive measures to control and eliminate prostitution. Over the course of the war, 35,000 women were arrested by the CTCA’s Law Enforcement Division, 15,520 of whom were found to be either infected with venereal disease or guilty of practicing prostitution and subsequently confined to detention homes or reformatories.¹⁰⁰ While “prolonged or permanent custodial care” was sought for women

⁹⁵ Prince Morrow, "Eugenics and Racial Poisons" (1912), 13. American Social Health Association Records, Social Welfare History Archives, University of Minnesota.

⁹⁶ "ASHA Purposes," #13, 1915, American Social Health Association Records, Social Welfare History Archives, University of Minnesota.

⁹⁷ Raymond B. Fosdick, "The Program of the Commission on Training Camp Activities with Relation to Venereal Disease," *Journal of Social Hygiene* 4, no. 1 (January 1918), 72.

⁹⁸ *Ibid.*

⁹⁹ "The Attack on Venereal Diseases."

¹⁰⁰ Stacie Colwell, "'The End of the Road': Gender, the Dissemination of Knowledge, and the American Campaign against Venereal Disease during World War I," in *The Visible Woman: Imaging Technologies, Gender, and Science*, ed. Paula A. Treichler, Lisa Cartwright, and Constance Penley (NYU Press, 1998), 74.

deemed “feeble-minded or incorrigible for other reasons,” the CTCA was aware of the limited capacity of state institutions for the segregation of these “persons so highly dangerous to the public health.”¹⁰¹ Therefore, for a young woman with no history of prostitution, “the aim has been to prevent a routine sentence and to secure instead the kind of disposition necessary to keep her from returning to her former habits for the sake of her own future welfare.”¹⁰² If there seemed to be “a possibility of inducing her to return to a normal way of living,” such a woman would be given an opportunity for “legitimate” work, often subject to “the watchful oversight of some social agency which specializes in the care of girls.”¹⁰³ In the event that the first two lines of defense had been breached, the third measure involved medical testing and treatment for soldiers who had been exposed to infection, who faced court martial if they failed to comply.¹⁰⁴ All soldiers were tested for venereal disease twice a month, and men with active infection were confined to camp without pay until they were no longer contagious.¹⁰⁵

Yet these medical advances alone were not enough to conquer the venereal “menace.” Despite its name, chemical prophylaxis treatment could only be administered after infection; there remained no form of medical immunization to venereal diseases. Therefore the most effective way to prevent disease, many believed, was to educate the individual to avoid exposure. According to Surgeon General William Gorgas, “it is the

¹⁰¹ William F. Snow and Wilbur A. Sawyer, “Venereal Disease Control in the Army,” *Journal of the American Medical Association* 71, no. 6 (August 10, 1918): 459.

¹⁰² “Notes from the War Department CTCA,” *The Social Hygiene Bulletin* (October 1918). American Social Health Association Records, Social Welfare History Archives, University of Minnesota.

¹⁰³ *Ibid.*

¹⁰⁴ Prophylactic treatment consisted of “the cleansing of the parts and the injection of a 2 per cent. protargol solution, or approved equivalent, and the external application of 30 per cent. calomel ointment.” Snow and Sawyer, 458.

individual action and the individual beliefs of the people affected that are finally going to control the disease.”¹⁰⁶ It was this form of preventive education that the hygiene movement championed. While eugenicists advocated sterilization of the “degenerate” (including not only “confirmed criminals” but also those suffering from mental or physical illness), hygienists believed that “[t]he wisest way of eliminating degeneracy is through reconstructive rather than negative eugenic measures,” calling for instruction in the scientific and moral aspects of sex hygiene “addressed to the rising generation, the future fathers and mothers of the race.”¹⁰⁷ Because venereal diseases were “the direct result of wrong and vulgar thinking about sex” that often began in childhood, it was important to give instruction at an early age.¹⁰⁸ Hygienists insisted that “Both boy and girl must be made to feel that right living, right thinking, are not mere personal matters. Boys and girls are responsible not alone for their own behavior but for the behavior of their mates, for the repute of the school, for the honor of the community, for the future of the nation.”¹⁰⁹

Rather than intervening in the health of the population directly through sterilization or other negative eugenic tactics, social hygienists focused on educating individuals as to their responsibility for their own health. Legislation and law enforcement, they argued, were insufficient to control prostitution and venereal disease, because they could not eradicate “the passions and appetites from which they

¹⁰⁵ Ibid., 458.

¹⁰⁶ W.C. Gorgas, “Venereal Diseases and the War,” *Journal of Social Hygiene* 4, no. 1 (January 1918): 6.

¹⁰⁷ Ibid.

¹⁰⁸ Ulrich, “Mothers of America.”

¹⁰⁹ “The Teacher's Part in Social Hygiene,” 1921, 1926, American Social Health Association Records, Social Welfare History Archives, University of Minnesota.

proceed.”¹¹⁰ According to former ASHA President Edward Keyes, “The bright light of our new and wonderful science of hygiene must not blind us to the fact that we are still human, that in youth at least the sexual appetite is indeed man’s [sic] strongest passion, that this passion is indeed the essential cause of venereal disease, and that for the control of this passion we have but one weapon, – the education of the will, moral prophylaxis.”¹¹¹ To this end, hygienists sought to educate the individual about “the grave risks for himself and those dear to him which the thoughtless pleasure-seeker may run, of the feasibility and advantageous results of self-control and personal purity, and of the wisdom of not endangering the highest satisfaction of life for the sake of momentary gratifications of physical desires.”¹¹² By focusing on the health *risk* of particular types of sexual behavior, social hygienists were able to translate the moral danger of promiscuity into a biological threat to the individual and the nation. The need to control “the sexual impulse” was no longer only a question of morality or religion but rather an imperative of physical and social health linking individual responsibility to the defense of racial purity and social order.¹¹³

Educational Prophylaxis and the Making of Hygiene Cinema

Central to the social hygiene approach to inculcating individual responsibility for health was a method that CTCA Navy Director H.E. Kleinschmidt described as

¹¹⁰ AHSA Annual Meeting, Oct 8, 1915, ASHA Second Annual Report, American Social Health Association Records, Social Welfare History Archives, University of Minnesota.

¹¹¹ Edward L. Keyes, Jr., "Morals and Venereal Disease," Morrow Memorial Series (1919) American Social Health Association Records, Social Welfare History Archives, University of Minnesota.

¹¹² AHSA Annual Meeting, Oct 8, 1915.

“educational prophylaxis,” which he suggested was equally, if not more, important than medical prophylaxis in countering the spread of venereal disease. Kleinschmidt believed that “pure, unadorned knowledge” was “[p]erhaps the strongest factor in influencing the actions of men,” providing the foundation for “right action.”¹¹⁴ Yet the experience of hygiene reformers had shown that knowledge alone was not enough to change behavior. Appeals to science and health often proved just as unsuccessful as earlier appeals to religion and morality. Drawing on new theories of mass psychology, social hygienists acknowledged that achieving widespread changes in public health and morality also required an *affective* appeal. Rather than simply informing people of the dangers of disease, social hygienists believed the solution to the venereal problem required “diverting the imagination to emotions joyous and clean” and “inspiring the soul with the highest religious and family and civic ideals.”¹¹⁵ As Kleinschmidt put it, “Knowledge is the electric wire which becomes a transmitter of power only when it has become activated by the living spark of determination or the desire to do.”¹¹⁶

The CTCA incorporated these beliefs into its program for hygiene instruction, which “enlisted the latest techniques of psychology, persuasion, and education to inculcate the men in the ways of sexual continence.”¹¹⁷ As social psychology began to gain traction in the United States—particularly the notion of “propaganda” popularized

¹¹³ Morrow, Prince A., “Health and the Hygiene of Sex,” #49, 1916, American Social Health Association Records, Social Welfare History Archives, University of Minnesota.

¹¹⁴ H.E. Kleinschmidt, “Educational Prophylaxis of Venereal Diseases,” *Journal of Social Hygiene* 5, no. 1 (January 1919): 28.

¹¹⁵ ASHA Second Annual Report (1914-1915), 26. American Social Health Association Records, Social Welfare History Archives, University of Minnesota.

¹¹⁶ *Ibid.*, 31.

¹¹⁷ Brandt, *No Magic Bullet*, 61.

by Edward Bernays and the Committee on Public Information during WWI—public opinion began to be understood as malleable in new ways. “Planting a thought or motive in the mind of another involves the most subtle factor” wrote Kleinschmidt, who suggested that “[i]mpressions and appeals of the right kind must be made again and again, using all the arts of the advertiser and the educator.”¹¹⁸ CTCA reading material for military officers featured not only the latest social hygiene literature but also “important books on the principles of leadership and the science of morale” including Ribot’s *Psychology of the Mob*, and Le Bon’s *The Crowd*.¹¹⁹ The director of the Social Hygiene Instruction Division of the CTCA explained, “In much of the work of the Division, the advice of a committee of expert advertisers has been used to excellent advantage. Psychologically, the processes of selling soap or shoes or automobiles seem closely related to the 'selling' of conduct.”¹²⁰ Drawing on the “unique ideas, methods, and slogans” contributed by these advertising consultants, the CTCA developed and circulated a number of printed materials designed specifically for use in the military, including posters and placards with catchy slogans like “A German bullet is cleaner than a whore!” and “Three hours with Venus means three years with mercury.”¹²¹ In addition to the standard program of lectures and pamphlets that had been in use since the start of the war, the CTCA’s Hygiene Division began to experiment with new technologies, including a new device called a stereomotorgraph, an automatic slide projector that

¹¹⁸ H.E. Kleinschmidt, “Is Education a Worth-While Factor in the Control of Venereal Diseases?,” *Journal of Social Hygiene* 5, no. 2 (April 1919): 230-1.

¹¹⁹ Exner, “Social Hygiene and the War,” 294.

¹²⁰ Clarke, “Social Hygiene and the War,” 272.

proved to be “a very efficient instrument for instruction,” in part due to the novelty of the machine itself.¹²² As part of a larger hygiene display, the stereomotorgraph would be set back in a darker portion of the exhibit tent in order to “pull” in the passerby. “Obviously we are employing some of the methods of the quack and his medical museum,” Kleinschmidt admitted, “but we make no apologies for it.”¹²³

It was this enthusiasm for developing new and innovative methods of hygiene education that led the CTCA to develop its own motion pictures. While the 1914 film *Damaged Goods*, the first commercial film to deal with the topic of venereal disease, had been widely circulated among soldiers (its star, Richard Bennett, was even invited to make appearances in training camps), the development of a feature-length dramatic film specifically for use in the military was the brainchild of Colonel William Snow, who had given up his position as the General Secretary of the American Social Hygiene Association to accept a full-time military assignment during the war. For Snow, *Fit to Fight (FTF)* represented an enlightened, modern approach to venereal disease education. While earlier educational films had been produced by social hygienists with no formal training in film production, Snow was able to secure the participation of Lieutenant E.H. Griffith, who had worked as a director for Thomas Edison, to write and direct the film, which was produced in cooperation with Goldwyn and Metro Pictures Corporations. Created under the auspices of the Surgeon General of the Army and financed by ASHA, *FTF* was completed in January 1918 and put into circulation in army training camps that

¹²¹ Ibid., 272; “V.D. Putting It Up To The Men,” Commission on Training Camp Activities, Exhibit No 49, Folder 2-26, Box 2400, NY 2752, USDC – SDNY, Equity Case Files, E16-61 City of NY v. Silverman, NARA Federal Court Records, New York City .

¹²² Clarke, “Social Hygiene and the War,” 266.

summer. As the “first time in the history of any nation that motion pictures have been used to educate an army in the perils of venereal diseases,” *FTF* was extremely popular with soldiers and soon made compulsory viewing, eventually shown to more than 1.5 million troops.¹²⁴

In contrast to earlier hygiene instructional films, which were little more than illustrated lecture slides, the production of *FTF* as a narrative film represented a new effort to employ the “dramatic element” as part of its appeal. One piece of promotional material for *FTF* described the film as combining “clear statement, impressive emotional appeal, inspiration, action, moral incentive, and at the same time, genuine entertainment.”¹²⁵ Attempting to mobilize the affective power of cinema, the film aimed not only to provide information about venereal disease, but to give the soldier a “strong appeal to keep himself morally clean and physically fit” in order to restrain him from “sex indulgence.”¹²⁶ The story follows five young white men from various class backgrounds who enlist for military service: Billy, a morally upstanding football quarterback; Hank, an ignorant country boy; Chick, a “gilded youth,” Jack, a “philandering cigar salesman”; and Kid, a former boxer who lost his title “training on wine, women, and late hours.” The moral character of each is established when they are pictured first in civilian life; while Billy is shown patriotically beating up a pacifist, Kid ignores Rosie, “the only decent influence in his life,” preferring to go “get stewed” with a

¹²³ Kleinschmidt, “Educational Prophylaxis,” 37-8.

¹²⁴ “Fit to Win.” 1919. American Social Health Association Records, Social Welfare History Archives, University of Minnesota.

¹²⁵ “Fit to Fight: The Story of a Motion-Picture Drama Prepared by the Surgeon General,” Plff’s Exhibit No 10, Folder 2-07, Box 2400, NY 2752, USDC – SDNY, Equity Case Files, E16-61 City of NY v. Silverman, NARA Federal Court Records, New York City

flapper named Cherry Brown. Once the men arrive in camp, they receive a lecture from their company commander on the dangers of venereal disease. The content of the lecture was incorporated as a “preface” to the film, including a full reel of graphic depictions of illness and disability experienced by sufferers of syphilis and gonorrhea filmed at the Army Medical Museum and accompanied by a series of didactic title cards (presumably the same footage shown during lectures that the CTCA provided to actual soldiers). Only Billy and Kid pay attention to the lecture, while Jack and Chick goof off and Hank is embarrassed by the frank discussion of sex. Next, the young men are seen on leave in town, where “two of the boys succumb to the wiles of streetwalkers, while the two others are led by a pimp to a bawdy house” [Fig. 1]. Meanwhile “Billy escapes, preferring to be considered a mollycoddle rather than accompany a prostitute.” On his way back to camp he is approached by “an even more seductive type, the pretty ‘amateur,’” who says “Hello soldier boy, want to have a good time?” Sustained by the thought of his sweetheart, Billy refuses her offer to “treat him right,” telling her that “I’d have to get treated all right, if I fell for you.”

Back in camp, Kid and Jack receive medical prophylactic treatment, but Chick refuses because he “knows it all.” Jack fails to adhere properly to the treatment regimen, however, and he develops syphilis, while Chick comes down with a bad case of gonorrhea. Hank also develops a syphilitic chancre on his lip after kissing “a slovenly harpy” in the bawdy house, even though he was able to escape before “losing his self-respect.” Meanwhile, Kid has taken every opportunity to ridicule Billy, leading to a climactic fight between them in front of the entire company. This fight “is the turning

¹²⁶ Snow and Sawyer.

point in the attitude of the men toward Billy. When he knocks out Kid McCarthy they begin to realize that clean living is a valuable asset to a fighter” [Fig. 2]. Inspired by Billy’s display of pugilistic prowess, Kid not only vows to quit drinking and consorting with women, but even writes a letter home to Rosie, asking for her hand in marriage when he returns. Kid and Billy are the only two men who have the honor of going to war, since Jack and Hank must remain at the base hospital to be treated for syphilis. While they will return to service once they are “no longer a menace to their comrades,” demonstrating the efficacy of medical treatment, Chick is discharged “for disability not incurred in line of duty.”

As “[p]robably the most effective educational method” within the campaign against venereal disease in the military, *FTF* was such a success that the CTCA began to consider the possibilities of showing the film more widely.¹²⁷ As Surgeon General Blue put it, “What this picture has done to keep the Army and Navy clean, it can do for civilian communities.”¹²⁸ The panic over venereal disease during the war had brought new legitimacy to the hygiene agenda, but hygienists knew that military measures alone were not enough to achieve the widespread change in sexual behavior and values they believed were necessary to safeguard the physical and moral health of the nation and “the race” as a whole. Dedicated to a larger goal of “promoting a nation-wide movement for the conservation of human life, efficiency, and morality,” hygiene reformers believed that the

¹²⁷ Wilbur A. Sawyer, Major, M.C., USA, “Venereal Disease Control in the Military Forces.” Reprinted from *American Journal of Public Health* 9, no. 3 (May 1919): 337-345. American Social Health Association Records, Social Welfare History Archives, University of Minnesota.

¹²⁸ Pamphlet: “Fit to Fight: The Story of a Motion-Picture Drama Prepared by the Surgeon General,” June 7, 1919, Plff’s Exhibit No 9, Folder 2-07, Box 2400, NY 2752, USDC – SDNY, Equity Case Files, E16-61 City of NY v. Silverman, NARA Federal Court Records, New York City.

success of the military campaign against venereal disease could be replicated on a much larger scale.¹²⁹ Believing “the time was ripe to plan national educational and constructive propaganda,” William Snow helped to establish the Committee for Civilian Cooperation in Combating Venereal Disease, which initiated a nationwide propaganda campaign and lobbied state boards of health to provide testing and treatment for venereal disease.¹³⁰ In the spring of 1918, this committee was brought under the auspices of the CTCA under its newly expanded social hygiene division. Under the direction of Snow, the division added new sections on men’s work and women’s work in civilian communities. In July a Section on Motion Pictures was established under the direction of Griffith, who edited out some of the more gruesome material from *FTF* and added a new epilogue in preparation to circulate the film among civilian audiences in early 1919 as a feature-length picture called *Fit to Win*. Yet controversy remained over whether women should be allowed to see the picture (while female reformers insisted that it should be shown to women and girls, many men vehemently opposed this idea) and this debate spurred the CTCA to produce a second motion picture designed specifically for female audiences.

Social hygiene education was seen as particularly necessary for this population because, as Section on Women’s Work Director Katharine Bement Davis put it, “war conditions have disturbed the emotional equilibrium of the people and have tended to multiply the intricacies of sex reactions, particularly among young girls brought into

¹²⁹ “The Task of Social Hygiene,” ASHA Second Annual Report (1914-1915), 31. erican Social Health Association Records, Social Welfare History Archives, University of Minnesota.

¹³⁰ William H Zinsser, “Social Hygiene and the War: Part I: Fighting Venereal Disease - A Public Trust,” *Journal of Social Hygiene* 4, no. 4 (October 1918): 501. See also Brandt, *No Magic Bullet*, 78-9.

social contact with the soldier.”¹³¹ Reformers believed that the sight of men in uniform was often enough to spark the “patriotic ardor” of certain young women, making them almost “hysterical in [their] relations with fighting men.”¹³² The CTCA’s measures taken to eliminate prostitution near military training camps revealed the startling fact that most of the women they apprehended were in fact “not professional prostitutes in the accepted sense of the term,” but rather “women and girls who have been prostitutes at irregular intervals during their lives.”¹³³ Social reformers were increasingly concerned about these so-called “patriotic prostitutes” or “charity girls,” as they were known, young women who did not exchange sex for money but rather expected to be paid in “dinners and drives and other good things.”¹³⁴ This display of female sexual agency on the part of young white middle class women was most troubling to an older generation of reformers, who explained that these unfortunate victims must have “succumbed to the emotional conditions produced by the war.”¹³⁵

If the war had given rise to “abnormal” emotional conditions that spelled danger for young women “thrilled with patriotism,” the task for hygiene reformers was to

¹³¹ Katharine Bement Davis, “The End of the Road: The Story of a Motion Picture Drama Prepared for Women and Girls by the War Department,” January 3, 1919: 3. American Social Health Association Records, Social Welfare History Archives, University of Minnesota.

¹³² William H Zinsser, “Social Hygiene and the War: Part I: Fighting Venereal Disease - A Public Trust,” *Journal of Social Hygiene* 4, no. 4 (October 1918): 502.

¹³³ “Notes from the War Department CTCA,” *The Social Hygiene Bulletin* (October 1918). American Social Health Association Records, Social Welfare History Archives, University of Minnesota.

¹³⁴ *Ibid.*

¹³⁵ Joseph Lee quoted in Brandt, *No Magic Bullet*, 80. Young white women’s sexuality had emerged as a site of anxiety with the rise of immigration and urbanization several decades earlier. See Kathy Lee Peiss, *Cheap Amusements: Working Women and Leisure in Turn-of-the-Century New York* (Philadelphia: Temple University Press, 1986); Mary E. Odem, *Delinquent Daughters: Protecting and Policing Adolescent Female Sexuality in the United States, 1885-1920* (UNC Press, 1995); Lauren Rabinovitz, *For the Love of Pleasure: Women, Movies, and Culture in Turn-of-the-Century Chicago* (Rutgers University Press, 1998).

channel and redirect this affective intensity.¹³⁶ It was by “diverting the imagination to emotions joyous and clean” and “inspiring the soul with the highest religious and family and civic ideals” that hygienists hoped to avert such moral and physical threats.¹³⁷ Unlike lectures and pamphlets, moving pictures offered a unique affective modality that hygienists believed could impress audiences more effectively. “One advantage of the motion picture as a teacher,” wrote Kleinschmidt, “is its strong appeal to a man's imagination, thus bringing its lesson home more clearly than is possible through the spoken word.”¹³⁸ Davis noted that there was “a large group of girls in each community who care little for lectures” but who would attend a motion picture “if the opportunity is offered them.”¹³⁹ For Davis and her fellow reformers, it was precisely these pleasure-seeking movie-goers who were at greatest risk and therefore in urgent need of guidance. Cinema not only provided the means to reach this elusive population, but also constituted an ideal instrument for capturing their attention and redirecting it toward the “higher ideals” that hygienists believed were the solution to the venereal problem. According to Kleinschmidt, “A great amount of ‘education’ which the public will not otherwise swallow is today successfully administered via the sugar-coated cinematograph pill.”¹⁴⁰

Motion pictures not only had the advantage of reaching audiences of non-native English speakers, but the dramatic qualities of the cinematic form promised to make “a much more lasting impression on the mind of the average man than a dozen books

¹³⁶ Katharine Bement Davis, “Social Hygiene and the War: Part II: Women’s Work,” *Journal of Social Hygiene* 4, no. 4 (October 1918): 532.

¹³⁷ ASHA Second Annual Report (1914-1915), 26. American Social Health Association Records, Social Welfare History Archives, University of Minnesota.

¹³⁸ Kleinschmidt, “Educational Prophylaxis,” 34.

¹³⁹ Davis, “Social Hygiene and the War,” 557.

would.”¹⁴¹ According to Harvard psychologist Hugo Munsterberg’s landmark 1916 study of film, the cinematic form had a unique capacity to “excite and to intensify the personal feeling of life and to stir the depths of the human mind.”¹⁴² Even more so than live performance, Munsterberg argued that motion pictures functioned to play on the “involuntary attention” of the audience. The technical qualities of cinema, from the rapid pace of action to lighting and the ability of the camera angle to focus on only one aspect of the drama at a time combined to generate a more intense physiological and emotional response. As one particular thing becomes intensified, Munsterberg explained, “We feel that our body adjusts itself to the perception” and “Our ideas and feelings and impulses group themselves around the attended object.” Motion pictures not only appealed to the viewer’s imagination to “stir up our feelings and emotions,” but also “play[ed] on our suggestibility” to implant wholly new thoughts and ideas. While Munsterberg warned that depictions of crime or immorality could be dangerous for “impressionable” audiences, he was ultimately optimistic for the “tremendous influences for good which may be exerted by the moving pictures.” The high degree of suggestibility for the “millions are daily under the spell of the performances on the screen” meant that “any wholesome influence emanating from the photoplay must have an incomparable power for the remolding and upbuilding of the national soul.”¹⁴³

¹⁴⁰ Kleinschmidt, “Educational Prophylaxis,” 33-4.

¹⁴¹ Letter from L.C. Buckley, General Secretary for Shreveport Provident Association to President of State Board of Health of LA, Aug 2, 1918, Exhibit 47, Folder 5-01, Box 770, NY 2752, USDC – SDNY, Equity Case Files, E16-61 City of NY v. Silverman, NARA Federal Court Records, New York City.

¹⁴² Ibid.

¹⁴³ Hugo Munsterberg, *The Photoplay: A Psychological Study* (New York: D. Appleton and Company, 1916), <http://www.gutenberg.org/files/15383/15383-h/15383-h.htm>.

The End of the Road (TEOTR) was designed specifically for female audiences, as a means to inspire them to “a finer philosophy of life, a more wholesome attitude of mind, and a higher standard of morals.”¹⁴⁴ Davis wrote the script, using scenarios “drawn from actual life” depicting “a possible crisis in the lives of certain types of American girls.”¹⁴⁵ This crisis, of course, was illustrated by the unthinkable horror of venereal infection, which the film represented as “the often inevitable price of loose living, ignorance, thoughtlessness, and irresponsibility.”¹⁴⁶ Davis and her fellow social hygiene reformers envisioned *TEOTR* as a way “to stimulate and strengthen the efforts being made to teach the womanhood and girlhood of our country the vital need of right social adjustments.”¹⁴⁷ Financed by the Young Women’s Christian Association and directed by Griffith, *TEOTR* featured Richard Bennett, the star of *Damaged Goods*, the first venereal disease drama to gain popularity in the United States several years earlier. Inspired by the success of *Damaged Goods* and *FTF*, *TEOTR* adhered to the conventions of melodrama in order to strengthen its educational message. While “the fundamental idea of the film” was educational, Davis explained, *TEOTR* also delivered “the moral inspiration which follows any exposition of fine examples and standards of living contrasted with those of the opposite camp.”¹⁴⁸ This contrast was put forth starkly in the opening title card for the film, which read: “Two roads there are in life. One reaches upward – toward the land of

¹⁴⁴ Ibid., 4.

¹⁴⁵ Davis, “The End of the Road,” 3.

¹⁴⁶ Ibid.

¹⁴⁷ Ibid.

¹⁴⁸ Ibid.

perfect love. The other reaches down into the dark valley of despair where the sun never shines.”¹⁴⁹

The main plotline follows the lives of two girls, Mary and Vera, who start out as childhood friends. Mary receives frank and honest sex education from her mother at a young age and grows up to be a high-minded young woman who turns down a marriage proposal in order to attend nursing school, later nobly volunteering for service during the war [Fig. 3]. Mary’s “winning personality and capacity for sympathetic understanding” attract the attention of Dr. Bell, and the film ends with their engagement against the backdrop of American victory on the battlefield. Vera, on the other hand, whose mother refuses to explain to her where babies come from, learns about the “sordid physical secret” from an irresponsible older girl, and grows up concerned more with her looks than with her duty to society. Encouraged by her “scheming” mother to find a wealthy husband, Vera becomes a shop girl in New York. Attracted by a rich man with a flashy car, Vera moves into his apartment, believing he means to marry her. Despite Mary’s warnings, Vera “step by step goes along the road that leads in the end to disease, desertion, and disgrace.”¹⁵⁰ After being abandoned by her lover, Vera turns to Mary for help and discovers that she herself has been infected with syphilis. Overcome by rage and despair, Vera refuses treatment, until Dr. Bell and Mary take her on a tour of a hospital to see the effects of the disease.

As a paragon of virtue who did not have to forgo a career in order to “find happiness at the end of the road,” Mary represented the ideal professional “new woman”

¹⁴⁹ Ibid., 1.

¹⁵⁰ Davis, “Social Hygiene and the War,” 557.

that women hygiene reformers espoused (and whom Davis herself exemplified). Vera, on the other hand, portrayed the “type” of girl to whom the film was primarily addressed: girls who have “no real desire to do wrong,” but whose frivolous pursuit of selfish pleasure threatened to lead them down the wrong path.¹⁵¹ Indeed, it is Vera, rather than Mary, who undergoes a transformation over the course of the film; while Mary steadfastly adheres to her morals throughout the script, Vera must be “cured” of her ignorance and poor choices, which have resulted in her infection. Demonstrating the power of modern science to cure venereal disease, the film anchors moral authority in the figure of professional medicine, represented by Mary and Dr. Bell. The medical treatment Vera receives thus parallels her own moral redemption; unlike many “fallen woman” films, this story ends happily. After adhering faithfully to her course of treatment, Vera is declared cured and obtains a job in a munitions factory, where she “finds for the first time the happiness that comes from faithful service unselfishly performed.”¹⁵²

Whether or not audiences of *TEOTR* shared Davis’s enthusiasm for happiness in unselfish service to capitalist militarism (indeed, it seems possible that they may have viewed Vera’s factory job and lack of husband as punishment rather than reward), they certainly couldn’t have missed the more overt message that it is Mary, rather than Vera, who is rewarded with “the road of marriage, home-making and parenthood – the road to the truest happiness.”¹⁵³ By framing the path to heteromonogamous happiness as one of adherence to bourgeois norms of sexual restraint and “clean living,” *TEOTR* attempted to suture the voyeuristic pleasures of melodrama to the medico-moral imperatives of social

¹⁵¹ Ibid., 557.

¹⁵² Davis, “The End of the Road,” 7.

hygiene. Davis noted that the scenario for the film was “most carefully worked out in consultation with physicians on the side of fidelity to medical fact, and with teachers as to the psychological effect.”¹⁵⁴ Physicians working with factory girls had found, she reported, that this population was more easily reached through appeals to “patriotism rather than physical or moral incentives.”¹⁵⁵ Davis clearly hoped that Mary’s noble patriotism would inspire a generation of girls to make the “right” choices. While Mary herself defers marriage in order to serve her country, ultimately her patriotic sacrifice is rewarded with the honor of marriage and (presumably) motherhood. Yet the inclusion of the love story between Mary and Dr. Bell, which Davis “believed to be necessary to hold the interest of the young women who see the film,” was ultimately far less emotionally compelling than Vera’s ordeal of “disease, desertion, and disgrace” [Fig. 4].¹⁵⁶ It is Vera’s seduction and infection by Howard that more closely resembles “the classic melodramatic scenario of the passive and innocent female victim suffering at the hands of a leering villain.”¹⁵⁷ From her anguished sobs when she begs Howard not to leave to her fear and horror when confronted with the spectacle of disease and disability in the hospital scene (discussed below), it is Vera’s suffering that has the greatest affective impact on the viewer. While Mary provides an inspirational, if unattainable moral ideal for the female spectator, Vera’s displays of abjection generate the desire to avoid her plight.

¹⁵³ Ibid., 8.

¹⁵⁴ Davis, “Social Hygiene and the War,” 557.

¹⁵⁵ Ibid., 552.

¹⁵⁶ Ibid., 558.

¹⁵⁷ Linda Williams, “Film Bodies: Gender, Genre, and Excess,” *Film Quarterly* 44, no. 4 (July 1, 1991): 8.

Like *TEOTR*, *FTW* made a strong appeal to patriotism and honor in order to teach men that “self-respect” and “clean living” go hand in hand. The narrative device of the film works effectively, though not with great subtlety, to evoke identification with Billy’s strength of character, which is depicted in stark contrast to the physical and moral weakness of the other characters. As Kleinschmidt put it, “In following the story of the film one cannot resist a feeling of admiration for ‘Billy’ Hale and a desire to measure up to Billy’s standards and ideals.”¹⁵⁸ A psychological study of the film’s impact on audiences found this to be the case, noting that showing the infected men “in strong contrast to the ‘fit’... will probably touch the inferiority complex of the majority of men who see the picture. The desire to be superior, to gain leadership and promotion, to be hailed as a hero, or to avoid the shame of the infected men is played upon in some of the most dramatic scenes in the picture.”¹⁵⁹ By deploying its own shaming tactics to question the honor and manhood of the men who become infected, ridicule is “made to serve a useful purpose.”¹⁶⁰ Jack, Hank and Chick are emasculated as “useless slackers” who are a drain on the strength of the nation. Impotent, they remain in the training camp, “heartbroken over their lost opportunity,” while Billy and the Kid manfully sail off to war. In the epilogue, Chick, who was “so hopelessly crippled with gonorrhoeal rheumatism as to necessitate his discharge,” is depicted at home with his parents, embittered and “still suffering from his ‘wound of dishonor.’” Domesticated and feminized, Chick’s loss of manhood is represented prosthetically by the cane he uses.

¹⁵⁸ Kleinschmidt, “Educational Prophylaxis,” 31.

¹⁵⁹ Karl S. Lashley and John B. Watson, “A Psychological Study of Motion Pictures in Relation to Venereal Disease Campaigns,” *Journal of Social Hygiene* 7, no. 2 (April 1921): 190.

¹⁶⁰ Kleinschmidt, “Educational Prophylaxis,” 30.

Unaware of the true real reason for his discharge, his mother clucks over him, while his father, who knows the truth, despises him. If, as Rosemary Garland-Thomson observes, “the non-normate status accorded disability feminizes all disabled figures,” the film actively works to link disease with feminization.¹⁶¹

While the narrative organization of the film was clearly designed to appeal to (and help to produce) a masculine affinity for pugnacious action (indeed, the climactic scene is pictured as a boxing match), as Linda Williams points out, we should not let “the virility of action fool us into thinking that it is not melodrama.”¹⁶² Insofar as *FTW* is directly engaged in the project of asserting its own form of moral legibility through the “dialectic of pathos and action,” we need to understand its mode of address, like that of *TEOTR*, as fundamentally melodramatic. The viewer is invited to sympathize with Billy’s plight as he is ridiculed by his fellow soldiers, only to prove his moral superiority in the end. It is the recognition of this virtue that “orchestrates the moral legibility that is key to melodrama’s function.”¹⁶³ While the film operated diegetically to reinscribe normative masculinity, this project was compromised by its melodramatic mode of address, associated primarily with excessive emotionality and feminine sentimentality. Even as it unabashedly mobilized conventions of melodramatic pathos in its effort to win sympathy and support for Billy, the film disavowed this implicit feminization of its viewers, instead projecting feminized suffering onto the other men. Hank and Jack are described as “heartbroken,” a term most often associated with the genre of sentimental romance, while

¹⁶¹ Rosemarie Garland Thomson, *Extraordinary Bodies: Figuring Physical Disability in American Culture and Literature* (Columbia University Press, 1997), 9.

¹⁶² Linda Williams, *Playing the Race Card: Melodramas of Black and White from Uncle Tom to O.J. Simpson* (Princeton University Press, 2002), 21.

Chick suffers from a “wound of dishonor,” implying a psychic hole. Designed to appeal specifically to the “inferiority complex” of men watching the film, these figures, while pathetic, do not generate true pathos but rather a fear of shame that stems from a fragile and far-from-coherent masculinity.

By rescripting masculinity as synonymous with continence, the film inverts the traditional association of manhood with virility and the “sowing of wild oats.” This reversal is accomplished, however, by associating emasculation with illness and disability; it is not their moral failings but their physical condition that make the remaining men unfit for duty. Insofar as venereal disease was considered the greatest cause of disability in army, it literally threatened to “unman” the military, illustrating the biopolitical definition of “ability” as service to the nation (and specifically, ability to die for one’s country). By suturing masculinity to patriotism and able-bodiedness, *FTW* obscured the irony that even as the army demanded “fit” soldiers, it was subjecting them to conditions of war that tended to be rather more hazardous than a case of venereal disease. The very real conditions of psychic and bodily harm inherent to military service are entirely disavowed, as suffering itself is rescripted as a shameful mode of psychic and bodily emasculation projected onto the film’s various anti-heroes. Through the affective conventions of melodrama, the film sought to manage the inherent contradictions within the requirements of a vigorous and active, yet ultimately self-sacrificing national masculinity. Here the screen became an interface for the affective governance of gender, suturing personal investments in white masculine honor and privilege to the project of nationalist militarism.

¹⁶³ Ibid., 29.

By equating health with the pleasures of heteronormative happiness while associating sexual misconduct with the fear and shame of physical disability, both *FTW* and *TEOTR* mobilized specific affects in order to pathologize deviance and disability and instill a eugenic ideal of “healthy” monogamous heterosexuality. In this process, they helped to construct a specific set of racialized sexual practices as not only moral, but also “healthy” for the individual and society as a whole. In both films all of the main characters are white, illustrating how eugenic anxieties over racial “degeneration” focused primarily on the vulnerability of the white body to infection, and venereal disease was portrayed as a threat to white characters from a range of class backgrounds (while Mary and Vera were both from upper-middle class families, several of the subplots featured working-class women who were also victims of desertion or in one instance, attempted rape). In this sense, *FTW* and *TEOTR* were instrumental in helping to consolidate what Julian Carter calls the “homogenization of whiteness,” by uniting white characters from various class backgrounds around the ideal of monogamous reproductive heterosexuality.¹⁶⁴ By portraying a “domestic, marital, and reproductive mode of sexual expression” as the only form of sexuality that was “consistent with health and happiness,” these films helped to facilitate an affective investment in white heteronormativity as healthy and desirable.¹⁶⁵

Fear, Freaks, and the Spectacle of Disability

¹⁶⁴ Carter, 121.

¹⁶⁵ *Ibid.*, 122.

In case appeals to the “high ideals” of patriotism, honor, and motherhood failed to achieve their objectives, however, both *FTW* and *TEOTR* made use of the “element of fear,” which, according to Kleinschmidt, formed “the backbone of practically every preventive medicine educational campaign.”¹⁶⁶ Both films employed shockingly graphic clinical images, which one reviewer described as “actual views of diseased men and women, with the ugly sores exposed to view and the many symptoms of syphilis shown in more or less detail.”¹⁶⁷ As Richard Eberwein has noted, the depiction of clinical cases of venereal disease had first been introduced by *Damaged Goods*, the 1914 film remake of Eugene Brieux’s play about venereal disease. According to one reviewer, the cinematic techniques employed in the film far outstripped the earlier live theatrical version. Unlike the stage, the motion picture screen brought the spectator “into deeper, details, giving vivid visual illustrations and a close view of the disease in actual action. The camera even invaded the sacred interior of an institution where it pictured patients suffering from the so-called tertiary stage and brought forth the paralyzed and twisted form for ‘close-up’ inspection.”¹⁶⁸ Similarly, *FTW* and *TEOTR* asserted their own scientific authenticity by claiming to exhibit “real life” examples, featuring what one journalist called “[n]auseating close-ups showing the ravages of venereal disease.”¹⁶⁹ The clinical scenes were filmed in actual hospitals, and these claims to veracity were used to market the films. An article about *TEOTR* reported that “incidents of the story were taken from real life cases that came under the observation of Katharine Bement Davis while she

¹⁶⁶ Kleinschmidt, “Educational Prophylaxis,” 29.

¹⁶⁷ R. W. Baremore, “‘Fit to Win’ Warning Against Social Evil,” *Exhibitors Trade Review*, April 12, 1919, 1437.

¹⁶⁸ Cited in Eberwein, 18.

was Commissioner of Correction in New York.”¹⁷⁰ The film not only based its characters on “real” people, but also showed “real” effects in the form of the illness and disability displayed on screen. “Realism of the most striking sort is used in this picture,” Davis assured.¹⁷¹

The cinematic techniques of the films amplified the affective impact of these images, by employing close-ups and cross-cutting to heighten their sensational impact. As Martin Pernick has suggested, hygiene films “dramatized the shocking ugliness of disease victims, in an effort to make the causes of disease seem repulsive.”¹⁷² One reviewer of *FTW* noted that the prologue was “rather gruesome, but it is probably necessary to drive home the lesson and to make the drama itself more clearly understood and more impressive to the spectator.”¹⁷³ In this sense we need to understand these arresting displays of bodily difference as an instance of what Tom Gunning calls the “cinema of attraction.”¹⁷⁴ Common among early silent films, the cinema of attraction operated according to a logic of exhibitionistic display, rather than narrative voyeurism. Foregrounding shock and sensation, it aggressively subjected the spectator to a “sensual

¹⁶⁹ ‘Fit to Fight’ Will Be Heavily Sheared in Dallas.” *Moving Picture World*, June 28, 1919.

¹⁷⁰ William Edward Mulligan, “Thousands Flock to See Hygiene Film: Police Called When Overflow Crowds Surged at Doors of St. Paul Auditorium to See ‘The End of the Road,’” *Moving Picture World*, January 4, 1919, 100.

¹⁷¹ Davis, “The End of the Road,” 3.

¹⁷² Martin S. Pernick, “More than Illustrations: Early Twentieth-Century Health Films as Contributors to the Histories of Medicine and Motion Pictures,” in *Medicine’s Moving Pictures: Medicine, Health, and Bodies in American Film and Television*, ed. Leslie J. Reagan, Nancy Tomes, and Paula A. Treichler (University Rochester Press, 2008), 29.

¹⁷³ Baremore, 1437.

¹⁷⁴ Tom Gunning, “The Cinema of Attraction: Early Film, Its Spectator and the Avant-garde,” *Wide Angle* 8.3, no. 4 (1986): 63–70.

or psychological impact.”¹⁷⁵ By assaulting the viewer directly, Eric Schaefer explains that this form of spectacle “invariably exerts an immediate, affective response in the spectator: loathing or lust, anxiety or amazement.”¹⁷⁶

Clearly, the filmmakers intended to harness the affective power of these images in order to evoke disgust, repulsion, and fear of venereal disease. In their study of the psychological effects of *FTW* and *TEOTR*, Lashley and Watson found that many scenes were “calculated to arouse fear of infection,” particularly those “showing active cases and infection by contact.”¹⁷⁷ As “the chief motivating agent to which the film appeals,” fear of infection was found to be one of the main emotions aroused by *FTW*, along with “horror at the pictured effects of venereal diseases.”¹⁷⁸ Likewise, a supporter of the film argued that the graphic images functioned as “a powerful deterrent.” He found that “The cause and effects of those baneful diseases are graphically presented in a manner that must serve as a stern warning to the innocent and as a bitter draft to the morbid... Purity is everywhere exalted, and its opposite is shown in impressive pictures that must fill everyone with horror and loathing for the vile thing.”¹⁷⁹

In *FTW*, the clinical footage was set apart from the rest of the drama as a “prologue,” situating this exhibition firmly within the diegetic framing of an educational lecture. The film clearly aimed to manage the affective impact of these images within the

¹⁷⁵ Ibid., 66.

¹⁷⁶ Eric Schaefer, “*Bold! Daring! Shocking! True!*”: *A History of Exploitation Films, 1919-1959* (Duke University Press, 1999), 76.

¹⁷⁷ Karl S. Lashley and John B. Watson, “A Psychological Study of Motion Pictures in Relation to Venereal Disease Campaigns,” *Journal of Social Hygiene* 7, no. 2 (April 1921): 191.

¹⁷⁸ Ibid., 199.

controlled environment of the military lecture (and within the simulated military lecture represented in the film). In *TEOTR*, however, the clinical scene was integrated into the narrative of the film, as Dr. Bell and Mary bring Vera to the hospital to convince her to seek treatment for her infection. Filmed in the women's wards of Blackwell Island, New York, the examples pictured were advertised as "real" cases, and while considerably less graphic than the footage shown to soldiers, one reviewer of *TEOTR* complained that "the detail registered as to the effects of disease is rather too much for the ordinary stomach."¹⁸⁰ This scene not only portrays the arresting spectacle of disease and disability but also functions as a key turning point in the narrative, providing the moral and scientific lesson that convinces Vera to agree to treatment. As Vera is first introduced to cases of locomotor ataxia, she seems to register boredom and confusion, before a slight look of concern crosses her face. Next, Dr. Bell and Mary show her a case of gruesome skin lesions, and Vera becomes increasingly more distressed, leaning on Mary and Dr. Bell for support. When she is confronted with a woman whose face is malformed, Vera gasps and covers her eyes in shock, deeply upset [Fig 5]. By juxtaposing close-ups on Vera's face with close-ups on increasingly disturbing physical manifestations of disease, this scene mixes melodrama (Vera's wide-eyed anguish) with the cinema of attraction (luridly graphic depictions of bodily illness). The viewer is invited to identify with Vera's horror at the same time as she is visually assaulted with the sensational spectacle of diseased bodies, producing a sense of discomfort and dis-ease.

¹⁷⁹ Statement by district chairman of the Board of Instructions, April 5, 1919, Exhibit 19, Folder 5-01, NY 2752, USDC – SDNY, Equity Case Files, E16-61 *City of NY v. Silverman*, NARA Federal Court Records, New York City.

¹⁸⁰ "Sex Disease Propaganda," *The Film Daily* (October 12, 1919).

According to Laura Marks, cinema is a fundamentally sensory experience, rather than a purely audio-visual one. Marks argues that this haptic quality of cinema invites the viewer “to respond to the image in an intimate, embodied way,” thus facilitating “the experience of other sensory impressions as well.”¹⁸¹ As Linda Williams argues, melodrama is marked as a “low” cultural form in part because of its emotional impact on the spectator. Because of their “lack of proper esthetic distance” and “over-involvement in sensation and emotion,” melodramatic films raise the possibility that “the body of the spectator is caught up in an almost involuntary mimicry of the emotion or sensation of the body on the screen.”¹⁸² By mixing the voyeuristic pleasure of narrative melodrama with the shocking spectacle of “gruesome” illness and disability, these films threatened to expose the instability of the boundaries between “respectable cinema” and more vulgar forms of entertainment such as the circus and the freak show.

Building on a long tradition of exhibiting what Rosemarie Garland-Thomson calls “extraordinary bodies,” the emergence of the historically specific form of the American freak show was the result of a conjunction between scientific investigation and mass entertainment in the mid-nineteenth century.¹⁸³ Combining “the drama and costuming of the theater with the more sober conventions of the scientific exhibit,” freak shows walked a fine line between education and entertainment, as scientists and entertainers vied for control over the exhibition of the anomalous body, often borrowing techniques from one

¹⁸¹ Ibid., 2.

¹⁸² Ibid., 4-5.

¹⁸³ Thomson, *Extraordinary Bodies*.

another.¹⁸⁴ Initially heralded as morally uplifting and educational, with the professionalization of medical and scientific expertise in the early twentieth century freak shows began to lose legitimacy.¹⁸⁵ While freak shows continued as a major form of cultural entertainment into the 1940s, they competed with an emerging medical model of disability that saw “extraordinary bodies” as unfortunate maladies that must be normalized and “cured.” As part of this process, mentally and physically deviant bodies were increasingly confined to institutions, concealing abnormality from view.¹⁸⁶

At a moment when the rise of medical expertise and institutional pathologization existed uneasily alongside vestiges of what were increasingly considered distasteful forms of exhibition and entertainment, sex hygiene films threw this tension into relief by bringing those bodies hidden from view once again before the public eye. These films authorized the power of medical institutions to “fix” such deviance, even as the camera provided a voyeuristic lens into the forbidden realm of bodily difference.¹⁸⁷ Claiming to represent modern scientific hygiene education, the films nonetheless employed techniques of spectacular display more common to “lower” forms of live entertainment. By framing the freakish display of nonnormative embodiment within the neat and orderly environment of the hospital, the film sought to naturalize the role of medical professionals and institutions as the proper authorities for dealing with “anomalies,”

¹⁸⁴ Rachel Adams, *Sideshow U.S.A.: Freaks and the American Cultural Imagination* (University of Chicago Press, 2001): 29.

¹⁸⁵ Robert Bogdan, “The Social Construction of Freaks,” in *Freakery: Cultural Spectacles of the Extraordinary Body*, ed. Rosemarie Garland Thomson (NYU Press, 1996), 27.

¹⁸⁶ *Ibid.*, 15.

¹⁸⁷ Annette Kuhn makes the important argument that hygiene films “participate in the discursive and institutional construction of public health by authorising – literally by giving authority to – science as a

thereby contributing to the larger medicalization of disability. Yet this attempt to reimagine institutions for the physically and mentally “defective” as sites of rehabilitation and cure rather than confinement was undermined by the conflation of disease with criminality, evidenced by the space of Blackwell Island as both hospital and prison. Indeed, the hospital scene in *TEOTR* intends to teach Vera a lesson in the power of modern medicine, but this power can only be revealed through the spectacle of its failure: instead of showing her people who have been cured (no doubt less aesthetically impactful), Dr. Bell and Mary show her “the effects of the disease *untreated*.” Here the figure of medical authority becomes no more than a roadshow man, whose job it is to draw back the curtain to reveal the spectacle of grotesque bodies on display.

Nowhere is this more evident than in a brief moment when Vera meets a hospital inmate whom Dr. Bell informs her was “once the mistress of a banker in New York.” Described in the script as an “old hag,” the woman appears disheveled and wild-eyed, bitterly proclaiming to Vera, “Yes, I’ve got syphilis, but I’ll give it to a few men before I die!” before grabbing her own hair in rage [Fig. 6]. A stock character in hygiene dramas, the embittered fallen woman not only signified the explicit threat of venereal contagion, but also the social cost of disease in terms of her own damaged femininity. While other fallen woman characters in the film are portrayed primarily as victims of ignorance or male lust, this scene depicts the horror of female desire. Unlike the other patients, who sit quietly until it is their turn to display their misfortune for the camera, this woman speaks back, challenging medical authority and demonstrating her own sexual agency. As a

means of securing the health of the public (of the social, as much as the sexual) body.” Kuhn, *Cinema, Censorship, and Sexuality*, 59.

manifestation of both disease and criminality, her murderous desires collapse moral and physical difference into the monstrosity of dangerous female sexuality. Interestingly, in the script Davis originally intended this scene to include a flashback showing the mistress's former life as "a beautiful young woman," yet this was excised from the film.¹⁸⁸ While the flashback would have established an even more explicit warning to girls like Vera of the horrors that awaited them if they took the wrong road, it also challenged the widely held social belief that there was a certain "class" of women who were "naturally" immoral and dangerous. This belief, after all, was at the heart of the U.S. military's approach to venereal disease prevention, and served to justify the repressive measures leveled at women whom the CTCA found to be "incorrigible."¹⁸⁹ The monstrous depiction of the former mistress, then, appealed to this view that certain women were beyond rehabilitation, while at the same time representing the horror of female sexual agency as in need of containment and regulation.

While the film tried to control this threat by confining her within the *mise-en-scène* of the hospital, the affective intensity of this spectacular performance could not be entirely contained. The diegesis of the film relied on this horrifying display of monstrous female desire as a scare tactic to ensure adherence to behavioral norms of proper sexual conduct, yet as Jacques Derrida suggests, the event of monstrosity exceeds efforts to yoke it to normalizing projects. Rather, the "impossible moment" of its emergence signals the monstrous as something radically new, marking the possibility for transformation.¹⁹⁰ I suggest that the spectacular performance by the former mistress could be read as a

¹⁸⁸ Davis, "The End of the Road."

¹⁸⁹ Snow and Sawyer, 459.

monstrous form of becoming through its own capacity to deliver an affective shock. Indeed, as Vera and Mary turn away, the woman's rage seems to turn to cackles of delight as she reaches out toward them in a gesture of mad defiance, reminding us that the affective intensity of her performance reached beyond the frame, forming its own lines of flight.

Race, Risk, and Responsibility

After witnessing this scene of monstrosity, Mary says to Vera, "Don't you see now why it would be criminal for you to go on without being treated?" While it was common for social hygienists to refer to sexual misconduct in general as "criminal," in light of the fact that Blackwell Island was home to not only a hospital but also a notorious prison, this turn of phrase connected disease more overtly with criminality, and confinement. In the face of these horrors, Vera finally acquiesces, realizing that the road she had taken leads only to "the dark valley of despair" represented literally by Blackwell Island as the home of criminals and the diseased. Moreover, the darkness of the valley is signified literally by the black bodies who populate Blackwell. The hospital scene includes a lengthy shot of a group of blind African American children playing ball, as well as several images of black female patients suffering from syphilis and gonorrhea. These shots collapse racial difference and physical disability as black bodies come to metonymically represent disease, (re)producing dominant associations between blackness and syphilis that would later become fatally linked in the infamous Tuskegee syphilis experiment. As a site of racial mixing, the hospital scene also functioned to associate the

¹⁹⁰ Amit S. Rai, "Of Monsters," *Cultural Studies* 18, 66. 4 (2004): 553.

threat of venereal infection with the threat of miscegenation. The spectacle of disease and disability that Dr. Bell and Mary hope will scare Vera into seeking treatment happens within the racially mixed space of the hospital, emphasizing the threat of racial, as well as sexual contamination. A number of the blind children of color appear to be racially mixed, linking congenital gonorrhoea to miscegenation (considered a criminal at the time in thirty states, although not in New York). Indeed, Vera's horror at the gruesome display of bodily nonnormativity cannot be dissociated from what we might imagine to be the horror of a middle class white woman confronted with the "intermingling" of races and classes.

Grounded in widespread cultural assumptions about black female promiscuity and the construction of syphilis as a black disease, blackness functions within these films as a visual signifier of moral and physical contagion. The only other scenes in the versions I viewed that include black bodies both feature black actresses in minor roles as servants. In addition to the racism, sexism and classism of these casting choices, it is interesting to note that in both films, the servants appear in scenes connected to moral dissolution and venereal infection. In *FTW*, a black maid works at the brothel that is the site of moral transgression for all of the men except Billy, and the site where Hank, Chick and Jack contract venereal disease. The character of the maid not only evokes cultural associations of blackness with sexuality promiscuity, but her presence as a literal gatekeeper (she answers the door and lets the men into the brothel) lends additional weight to the physical and moral transgression of these men as they cross the color line. If racist fears around "degeneration" threatened retrogression to a more "primitive" evolutionary state, the

racialized figure of the brothel maid symbolized the “backward” trajectory that these characters were following by engaging in illicit sexual acts.

Similarly, the only nonwhite character in *TEOTR* is the “colored maid” who serves cocktails to Vera and Howard in his apartment. As the site of Vera’s seduction and contraction of syphilis, Howard’s apartment signifies moral and physical dissolution. Stacie Colwell has pointed out that the presence of alcohol and cigarettes also help to connote improper conduct (Vera is pictured drinking and smoking in Howard’s apartment, acts that social hygienists believed to lead to the loosening of sexual restraint). Like the maid in the brothel, the presence of the black female body as a symbol of moral and physical contagion marks this space as sexually dangerous. As Evelyn Hammonds has demonstrated, the black female body was not only historically constructed as sexually uncontrollable, but also defined as a “source of corruption and disease” specifically in relation to syphilis.¹⁹¹ Within this scene, the seemingly insignificant role of the black servant operates as a visual marker of sexual misconduct. As the symbolic embodiment of syphilis, the black female body represents the threat of contamination, as the maid facilitates Vera’s downfall by literally serving her alcohol.

Significantly, however, these films resist locating the black body as the actual site of venereal infection. Whereas venereal disease had been historically represented by images marking the bearer as sexually excessive, deviant, and physically disfigured, *FTW* and *TEOTR* depart from this tradition, instead illustrating how even “normal-looking” individuals may be a source of infection. While overtly eugenic films such as *The Black*

Stork (1917) represented the source of venereal disease as originating in blackness (the result of a liaison between the main character's dissolute "ancestor" and a "dirty slave"), *FTW* and *TEOTR* demonstrate how even "clean-looking" (white) girls or wealthy white men may prove to be carriers. Whereas eugenicists indulged in fantasies that the "taint" of physical and moral deformity arose from racial mixing, the CTCA's experience with "charity girls" had taught them that the source of venereal infection was more likely to come from squarely within the white middle class. As Billy warns his company, "You'll meet plenty of the wrong kind of girls who'll say they want to give you a good time."¹⁹² While prostitutes and women of color had long been figured as the source of infection for venereal disease, *FTW* also suggested that men were at risk from other "normal-looking" (white) women.

This threat was clearly represented by the character of Cherry Brown, the glamorous and fun-loving flapper who prefers the Kid "lickered up." Described in the film synopsis as the "paramount evil influence" on Kid's life, Cherry presents a convenient foil to "Just Plain Rosie McCabe," the guardian of morality who loves Kid when he's sober and "scolds him when he's drunk." In keeping with the tendency of hygiene pictures to polarize representations of "good" and "bad" femininity, Kid's moral rehabilitation is portrayed as his decision to stop consorting with girls like Cherry, and instead to pledge his love to Rosie. Yet while Cherry is described in the film synopsis as a "cabaret type of prostitute," no such description appears in the title cards of the film,

¹⁹¹ Evelyn Hammonds, "Toward a Genealogy of Black Female Sexuality: The Problematic of Silence," in *Feminist Genealogies, Colonial Legacies, Democratic Futures*, ed. M. Jacqui Alexander and Chandra Talpade Mohanty (Psychology Press, 1997), 172.

leaving the audience to make their own deductions as to her source of income. Cherry's only sins depicted in the film include wearing fashionable clothing and jewelry and drinking alcohol; unlike the women later pictured in the brothel, Cherry does not appear to be a "professional prostitute." Instead, she represented what Davis described as the "girl who has already crossed the line and becomes herself a temptress," who not only posed a threat to the sexual health of men, but also "furnishes a dangerous example to girls of weak will and unsatisfied desires" by "earning money easily" and "dressing more showily."¹⁹³ As Janet Staiger has argued, cinema in the 1910s reflected a set of larger debates around femininity, consumption, and sexuality, in which inappropriate female desire threatened the social order.¹⁹⁴ In this case, Cherry's "showy" furs and jewelry might produce envy in other girls, leading them on the dangerous path of "self-indulgence and thoughtlessness."

Rather than mapping discourses of physical contagion onto the vilified figure of the prostitute, *FTW* emphasizes that venereal contagion is threatening precisely because it is *not* confined to the bounded territory of the brothel. While the prostitute remained a privileged vector for disease, *FTW* also illustrated the newfound notion that soldiers could also potentially contract VD from a girl of their own social class. The CTCA warned that "All loose women are dangerous, and any man who goes with one, no matter how clean she may look or whatever she may say, runs the risk of getting a terrible

¹⁹² *Fit to Win* Titles, Exhibit 4, Folder 3-01; NY 2752, USDC – SDNY, Equity Case Files, E16-61 City of NY v. Silverman, NARA Federal Court Records, New York City; original emphasis.

¹⁹³ Katharine Bement Davis, "Social Hygiene and the War: Part II: Women's Work," *Journal of Social Hygiene* 4, no. 4 (October 1918): 533.

¹⁹⁴ Janet Staiger, *Bad Women: The Regulation of Female Sexuality in Early American Cinema* (U of Minnesota Press, 1995).

disease.”¹⁹⁵ It was no longer simply prostitutes who were dangerous, but any woman, “no matter how clean she may look.” Once informed of this risk, it was up to the individual to make the correct choices (like Billy) or pay the price. As Allan Brandt points out, “keeping fit to fight” was a matter of individual responsibility and patriotic duty; contraction of VD became a form of national betrayal.¹⁹⁶

While *FTW* may have blurred the boundaries between prostitutes and “all loose women,” the film still clearly depicted women as the primary vectors for contagion. *TEOTR*, on the other hand, reversed this script, instead representing innocent women at risk from *men*. As Stacie Colwell points out, *TEOTR* was the only sex hygiene film within the entire genre that did not present women as the source of infection, undoubtedly due to the influence of Davis and other female reformers.¹⁹⁷ In addition to Vera’s seduction by the dastardly Howard, a variety of other subplots also depict innocent women being led to ruin. One plotline follows the tragic story of Mrs. Elbridge, a patient of Dr. Bell whose unfaithful husband Russell passed gonorrhea on to her and their son, who was born blind. Mrs. Elbridge finally requests to have “the operation, which every year hundred of thousands of women must undergo because of some man’s criminal folly.” When Dr. Bell reminds her that it means she will never be able to have another child, Mrs. Elbridge nods bitterly and tells him that she never wants “to bring another child into the world to pay as little Russell is paying, for the sins of his father” [Fig. 7]. This scene, largely irrelevant to the rest of the plot, mobilizes the figure of disability to

¹⁹⁵ "Keeping Fit to Fight" (1918), 8. American Social Health Association Records, Social Welfare History Archives, University of Minnesota.

¹⁹⁶ Brandt, *No Magic Bullet*, 66.

¹⁹⁷ Colwell, “The End of the Road.”

evoke pity rather than fear, evidenced by Lashley and Watson's findings that "scenes dealing with blind children" also made "a strong emotional appeal to sympathy for the innocently infected."¹⁹⁸ Dressed in white, "little Russell" is the figure of innocent victimhood, while also denoting the threat of venereal disease to the future of "the race." Evoking the melodramatic temporality that Linda Williams describes as the "too late!", Russell's congenital blindness signifies the "melancholy of loss" of a fantasy of white able-bodied manhood.

Building on a tradition of female purity reform that called for a "single standard" of sexual morality among both men and women, *TEOTR* places responsibility for the infection of innocents on immoral men, rather than immoral women. Yet at the same time, Howard and Mr. Elbridge are not represented as villains as the conventions of melodrama might require. Rather, the film suggests that the real culprit is a Victorian attitude toward sex and ignorance of proper instruction in matters of sex hygiene. As Dr. Bell tells Mrs. Elbridge, "The ignorance, prudery, and false standards of our fathers are more to blame than your husband." In fact, it is the responsibility of men *and* women to attack these conditions in order to bring an end to venereal disease. As Davis argued, "Women must recognize their responsibility for existing conditions and that a very great part of this responsibility is the promotion of education in these matters."¹⁹⁹ Women needed to protect themselves and each other, by insisting upon a single standard, resisting temptation, and helping to provide sound scientific and moral education to their daughters. It was, after all, because her mother failed to provide her with this "vital

¹⁹⁸ Lashley and Watson, 191.

knowledge” that Vera was led astray, also failing to recognize her own risk for syphilis. As CTCA lecturer Mabel Ulrich wrote, sex education involved “far more than merely giving children the facts of existence, or warning youth of the dangers of disease. It includes the entire field of morals, and of health, and of manners, and of social and racial responsibility.”²⁰⁰ Like *FTW*, *TEOTR* sought to make its viewers “think that you too have a responsibility in this campaign, that we need your encouragement and your co-operation to help us control this plague.”²⁰¹

By portraying disease and disability as things that could happen to even the white middle class, these films helped to shift the discourse around disability from a static division between normality and pathology to a conception of what we would now term “risk,” in which the barrier between illness and health was tenuous at best. Even as *FTW* and *TEOTR* continued to pathologize certain populations (namely prostitutes and people of color), they generated a new discourse around risk management and responsibility for health that blurred distinctions between “normal” and “abnormal.” By depicting all classes and races at risk of contracting venereal disease, these films work not simply to draw a line between healthy white bodies and unhealthy black bodies, but rather to establish a continuum along which risk for infection is distributed. The line of patients that Dr. Bell and Mary shows to Vera in the clinical scene functions as a visual signifier of this continuum, emphasizing that disease and disability do not only happen to

¹⁹⁹ Katharine Bement Davis, “Women’s Education in Social Hygiene,” *Annals of the American Academy of Political and Social Science* 79 (September 1, 1918): 170.

²⁰⁰ Ulrich, “Mothers of America.”

²⁰¹ Testimony of Mabel Regnier, Transcript of Record, Filed June 21, 1919, Folder 2-05, Box 2400, NY 2752, USDC – SDNY, Equity Case Files, E16-61 City of NY v. Silverman, NARA Federal Court Records, New York City.

racialized others, but to everyone. At one end of the continuum is the always already pathologized black body, yet it is precisely its proximity rather than distance from the other (white) patients that makes this figure so threatening. In a departure from earlier representations of venereal contagion, *TEOTR* emphasizes that girls like Vera will not be protected by their racial or class status, but are also at risk. As Stacie Colwell has pointed out, however, the film itself involved very little in the way of concrete scientific information about contagion and treatment of venereal disease.²⁰² Rather, the film mobilized the threat of disease and disability as a warning to avoid the kind of “fast” life that girls like Vera were likely to fall into.

By appealing to fear and disgust in order to promote personal responsibility for health, both *FTW* and *TEOTR* generated and circulate a set of affective intensities that often exceeded the representational economy of the films themselves. As Annette Kuhn has argued, it is precisely because of its potential entertainment value that film always threatened to exceed its purpose as a pedagogical instrument. Cinema ultimately proved an unstable medium for the social hygiene agenda, insofar as the films produced a number of unintended reactions among audience members, censors, and industry critics.

Affective Circuits of Contagion

On Friday, December 13, 1918, a crowd of 4,000 people “surged about the doors of the St Paul Auditorium,” becoming so unruly when they could not gain admission that “police reserves were called to quell the riot”; it took nearly two hours for them to clear

²⁰² Colwell, “The End of the Road.”

the streets.²⁰³ The next night, thousands more flocked to the Minneapolis Auditorium, where arrangements had been made for two additional shows, and “it was with difficulty that the police maintained order.”²⁰⁴ As the first public screening of *TEOTR*, the riots in St. Paul and Minneapolis presaged the tumultuous public reception of these films. Whereas *FTF* had been exhibited in the “orderly” environment of the military camp, the decision to exhibit *FTW* and *TEOTR* film in commercial motion picture theaters set in motion new circulations of bodies and affect. The overwhelming popularity of the films, evidenced by the public demand in St. Paul and Minneapolis, as well as consistently high box office returns, signaled to some an *unhealthy* interest in the subject matter on the part of the public.

While the CTCA reformers who produced the films sought to employ cinematic techniques to inculcate fear of disease and inspire their audiences to a new standard of health and morality, critics argued that rather than inculcating sexual morality, the films were more likely to arouse “idle curiosity,” and loosen “sex inhibitions,” threatening to create desires where they did not exist before.²⁰⁵ Conservative and religious critics were concerned about the affective power of the images upon “suggestible” audiences who might misunderstand the films as entertainment rather than education. For populations who were considered to lack a well-developed sense of will power, these critics worried that the vivid impressions of the screen could incite imitation, understood as “the tendency of the individual to experience sympathetically the emotional states and

²⁰³ *Moving Picture World* (January 4, 1919).

²⁰⁴ *Ibid.*

instinctive behavior of other individuals whose conduct he has occasion to perceive and pay attention to.”²⁰⁶

As Lisa Blackman argues, it was not until the rise of the psy-disciplines in the mid-twentieth century that psychic life came to be understood as a primarily individual phenomenon; rather than containing psychic processes within a notion of bounded interiority, “the borders and boundaries between self and other were considered porous and permeable.”²⁰⁷ Prominent thinkers such as Gabriel Tarde, William James and Henri Bergson were interested in practices of mental touch, hypnosis and voice hearing because these intrasubjective relations pointed to the ways in which affect was distributed across a wider psychic field. Theories of “suggestion” and “imitation” had recently gained currency within the emerging fields of sociology and social psychology, which sought to develop theories of group behavior in response to newfound concerns about urban “disorder,” particularly crime rates and labor unrest. Tarde’s influential book *The Laws of Imitation* (published in English in 1903) argued that imitation was a “fundamental social fact” and human beings were naturally open to the suggestion of others.²⁰⁸ In his analysis of crowd behavior, Gustave Le Bon argued that individuals in crowds behaved like “the hypnotized subject,” liable to act irrationally and impetuously in response to the behavior

²⁰⁵ Letter from Vincent DePaul McLean of United Catholic Works, Affidavit filed May 7, 1919, Exhibit 17. Folder 3-02, Box 770, NY 2752, USDC – SDNY, Equity Case Files, E16-61 City of NY v. Silverman, NARA Federal Court Records, New York City.

²⁰⁶ Geiger, 77.

²⁰⁷ Ibid., xiv.

²⁰⁸ Lee Grieveson, “Cinema Studies and the Conduct of Conduct,” in *Inventing Film Studies*, ed. Haidee Wasson and Lee Grieveson (Duke University Press, 2008), 7.

of those around them.²⁰⁹ According to Le Bon, in a crowd, suggestion “implants itself immediately by a process of contagion in the brains of all assembled.”²¹⁰

The development of motion pictures brought new urgency to the study of crowd behavior and susceptibility to imitation and suggestion. Because social scientists understood visual impressions to be “for the majority of people, the most vivid and the most lasting,” the new technology of film threatened to amplify the effects of these psychological processes.²¹¹ Le Bon explained that images were particularly dangerous, as nothing had “a greater effect on the imagination of crowds than theatrical representations,” leading him to advocate for governmental regulation of motion pictures.²¹² As we recall, psychologist Hugo Munsterberg also found the power of suggestion to be especially strong in relation to cinema. “The spellbound audience in a theater or in a picture house is certainly in a state of heightened suggestibility and is ready to receive suggestions,” he wrote. In this context, “*The intensity with which the plays take hold of the audience cannot remain without strong social effects.*” The dramatic and technical effects of cinema could even produce sensory hallucinations and illusions, which could “*become as vivid as realities, because the mind is so completely given up to the moving pictures.*”²¹³ At their worst, moving pictures could even lead to

²⁰⁹ Ibid..

²¹⁰ Cited in Richard Butsch, “A History of Research on Movies, Radio, and Television,” *Journal of Popular Film & Television* 29, no. 3 (Fall 2001): 115.

²¹¹ Geiger, 69.

²¹² Grieveson, “Cinema Studies and the Conduct of Conduct,” 8.

²¹³ Munsterberg; original emphasis.

“psychical infection and destruction.”²¹⁴ By intensifying the dangerous possibilities of suggestion, the cinematic apparatus itself threatened new forms of affective contagion.

Rather than preventing promiscuous behavior, New York City Licensing Commissioner John Gilchrist argued that *FTW* would increase it, by weakening “the minds and morals of both sexes.”²¹⁵ Likewise, the editor of *America* insisted that by making a “sex appeal to imagination,” the film’s “unclean images” would lead “inevitably” to immorality.²¹⁶ “The initial temptation is not physiological but psychological,” he wrote. “It begins in the imagination and thence proceeds to the body and thus breaks down the will.” Similarly, the editor of *The Catholic World* was concerned that by depicting “very suggestive, however well-meaning, facts,” the clinical reels in *FTW* might have an effect opposite to its intention. “The sexual is the most slippery and anarchic of the passions,” he wrote. “In no sphere is suggestion more powerful and quick of action.”²¹⁷

Suggestion was understood to be especially powerful within the already suspicious moral space of the commercial theater, a place of recreation, which reformers knew too well often meant cheap thrills and titillating images. Those who could sympathize with the educational merits of the films themselves were nevertheless concerned about the viewing conditions of the commercial moving picture house.

²¹⁴ Ibid.

²¹⁵ Deposition of John F. Gilchrist, April 24, 1919, Folder 3-01, Box 770, NY 2752, USDC – SDNY, Equity Case Files, E16-61 City of NY v. Silverman, NARA Federal Court Records, New York City.

²¹⁶ Letter from RH Tierney, Editor of “America,” Exhibit 11, Affidavit filed May 7, 1919, Folder 3-02, Box 770, NY 2752, USDC – SDNY, Equity Case Files, E16-61 City of NY v. Silverman, NARA Federal Court Records, New York City.

According to John Burke of *The Catholic World*, the “atmosphere” of the movie hall was “if not sexually stimulating... at least far from inhibitive.”²¹⁸ Another critic pointed out that the film was originally made to be shown in military camps “in an orderly manner, free from the coarseness and vulgar laughter prevalent at the paid amusement show.”²¹⁹ Whereas the viewing conditions of an army encampment might dampen the film’s potential to arouse unruly sentiment, movie houses were likely to provide the opposite effect. Of particular concern was the presence of women who regularly patronized the theaters. Gilchrist himself did not have a problem with showing the film within a military camp, but strongly objected to its exhibition “*to promiscuous, indiscriminate audiences of all and widely divergent grades of intelligence.*”²²⁰ As we have seen, women, children, and immigrants who made up the bulk of the movie-going population were understood to be particularly susceptible to the power of suggestion, and therefore needed to be protected from obscene material that had the potential “to deprave and corrupt the mind, or to excite lustful or sensual desires.”²²¹ The moral of the story might well be lost on the “immature mind” of the child, gripped by “[t]he dramatic, the spectacular, the heroic.”²²² “We know only too well the army of little children who visit the movie houses,” wrote

²¹⁷ Letter from John J. Burke of *The Catholic World*, Exhibit 13, Affidavit filed May 7, 1919, Folder 3-02, Box 770, NY 2752, USDC – SDNY, Equity Case Files, E16-61 City of NY v. Silverman, NARA Federal Court Records, New York City.

²¹⁸ *Ibid.*

²¹⁹ Letter from John S. Sumner, New York Society for the Suppression of Vice, Exhibit 10, Affidavit filed May 7, 1919, Folder 3-02, Box 770, NY 2752, USDC – SDNY, Equity Case Files, E16-61 City of NY v. Silverman, NARA Federal Court Records, New York City.

²²⁰ Appellant’s Brief, Filed June 17, 1919 on behalf of John F. Gilchrist, Folder 6615-01, Box 2400; NY 2752, USDC – SDNY, Equity Case Files, E16-61 City of NY v. Silverman, NARA Federal Court Records, New York City; original emphasis.

²²¹ *Ibid.*

²²² Geiger, 81.

one concerned clergyman. Regardless of the age requirements, he found “the danger of contaminating these – ‘our little ones’” to be “too great.”²²³ Likewise, McGuire agreed that there could be merit to showing clinical scenes and moral lessons to audiences of men only, but found the legends to be “shockingly indecent” in light of the “balcony filled with women.”²²⁴

The erotic effects of the films on audiences were of sufficient concern that the Interdepartmental Social Hygiene Board provided a \$6600 grant to the Psychological Laboratory of Johns Hopkins to conduct a study of “the informational and educative effect upon the public” of these films.²²⁵ According to the study, viewing *FTW* did not “produce any sexual excitement in the great majority of the men,” and in fact actually produced a “temporary inhibition of sex impulses.”²²⁶ While the film itself did not provoke untoward sexual thoughts, the conditions for exhibition were a different matter; when “shown to a mixed audience its disturbing effects are much greater,” leading to “a relaxing of sex inhibitions in the younger members of the audience and to flippant and suggestive discussion of the picture.”²²⁷

Like other hygiene films, *FTW* and *TEOTR* aimed to stimulate audience interest in their subject, in the hope of channeling that interest toward socially productive ends. In this sense, the question of pleasure and desire was central: not just manufacturing it or prohibiting it, but managing it, directing it, and modulating it. Desire needed to be created

²²³ Letter from Vincent DePaul McLean.

²²⁴ Letter from Edward J McGuire, Member of Committee of Fourteen, Affidavit filed May 7, 1919, Exhibit 10, Folder 3-01, Box 770, NY 2752, USDC – SDNY, Equity Case Files, E16-61 City of NY v. Silverman, NARA Federal Court Records, New York City.

²²⁵ Lashley and Watson, 181.

²²⁶ *Ibid.*, 200.

in order for audiences to attend the picture in the first place; and surely, exhibitors along with the filmmakers knew that advertising a film with mandatory gender segregation and no children allowed would add to its intrigue. Indeed, some critics charged that if the film were in fact morally decent, it should not require sex segregation. Rather than providing a moral bulwark, Burke argued that the practice of segregating audiences by sex “emphasizes its ‘sex’ appeal and impression.”²²⁸ Sensationalistic advertising was *de rigueur* for the commercial exhibition of hygiene pictures, leading trade industry reviews to emphasize the need for “proper” exhibition of *FTW* and *TEOTR*. One review warned exhibitors to “Be careful not to play this up in a sensational way. If you do you’ll most surely kill it and bring down a heap of protest on your head.”²²⁹ In its quest for respectability as a form of middle class “family” entertainment, the motion picture industry wanted to differentiate itself from lower class amusements. But the logic of capital was more concerned with profits than class distinctions, and despite the strict government guidelines around how to advertise the films, exhibitors of *FTW* and *TEOTR* often employed “sensational” methods of advertising that threatened to undermine the moral authority of the film. A full-page advertisement for *Fit to Win* in *Moving Picture World* called it “The Film that Warns Against Sex Disease Perils, depicting Life Truths in startlingly Plain Terms, with the wiles of unfit women dramatically revealed.”²³⁰ Another theater advertised *FTW* as “Naked Dramatic Revelation of Sex [and] Truth Combined

²²⁷ Ibid., 200.

²²⁸ Letter from John J Burke.

²²⁹ Baremore.

²³⁰ *Moving Picture World*, April 5, 1919, 26.

with a Gripping Heart Throbbing Love Story.”²³¹ Clearly, PHS and ASHA had lost control over how these films were being exhibited to the public, as these advertisements appealed to the very “prurient interests” that they wanted to avoid.

While it is difficult to ascertain exactly what kind of audience response *FTW* and *TEOTR* received, several of Gilchrist’s advisory board members who saw the film in a commercial setting commented on the unruly nature of the audience. McGuire found “The remarks of some of the young men in the audience” to be quite as indecent as the film itself, while Sullivan reported that during the brothel scenes, “the moralizing must be forgotten altogether, for the audience just boisterously laughs out as if sated somewhat with the orgy suggested.”²³² “The attitude of the spectators,” Sumner wrote, “clearly indicated the alleged educational aim of the exhibition was a complete failure.”²³³ A disorderly audience threatened to compromise the principles behind the exhibition of hygiene films, exposing the instability of the boundaries between education and entertainment.

In his comprehensive study of the exploitation film genre, Eric Schaefer writes that the exhibition of hygiene pictures was “far from orderly,” eliciting a range of “unacceptable” responses from the audience, including “hooting, groans, fainting, vomiting, and more.”²³⁴ Schaefer argues that the event of attending sex hygiene films was

²³¹ Cited in Alexandra M. Lord, *Condom Nation: The U.S. Government’s Sex Education Campaign from World War I to the Internet* (JHU Press, 2010), 32.

²³² Letter from Edward J. McGuire, Member of Committee of Fourteen; Letter from Francis Sullivan, counselor-at-law, Affidavit filed April 30, 1919, Exhibit 7, Folder 3-01, Box 770, NY 2752, USDC – SDNY, Equity Case Files, E16-61 City of NY v. Silverman, NARA Federal Court Records, New York City.

²³³ Letter from John S. Sumner.

²³⁴ Schaefer, 46.

intensified by “their carnivalesque presentation” that “served to spark anticipation in audiences as they entered the theater.”²³⁵ Rooted in earlier entertainment practices such as the carnival and the circus, the “ballyhoo” surrounding the exhibition of the film itself added to its affective intensity. It wasn’t just the content of the films but also their “advertising, exploitation, and exhibition” that created a “delirious” experience for the audience.²³⁶ Like other forms of entertainment including the theater and the carnival, the act of viewing a motion picture during this period was far from a passive one. As Miriam Hansen has argued, early cinema constituted an alternative public sphere in which “the mobilization of audience participation as a *collective activity*” conflicted with the passivity required of classical cinema spectatorship.²³⁷ Viewing a sex hygiene film was “a kinetic experience, one that moves bodies to the theater, through the theater, and even while seated in the theater.”²³⁸ At screenings of *TEOTR*, one UK exhibitor reported that “We had to cope with the fact that at each performance someone was almost certain to faint,” noting that the proportion of those who lost consciousness was ten men to one woman.²³⁹ The experience was “relentlessly tactile,” insofar as the film itself was “only part of a much larger cinematic assemblage.”²⁴⁰ As the riots in Minneapolis and St. Paul suggest, the exhibition of *FTW* and *TEOTR* generated their own bodily responses and affective intensities. In this sense, “the tactile and contagious quality of cinema” served to

²³⁵ Ibid., 95.

²³⁶ Ibid., 94.

²³⁷ Miriam Hansen, *Babel and Babylon: Spectatorship in American Silent Film* (Harvard University Press, 2009), 248; original emphasis. See also Jonathan Auerbach, *Body Shots: Early Cinema’s Incarnations* (University of California Press, 2007).

²³⁸ Jillian Lee Smith, “Between Sense and Sensation: American Documentary in Daily Life” (Pennsylvania State, 2002), 118.

²³⁹ Kevin Brownlow, *Behind The Mask Of Innocence* (Random House LLC, 2013), 69.

undermine their pedagogical intentions.²⁴¹ While the films sought to manage this affective power by incorporating it into a melodramatic narrative of proper reproductive heteronormativity, the circulation and exhibition of this spectacular excess produced its own ecologies of sensation, creating new potentially disruptive forms of desire.

Conclusion

FTW and *TEOTR* circulated affective economies that far exceeded their educational intentions, generating a number of unintended reactions among audience members, censors, and industry critics. While the films proved popular with audiences in a number of cities, they continued to run into censorship issues. *TEOTR* was banned by a police commission in Providence in May and by the Pennsylvania State Board of censors in July.²⁴² On July 10, 1919 the New York District Court of Appeals upheld Commissioner Gilchrist's right to ban *FTW*. Finding that the license commissioner must exercise discretion "with a view to the moral and physical welfare of the public," the final decision held that the commissioner had "honestly concluded that the exhibition of the film to mixed audiences will be injurious to decency and morality."²⁴³

Meanwhile, the National Association of the Motion Picture Industry (NAMPI) targeted *FTW* and *TEOTR* specifically in a nationwide campaign to "clean house" and rid the motion picture industry of "suggestive or salacious pictures."²⁴⁴ Issuing an ultimatum

²⁴⁰ Smith, 114.

²⁴¹ Marks, xii.

²⁴² "Providence Barring," *Variety*, May 1919.

²⁴³ *Silverman v. Gilchrist*, Circuit Court of Appeals, Second Circuit, July 10, 1919. No. 241.

²⁴⁴ "Association Goes After 'Fit to Win': National Industry Body Terms Film Improper for Public Showing – Hygiene Worker Takes Exception," *Moving Picture World*, May 24 1919.

to exhibitors threatening blacklisting by every producer and distributor in the Association if they continued to show hygiene films, NAMPI effectively cut off all legitimate commercial channels for exhibition. Furthermore, in July the District Attorney of New York accused the officials involved with the production of *FTW* and *TEOTR* of graft, charging that the films were originally not intended for commercial profiteering. While the films continued to receive enthusiastic endorsement from state health departments and hygiene organizations, the turmoil over their circulation eventually led the federal government to abrogate its support. By August, the *New York Clipper* reported that the Public Health Service had withdrawn its endorsement of all sex hygiene films, including *FTW* and *TEOTR*. Assistant Surgeon General Pierce clarified that this did not mean that the government no longer considered motion pictures “a valuable means of spreading sex education.” However, the bureau could not “allow its backing to be used to further private interests.”²⁴⁵

Schaefer notes the irony that it was these government-sponsored films (rather than a number of other somewhat more salacious pictures on similar topics) that precipitated the industry crackdown on all hygiene pictures.²⁴⁶ As the motion picture industry began to consolidate around the “classical Hollywood” feature film in the years following WWI, it argued that movie theaters should be sites of entertainment, rather than education. *Wid’s Daily* editorialized that *TEOTR* “is absolutely not the sort of production that should be shown in film theatres as entertainment.” While agreeing that propaganda

²⁴⁵ “U.S. to Stop Endorsing Films: Privilege has been abused” *New York Clipper*, August 6, 1919, 33.

²⁴⁶ At a conference in 1921, a group of top film directors adopted a self-regulatory code called “Thirteen Points or Standards” that condemned the production or exhibition of films with problematic content,

could be effective against venereal disease, this author argued that “the government is making a mistake in trying to handle propaganda work of this sort through the medium of the regular film theatres, whose business it is to present entertainment.”²⁴⁷ Likewise, a review of *FTW* found that the film represented “conclusive proof... as to the tremendous value of propaganda by pictures,” but argued that it “cannot be considered entertainment.”²⁴⁸ The problem with these hygiene films was that they walked the line between entertainment *and* education; designed not as instructional films but rather as narrative dramatic features, these films refused to adhere to the boundaries being drawn by both censors and industry at this time.

Even after both films were officially banned from commercial theaters, however, they continued to circulate in official and unofficial capacities. Health agencies and other civic organizations continued to hold screenings in non-commercial venues, and by 1926, one health educator claimed that *TEOTR* had been shown to eight million people.²⁴⁹ As late as the mid-1930s the associate director of ASHA reported that “In spite of the fact that costumes and technique became old-fashioned and even ludicrous, these films continued to be shown and to be received by the public with interest.”²⁵⁰ Meanwhile, the controversies over the content and exhibition of sex hygiene films led directly to the self-censorship of the motion picture industry with the formation of the Motion Picture

including films that “exploit[] interest in sex in an improper or suggestive form or manner.” See Schaefer, 37.

²⁴⁷ “Sex Disease Propaganda.” *The Film Daily*, Vol 8-9, October 12, 1919.

²⁴⁸ “Very Forceful Propaganda That Tells Plain Facts in Human Way,” *The Film Daily*, Vol 7-8, April 13, 1919, 5.

²⁴⁹ Thomas C. Edwards, “Health Pictures and Their Value,” *Annals of the American Academy of Political and Social Science* 128 (November 1, 1926): 137.

Producers and Distributors of America (MPPDA) under Will Hays in 1922, laying the foundation for the adoption of the Motion Picture Production Code in 1930. This new industry regulation likewise spurred the emergence of the exploitation genre, which took up the topic of sex hygiene with enthusiasm and continued to exhibit hygiene pictures on the roadshow circuit and in less reputable venues well into the 1950s. In one particularly ironic twist, exploitation producer Samuel Cummins managed to get hold of the clinical footage from *FTW* and added it to an existing hygiene picture, which he re-released under the title *The Naked Truth* in 1924.²⁵¹

While *Fit to Fight* had been hailed as a novel cinematic weapon to safeguard the health of the military during the war, the controversy over *FTW* and *TOETR* demonstrated that the popular movie theater proved too unstable to serve as a platform for the social hygiene agenda. Yet even as these short-lived films failed in their goal of curbing venereal disease (indeed, by the 1930s rates were at an alarming ten percent²⁵²), they illustrate how motion pictures emerged during this time period as a site of governmentality, introducing new cultural ideals and practices around preventive health and sexual behavior. By mobilizing the apparatus of popular cinema, the hygiene movement pioneered the extension of health governance into mass mediated public consciousness, or what Bill Hughes terms the “medicalization of everyday life.” I have argued that *FTW* and *TEOTR* represented the emergence of a new form of affective governance that sought to shape conduct through structures of feeling developed through

²⁵⁰ Jean B. Pinney, “The Motion Picture and Social-Hygiene Education,” *Journal of Educational Sociology* 10, no. 3 (November 1, 1936): 161.

²⁵¹ Schaefer, 170.

²⁵² Brandt, *No Magic Bullet*, 129.

cinematic techniques of melodrama and spectacle. The films attempted to generate desire for health, even as they linked healthy desires to a particular set of normative prescriptions for sexual, racial, and gendered behavior and embodiment.

While hygiene films helped to shift the locus of responsibility for public health to individuals themselves, they also participated in the strengthening of state power. In this sense we need to see this shift in health governance as uneven and incomplete, reinscribing certain forms of disciplinary power even as it introduced new topologies of control. After all, it was precisely because state institutions were underfunded and inadequate that Congress allocated \$1 million during the war for the creation of new detention centers and reformatories for women as part of a “civilian quarantine and isolation fund.”²⁵³ As a result of the hygiene campaign, a number of states passed laws requiring individuals to get medical certificates of health before marriage, and many employers began to screen employees for venereal disease. While there had been widespread resistance on the part of physicians to reporting venereal cases prior to the war, thanks to efforts on the part of the Civilian Committee to Combat Venereal Disease a number of states began to require official reporting.²⁵⁴ Meanwhile, the PHS began to produce sex education films to be shown in public schools, teaching children to take responsibility for their own health and hygiene. By extending the temporality of preventive health, the social hygiene movement helped to introduce novel forms of self-surveillance, bringing individuals and populations into newly intimate relationships with modern forms of privatized expertise along with state institutions.

²⁵³ Ibid., 88.

²⁵⁴ Ibid., 79.

As the controversy over the exhibition and circulation of these films demonstrates, however, the affective intensity of the films always threatened to exceed their utility as educational tools. The films' potential to arouse "idle curiosity" and "prurient interest" compromised their own moral project. Just as Vera's innocent ignorance led to the development of a "queer rash" that turned out to be syphilis, suggestible audiences might be similarly infected by the dangerous desires represented on the screen. As they sought to shape the sexual and social conduct of potentially unruly populations, the architects of *FTW* and *TEOTR* hoped to mobilize the desires of the public in order to channel them productively, yet at the same time they could not entirely control the affective excess produced through the media assemblages they helped to construct. As the riots in Minneapolis and St Paul suggest, the constellation of bodies, knowledge, and desire did not always adhere to the filmmakers' intended formula. Even as they tried to direct and channel desires into a "proper" direction, hygiene films could not entirely capture the affective flows that spread promiscuously, threatening their own forms of contagion.

Chapter II

“Feel Better, Look Better, Live Longer”: Postwar Fitness Television and the Shaping of Self-Help Culture

The battle against unfitness, against disease, against weakness, will never be over; it must be continuous.

- General Lewis Hershey, Director, Selective Service System, 1956²⁵⁵

The job is never done. So long as we live, we must work on ourselves.

- Jack LaLanne, 1960²⁵⁶

Introduction

On the morning of its national television premiere in 1959, *The Jack LaLanne Show (TJLS)* opened on a muscular man in his mid-40s standing in front of what appeared to be a large picture window in a suburban living room. Looking directly into the camera, LaLanne introduced himself and thanked his viewers for letting him into their homes “You know,” LaLanne said, rubbing his hands together, “there has been so much talk of late about the importance of exercise, the importance of better nutrition, the importance of positive thinking. All of these things we are going to learn together. I like to consider myself as your personal physical instructor and your health consultant, coming into your home every day.”²⁵⁷ Addressing viewers as his “students,” LaLanne informed them “I’m here for one reason and one reason only: to show you how to feel better, and look better, so you can live longer. Please keep your dial right where it is,

²⁵⁵ Lewis Hershey, “Need for a campaign for physical fitness.” June 17, 1956. Papers of John F. Kennedy. Presidential Papers. President’s Office Files. Departments and Agencies. Council on Youth Fitness, February 1961–November 1962.

²⁵⁶ Jack LaLanne, *The Jack LaLanne Way to Vibrant Good Health* (Englewood Cliffs, NJ: Prentice Hall, 1960), 220.

because I want to become real good friends with you.” With an enthusiastic smile, LaLanne promised to show his viewers “how much fun and how easy exercise— well I don’t like to call it exercise, I call it trimnastics – how much fun it really can be.” Dressed in his signature tight-fitting jumpsuit and ballet slippers [Fig. 8], LaLanne cajoled his “students” up on their feet, directing them to “Put your hands on your hips, now lift your right leg, then your left leg. I’m sure you can do it!”²⁵⁸

Every morning for the next twenty-five years, LaLanne delivered his “trimnastics” program to households across the United States with unflagging enthusiasm. A self-taught fitness enthusiast and former bodybuilder who had opened one of the first health clubs in the country, LaLanne helped to integrate a program of systematic exercise and strength training into the fabric of daily living through his postwar period television broadcasts. While LaLanne was neither the first nor the only health entrepreneur to take advantage of broadcast media, his show soon eclipsed other early radio and television fitness programs to become a national phenomenon.²⁵⁹ Whereas in previous decades doctors had often advised against exercise, particularly for women, LaLanne’s show helped to normalize the idea that daily exercise routines could lead to greater physical and emotional health. The new medium of television gave LaLanne access to the intimate domestic space of his audience (“coming into your home every day”), allowing him to construct an affective relationship with each viewer (“I want to

²⁵⁷ *The Jack LaLanne Show*, Episode 1, 1959, <https://www.youtube.com/watch?v=y61Bz5JxD-s>

²⁵⁸ *Ibid.*

²⁵⁹ *TJLS* was predated by a number of other health and exercise programs broadcast on local radio and television stations, a few of which also gained national syndication. Yet *TJLS* was by far the most successful and longest-running. By 1965 this show had expanded to 80 American cities and was viewed by

become real good friends with you”) based on his own investment in their physical and mental health (“I’m here for one reason and one reason only: to show you how to feel better, and look better, so you can live longer”). As both an authority on health and an ordinary person with “real-life” experience, LaLanne represented a new kind of expert who guided and inspired individuals (“as your personal physical instructor and your health consultant”) to pursue their own personal therapeutic projects of self-improvement. Emphasizing “how much fun it really can be,” LaLanne offered his audience a pleasurable form of working on the self in which viewers felt empowered to take control of their own bodies and by association, their health and happiness. Blurring the boundaries between work and leisure, *TJLS* transformed domestic space into a place of self-making, where one could apply new technologies of the self in the comfort of one’s own living room. While dieting and fitness regimes had been popularized in the United States since the health reform movement in the 1830s, television offered new techniques for shaping bodies, reconfiguring the relationship between health, pleasure, and popular media.

TJLS rose to national prominence during a period in which Cold War anxieties over the declining “vigor” of the nation spurred national initiatives to revamp physical education and increase participation in sports and other forms of exercise. In response to alarming research demonstrating that American children lagged far behind their European counterparts in terms of physical strength and fitness, President Eisenhower established the President’s Council on Youth Fitness in 1956, later renamed the President’s Council

an estimated audience of 40 million. See Shelly McKenzie, *Getting Physical: The Rise of Fitness Culture in America* (University Press of Kansas, 2013), 7; 73.

on Physical Fitness and Sports by John F. Kennedy. As an appointed member of this advisory body tasked with spreading the gospel of physical fitness to the American people, LaLanne explained that his show was “trying to cooperate 100 percent with the President’s Council” in the project of “motivating and stimulating the people of America to be more aware of their health.”²⁶⁰ LaLanne warned his audience, “now that we have too much of everything in this great land of ours, too many things are being done for us; we have become soft, mentally and physically.” Echoing Cold War rhetoric in which the physical state of Americans symbolized the precarity of the nation’s global superiority, LaLanne warned that the United States was in danger of “losing our place... as a first class power, if something isn’t done radically to make the people more fit.”²⁶¹

Physical fitness emerged as an important social and cultural marker of national strength in response to new anxieties around racialized and gendered norms of citizenship, consumption, and family life. World War II had brought thousands of women into the workforce and given new visibility to a growing urban homosexual subculture, threatening to undermine traditional gender and sexual roles. The perceived emasculation of white men was exacerbated by the return of wounded and disabled veterans, while the specter of losing U.S. global hegemony manifested in Cold War anxieties around the physical and mental superiority of white American men and women.²⁶² As part of a longer eugenic tradition of health and physical fitness as a site of self-making, *TJLS* linked health and happiness to a specific vision of racialized and gendered compulsory

²⁶⁰ *The New Jack LaLanne Show*, n.d., video file 169-7, UCLA Film & Television Archive.

²⁶¹ *The Jack LaLanne Show*, n.d., accessed January 15, 2015, <http://www.jacklalanne.com>.

²⁶² See David Harley Serlin, *Replaceable You: Engineering the Body in Postwar America* (University of Chicago Press, 2004).

able-bodiedness through the mass mediated project of rehabilitating the white body as a site of individual, familial, and national investment. Feminist media historians have demonstrated television's important role in promoting midcentury ideals of white suburban domesticity, as "an ideal vehicle through which to regulate family life."²⁶³ While scholarship on women's television viewing has focused on the ways in which daytime television and particularly soap operas helped to shape gendered practices of domestic consumption in the postwar period, less attention has been paid to fitness programming as a gendered and racialized technology of affective governance.²⁶⁴ As part of a larger shift toward a more privatized, consumer-based definition of "health" in the postwar era, fitness television mobilized the affective and sensory qualities of television to transform the biopolitical imperative of health and fitness into a therapeutic means of personal fulfillment and a form of embodied pleasure. Reshaping domestic space as a site of personal revitalization, particularly for white middle class housewives, fitness television indexed a shift from earlier modes of social governance that focused on *public* health to a new culture of privatized expertise, in which the home and the family became primary sites for addressing Cold War concerns about the "fitness" of the American people. Addressing individual desires to "feel better," it also marked the emergence of a

²⁶³ Lynn Spigel, *Make Room for TV: Television and the Family Ideal in Postwar America* (University of Chicago Press, 1992), 59.

²⁶⁴ Feminist scholarship on women's television viewing includes Mary Ellen Brown, *Television and Women's Culture: The Politics of the Popular* (SAGE, 1990); Mimi White, *Tele-Advising: Therapeutic Discourse in American Television* (UNC Press Books, 1992); Laura Stempel Mumford, *Love and Ideology in the Afternoon: Soap Opera, Women and Television Genre* (Indiana University Press, 1995); Dannielle Blumenthal, *Women and Soap Opera: A Cultural Feminist Perspective* (Greenwood Publishing Group, 1997); Marsha F. Cassidy, *What Women Watched: Daytime Television in the 1950s* (University of Texas Press, 2009). *The Jack LaLanne Show* has received virtually no scholarly attention, with the exception of Shelly McKenzie's sociological study of fitness culture in U.S. history. See McKenzie, *Getting Physical*.

new therapeutic culture that sought to manage a gendered mental health crisis by valorizing rehabilitative citizenship as the key to health and happiness even as it offered white, middle class women access to new forms of self-care.

Unlike other diet and weight loss regimens that focused primarily on disciplining bodies according to cultural ideals of white feminine beauty, *TJLS* emphasized the benefits of exercise and nutrition for physical and emotional health. Whereas other television fitness personalities advocated exercise primarily as a means to achieve an ideal standard of feminine sexual attractiveness (for instance, Debbie Drake's 1964 exercise record was titled "How to Keep Your Husband Happy: Look Slim! Keep Trim! Exercise along with Debbie Drake"), LaLanne instead encouraged his viewers to invest in their own physical and emotional well-being. "Exercise is not only to make you more beautiful and more glamorous," he insisted, but also had "therapeutic value" in "how it relieves nervous tension, how it increases your pep, your energy, your vitality."²⁶⁵ Unlike Drake, who reportedly gave up on her career after finding that she couldn't motivate clients beyond an initial period of a few months (her nationally syndicated show was discontinued in 1964 after only three years on the air), LaLanne rarely used disciplinary tactics with his audience, instead promising viewers that his program of exercise and nutrition would help them to "make life really worthwhile."²⁶⁶ While other fitness programs treated exercise routines for women as simply "part of a beauty regimen, a tool to shape and firm the body," LaLanne insisted that fitness was much more than a matter of physical appearance, claiming that anyone could benefit, no matter their age or

²⁶⁵ *The Jack LaLanne Show*, Episode 7, 1959, <https://www.youtube.com/watch?v=pjEWImfTqjo>.

²⁶⁶ *The Jack LaLanne Show*, Episode 1.

condition.²⁶⁷ While he certainly did not neglect the role of fitness in physical beauty, LaLanne also consistently advocated the benefits of proper nutrition and exercise to help his students develop their “inner beauty,” which he asserted had just as much “to do with the way you look and the way you feel.”²⁶⁸

According to LaLanne, exercise held the secret to relieving nervous tension and improving mental health, promising not only to bring “more vitality and enthusiasm for your job and everything else you enjoy doing in life,” but also making it easier to “cope with sudden emergencies in this pressure-cooker world we live in.”²⁶⁹ In the face of the insecurity and instability produced by the Cold War, *TJLS* offered a therapeutic mechanism for dealing with tensions wrought by technology, geopolitics, and capitalism that was firmly within the control of the individual. “You’re thinking about the atom bomb, you’re thinking about taxes, you’re thinking about all kinds of negative things,” LaLanne reproached his audience, telling them to “dismiss these negative thoughts out of your mind completely.”²⁷⁰ LaLanne often prescribed specific exercises such as jogging in place and vigorous stretching, assuring his audience that “during the day if you get a little depressed, a little melancholy, a little blue, and you’re just feeling sorry for yourself, try that one exercise and I guarantee it’ll help to perk you up and raise your blood sugar.”²⁷¹ Treating depression as a fleeting feeling rather than a mental illness, LaLanne offered a quick, easy solution within reach of the individual.

²⁶⁷ McKenzie, 56.

²⁶⁸ *The Jack LaLanne Show*, n.d., video file 116-3, UCLA Film & Television Archive.

²⁶⁹ Jack LaLanne, *Jack LaLanne’s Slim and Trim Diet and Exercise Guide* (New York: Arco PubCo, 1969), 5.

²⁷⁰ *The New Jack LaLanne Show*, n.d., video file 101-5, UCLA Film & Television Archive.

²⁷¹ *The New Jack LaLanne Show*, n.d., video file 166-1, UCLA Film & Television Archive.

By focusing on the therapeutic aspects of health, *TJLS* offered a personal, individualized solution to the crisis in white middle-class domesticity that Betty Friedan termed “the problem that has no name.”²⁷² As Friedan argued provocatively in her 1963 bestseller, *The Feminine Mystique*, by leaving college to marry at younger ages, having more children, and forsaking a career outside the home, many middle-class American women had by and large given up any routes to personal fulfillment or meaningful living beyond the circumscribed role of wife and mother. According to Friedan, “From the time when women assume their feminine sexual role as housewives, they no longer live with the zest, the enjoyment, the sense of purpose that is characteristic of true human health.”²⁷³ At a moment when the “domestic ideal” was the “source of countless miseries” for many white, middle-class women, *TJLS* offered its primarily female daytime viewers an emotional release from the monotony of childcare and domestic labor, promising to not only help them “trim down” and “firm up” their bodies, but also to attain a new level of self-realization, exemplified by “physical grace, vibrant health, a new look and a new outlook.”²⁷⁴ Mobilizing a therapeutic discourse that spoke to what Friedan described as a “need for self-fulfillment – autonomy, self-realization, independence, individuality, self-actualization,” LaLanne promised his daytime television audience that exercise and proper nutrition would lead to not only physical health but also mental, emotional, and even spiritual growth.²⁷⁵

²⁷² Betty Friedan, *The Feminine Mystique* (W. W. Norton & Company, 2010 [1963]), 448.

²⁷³ *Ibid.*, 407.

²⁷⁴ Elaine Tyler May, *Homeward Bound: American Families in the Cold War Era* (Basic Books, 2008), 182; LaLanne, *The Jack LaLanne Way to Vibrant Good Health*, 149.

²⁷⁵ Friedan, 448.

As a new type of “lifestyle expert” who addressed viewers as individuals in need of personal health coaching, LaLanne exemplified a larger cultural shift toward consumer-citizenship during the postwar period. The 1950s and 1960s saw the rise of new forms of expertise that promised to help individuals maximize their own happiness and fulfillment, as the role of the social worker began to be supplanted by “the private counselor, the self-help manual and the telephone helpline.”²⁷⁶ As social historians have noted, this period was “the era of the expert,” in which Americans sought professional advice at unprecedented rates. As one 1957 study noted, “Experts took over the role of psychic healer, but they also assumed a much broader and more important role in directing the behavior, goals, and ideals of normal people. They become the teachers and norm setters who would tell people how to approach and live life.”²⁷⁷ LaLanne’s interactive, individualized approach to health and fitness would shape the emergence of self-help culture over the next half century, pioneering a new form of lifestyle expertise that “empowered” individuals to take control of their health and happiness.

In this sense, we can understand *TJLS* as indexing a larger shift toward what Nikolas Rose calls “advanced liberalism.” Whereas earlier strategies of social governance sought to regulate conduct through the imposition of social norms primarily through disciplinary structures such as the school, the factory, and social welfare programs, the postwar era saw the rise of a mode of governance that operated through individuals’ “aspirations to self-actualization and self-fulfillment.”²⁷⁸ As part of a longer tradition of “self-improvement” within American culture, fitness television participated in the

²⁷⁶ Rose, “Governing ‘Advanced’ Liberal Democracies,” 12.

²⁷⁷ Quoted in Tyler May, 27.

consolidation of a new mass culture that targeted individuals as consumers of goods and services offering new visions of success and happiness.

These visions of success and happiness were intimately linked to midcentury ideals of white suburban domesticity. Yet while *TJLS* sought to channel its viewers' desires toward heteronormative marriage, motherhood, and consumerism, the program did not function solely as an instrument for policing racial, gender, and sexual norms. Indeed, LaLanne's participation in the homoerotic world of bodybuilding provides an alternative lens through which to understand the cultural consumption of midcentury fitness television. Making the spectacle of white masculinity available to multiple forms of erotic consumption, *TJLS* tapped into a nascent gay consumer culture oriented toward physique photographs and magazines. On the show, LaLanne's nearly parodic performance of heterosexuality exposed the artifice of the white domestic ideal. Gesturing at the limitations of gender and sexual norms and provoking the possibility of queer appropriations, *TJLS* functioned as an affective interface for the production of new modes of erotic attachment that exceeded the constraints of heteronormativity.

Shaping Citizens: Media and Biopolitics in Cold War America

On December 26, 1960 *Sports Illustrated* published an article by president-elect John F. Kennedy titled "The Soft American," in which Kennedy called public attention to the declining physical state of the American people. Decrying the increasing "softness" of young people who were "neglecting their bodies," Kennedy warned that this lack of fitness could "strip and destroy the vitality of a nation." Kennedy argued that, as "one of

²⁷⁸ Rose, "Governing 'Advanced' Liberal Democracies," 3.

America's most precious resources," the "physical vigor" of its people was "a vital prerequisite to America's realization of its full potential as a nation, and to the opportunity of each individual citizen to make full and fruitful use of his capacities."²⁷⁹ Citing statistics from the Selective Service revealing that nearly one in two draftees had been rejected due to lack of mental, moral, or physical fitness during the Korean War, Kennedy also called attention to a study demonstrating that "American youth lagged far behind Europeans in physical fitness." In the face of this "disheartening" information, Kennedy promised to reinvigorate the cause of physical activity, outlining a four-step "national program to improve the fitness of all Americans."²⁸⁰

Kennedy was responding to larger anxieties over "a decline in the self-reliant entrepreneurial spirit" caused by the "decadence" of New Deal liberalism and the rise of cosmopolitan urban culture.²⁸¹ Postwar consumerism and technological advancement had made strenuous physical labor obsolete for many members of the white middle class, for whom an "age of leisure and abundance" threatened to "destroy vigor and muscle tone."²⁸² Kennedy pointed to television as a particularly pernicious influence on American youth, writing that "The television set, the movies and the myriad conveniences and distractions of modern life all lure our young people away from the strenuous physical activity that is the basis of fitness in youth and in later life."²⁸³ Tapping into concerns that leisure pursuits and new technologies, especially television, were promoting passivity during the postwar period, Kennedy cautioned that television

²⁷⁹ John F. Kennedy, "The Soft American," *Sports Illustrated*, December 26, 1960.

²⁸⁰ Ibid.

²⁸¹ Tyler May, 10.

²⁸² Kennedy, "The Soft American."

threatened to turn the nation into “spectators” rather than “participants in the vigorous life.”²⁸⁴ In an “increasingly technological and automated age,” white, middle-class adults and youth alike were in danger of becoming “soft,” both physically and morally.²⁸⁵

Kennedy warned his fellow Americans that “if we waste and neglect” the capacity for physical vigor, “if we allow it to dwindle and grow soft then we will destroy much of our ability to meet the great and vital challenges which confront our people.”²⁸⁶ As a symbol for American victory in the Cold War, Kennedy framed the issue of “the vigorous life” as a matter of national growth and expansion: “...if our bodies grow soft and inactive, if we fail to encourage physical development and prowess, we will undermine our capacity for thought, for work and for the use of those skills vital to an expanding and complex America.”²⁸⁷ As President Eisenhower cautioned in his final State of the Union address on January 7, 1960,

A rich nation can for a time, without noticeable damage to itself, pursue a course of self-indulgence, making its single goal the material ease and comfort of its own citizens, thus repudiating its own spiritual and material stake in a peaceful and prosperous society of nations. But the enmities it will incur, the isolation into which it will descend, and the internal moral and spiritual softness which will be engendered, will in the long run bring it to economic and political disaster. America did not become great through softness and self-indulgence.²⁸⁸

This concern over “internal moral and spiritual softness” spoke to a larger set of national anxieties around the “diseases” of communism and homosexuality, along with the

²⁸³ Ibid.

²⁸⁴ Ibid.

²⁸⁵ “Workshop Reports Nos 2, 3, and 4.” Papers of John F. Kennedy. Presidential Papers. President's Office Files. Departments and Agencies. Council on Youth Fitness: Miscellaneous reports. Anxieties around physical decay were specifically tied to a growing culture of middle-class white consumerism. Of course, many poor and working class people continued to do manual labor, many of whom were people of color.

²⁸⁶ Kennedy, “The Soft American.”

²⁸⁷ Ibid.

growing civil rights demands of African Americans, whose physical and political strength were perceived as a threat to white dominance.²⁸⁹

Yet as the Cold War biopolitical imperative of national security called upon white citizens to shape up their bodies to strengthen the state, a growing consumer-based commodity culture responsible for the nation's imagined decline into "softness and self-indulgence" was itself considered to be evidence of the "superior" standard of living that democratic freedom offered. Demonstrated several years later by Vice President Richard Nixon's infamous "kitchen debate" with Nikita Khrushchev, the very labor-saving devices (dishwashers, washing machines) and domestic comforts (radios, televisions) that threatened to make Americans grow "soft" in their reliance on modern conveniences were held up as symbols of modern living that served as evidence of U.S. superiority over Soviet Russia. Kennedy himself was forced to admit that "of course, modern advances and increasing leisure can add greatly to the comfort and enjoyment of life."²⁹⁰

The question thus became how to address concerns over the physical unfitness of the American people without undermining a culture of consumption in which ideals of "free enterprise" and consumer "choice" were integral to Cold War discourses of democracy. Recognizing that in a democratic society individuals were "free to direct the activities of our bodies," Kennedy spoke to the issue that fitness could not be imposed from above, but relied on the willing participation of individual citizens: "no matter how

²⁸⁸ "Workshop Reports Nos 2, 3, and 4."

²⁸⁹ J. Edgar Hoover explicitly described communism as a disease, stating, "Communist germs, spawned in the swamps of iniquity and terror have 'sickened' many nations and literally killed countless persons." See Serlin, 5. While the racial threat of blackness had long been linked to physical strength and aggression in the U.S. cultural imaginary, anxieties over black masculinity were reinvigorated with the publication of Richard Wright's *Native Son* in 1940. See Richard Wright, *Native Son* (Vintage, 2000).

vigorous the leadership of government, we can fully restore the physical soundness of our nation only if every American is willing to assume responsibility for his own fitness and the fitness of his children.”²⁹¹ In distinct contrast to “the soul-stifling conformity of Soviet collectivism,” free democratic American “vigor” was defined as a matter of individual will.²⁹² As the President’s Council on Youth Fitness noted, “It would be too simple and misleading to feel that the fitness answer can be found in ‘exercise’ or ‘calisthenics’, unless we consider these items as part of a program to develop the love of doing over the affection for indolence.”²⁹³ Secretary of the Interior Fred A. Seaton clarified this point by insisting, “You can’t *make* people fit!” Rather, “an individual must *want* to be fit – the determination is a personal one,” as President’s Council Executive Director Shane McCarthy put it.²⁹⁴ Even as concerns grew about the physical fitness of American youth in relation to their Soviet counterparts, winning the Cold War required more than strength alone. The “fitness answer” involved proving that national strength could be achieved through democratic means. According to the President’s Council, “our most solid defiance of any dictatorial enemies is to demonstrate to them that by harnessing the strength of free minds we can achieve free men of strength.”²⁹⁵ Insofar as democratic governance relied on the free will of the people, the challenge became how to “harness the strength of free minds” to direct it toward the goals of the state.

²⁹⁰ Kennedy, “The Soft American.”

²⁹¹ Ibid.

²⁹² Anna McCarthy, *The Citizen Machine: Governing by Television in 1950s America* (The New Press, 2010), 21.

²⁹³ “Fitness and the future.” July 16, 1956. Papers of John F. Kennedy. Presidential Papers. President's Office Files. Departments and Agencies. Council on Youth Fitness: Miscellaneous reports.

²⁹⁴ Ibid.

²⁹⁵ Ibid.

Decrying state-sponsored Soviet propaganda campaigns, the U.S. government nevertheless developed its own methods of persuasion. Selective Service Director General Lewis Hershey wrote in 1956, “It is imperative that our people be educated to regard physical fitness as a desirable and necessary attainment.”²⁹⁶ Hershey argued that a successful program of health improvement and physical fitness involved convincing “every man, woman, and child” that improving fitness was desirable and necessary.²⁹⁷ He advocated a long-range strategy “based on the principle of the indoctrination of the child” beginning in the home during preschool years, which would eventually come to fruition a generation later.²⁹⁸ The President’s Council on Youth Fitness largely adopted this strategy, noting that to “enhance the fitness of American Youth, mentally, morally and physically,” it was necessary to “develop in parents and youth alike the understanding of the necessity of attaining a happier, healthier, and more totally fit youth in America.”²⁹⁹ As one Council publication put it, “Behind all such demonstrable physical acts are the desires, motivations, and incentives. Thus, if appropriate fitness attitudes and habits can grow with the personalities of children, boys and girls will do things because they want to enjoy themselves. It will be their mode of life.”³⁰⁰ Cultivating “appropriate fitness attitudes and habits” was less a matter of disciplining bodies and minds, and more about appealing to individual “desires, motivations, and incentives,” in order to associate physical activity with personal enjoyment.

²⁹⁶ Hershey.

²⁹⁷ Ibid.

²⁹⁸ Ibid.

²⁹⁹ “Workshop Reports Nos 2, 3, and 4.”

³⁰⁰ “Focus on Fitness.” July 16, 1956. Papers of John F. Kennedy. Presidential Papers. President's Office Files. Departments and Agencies. Council on Youth Fitness: Miscellaneous reports.

To achieve its objective of motivating young people to “live full and fit lives,” the President’s Council sought to enlist the help of the growing media communications industry.³⁰¹ Because commercial television was considered an “independent” medium, unlike the broadcast media in other nations, it was thought to be “an ideal tool for nondirective persuasion.”³⁰² In a moment when “The shadow of state socialism demanded a sharp contrast between totalitarian rule and freedom-loving Western democracy,” television offered a means through which to shape minds from a safe distance.³⁰³ In late 1959 and early 1960 the President’s Council convened a series of forums in New York City with attendees representing every major broadcasting network, motion picture and advertising executives, and newspapers and magazines from *The New Yorker* to *Sports Illustrated*. Also in attendance were representatives from the U.S. military and organizations such as the Boy Scouts and the Girls Clubs of America. In a talk titled “Telling and Selling the Fitness Story,” public relations professional Robert Hoffman addressed the challenge of making fitness into a marketable commodity: “We must now make our prospects pant to buy our product. We must convince them that it is the most desirable thing in the world, that they can’t live without it, that it is the most important purchase of their entire lives... We must make them want fitness the way every

³⁰¹ Ibid.

³⁰² McCarthy, 23.

³⁰³ Ibid., 4. Here I borrow from Anna McCarthy’s discussion of television as a mechanism of security in which “governing by television” aimed to “foster TV viewing as a form of conduct that could, under the right conditions, allow the population to reflect upon the social realm and form opinions, regulating itself automatically without sacrificing freedom of choice.” See McCarthy, 24. Yet while McCarthy focuses on the ways in which corporations, philanthropists, social reformers, and public intellectuals used television to “mold” ideal consumer-citizens, this chapter investigates the ways in which fitness television functioned as a mode of “governing by television” within the realm of consumer culture by mobilizing new affective economies to shape behavior.

teenager yearns for a blue convertible.”³⁰⁴ Here, fitness was no longer a question of “what you can do for your country,” in Kennedy’s notable formulation. Instead of a patriotic duty, fitness became an object of consumer desire that, like a blue convertible, served as a status symbol for racialized and gendered class aspirations. As one publisher explained, “Securing the eager, enthusiastic support of youth for a youth fitness movement” would require the construction of a PR campaign that highlighted fitness as a desirable object in and of itself. “It must not be something youth is compelled to do as a chore,” he informed his audience. “It must be something youth wants to do. Is eager to do. It must be something that will make youth proud. It must be something that will make teen-age boys seem heroes to teen-age girls, and will make teen-age girls appear glamorous to teen-age boys.”³⁰⁵ This marketing strategy sought to produce affective investments in fitness by linking consumer-citizenship to sexual desire. Within this model, fitness was not a responsibility demanded by the state, but rather a way for individuals to feel a sense of pride and (hetero)sexualized desirability.

The goal of cultivating desire for physical fitness was inseparable from the project of nurturing heteronormativity by instructing teenagers in racialized gender and sexual norms. While the President’s Council used inclusionary language, its promotional materials depicted its vision of fitness as overwhelmingly white. Shelley McKenzie notes that despite its exhaustive PR activities, the President’s Council on Youth Fitness did almost no outreach to communities of color, and youth fitness was rarely mentioned in

³⁰⁴ Quoted in McKenzie, 33-34.

³⁰⁵ Joseph Kingsbury-Smith, “An Action Program for Youth Fitness,” Workshop Reports Nos 2, 3, and 4, Papers of John F. Kennedy. Presidential Papers. President's Office Files. Departments and Agencies. Council on Youth Fitness: Miscellaneous reports.

the black press. While a few representatives from organizations such as the National Association of Colored Women's Clubs attended the initial Council meeting in 1956, two years later there was no record of participation by people of color.³⁰⁶ This lack of attention to communities of color was not merely a matter of racist oversight, but rather evidenced the way in which physical fitness emerged during this period as a symbolic and material project of reconsolidating white heteronormativity.

These racial and sexual norms were encapsulated in a motion picture created by the President's Council and sponsored by the Equitable Life Assurance Society titled *Youth Physical Fitness – A Report to the Nation*. Released in the spring of 1962, this thirty-minute program had 96 television showings with an estimated audience of 4.4 million viewers.³⁰⁷ Hosted and narrated by Gene Kelly and featuring an address by President Kennedy, this program aimed to generate support for youth fitness by not only appealing to a sense of patriotic duty to shape up the nation, but also making the case that physical activity would benefit the physical and social health of individuals, families, and communities. Cultivating fitness by appealing to “healthy” racial, gender, and sexual norms, this film embedded “heterosexism into the institutional and ideological framework” of sports and fitness as a means of rehabilitating whiteness.³⁰⁸ From the all-white classroom of cherubic kindergartners who signify the innocence of future generations to the film's closing shot of white teenage boys running track, literally and

³⁰⁶ McKenzie, 29.

³⁰⁷ The program was also shown by state health departments and commercial distributors to nearly 14,000 people. C.B. Wilkinson, “Report to the President.” July 30, 1963. Papers of John F. Kennedy. Presidential Papers. President's Office Files. Departments and Agencies. Committee on Physical Fitness.

³⁰⁸ Susan K. Cahn, *Coming on Strong: Gender and Sexuality in Twentieth-Century Women's Sport* (Harvard University Press, 1995), 355-6.

metaphorically chasing the American dream, *Youth Physical Fitness: A Report to the Nation* depicted an overwhelmingly white vision of youth fitness. While a handful of children of color appear in various group shots throughout the film, their presence mainly functions to throw whiteness into relief, demonstrating to viewers that national fitness was first and foremost a project of rejuvenating the health and strength of gendered white bodies as a synecdoche for the future health and strength of the nation.

Highlighting a pilot program in Muskogee, Oklahoma, the film featured aerial shots of (mostly white) children drilling in school uniforms, along with close-ups on smiling faces and group shots of students enthusiastically engaged in a range of activities segregated by gender. Girls “can do just about everything the boys do in fundamental exercises, except the variation on the push up,” the viewer learned, as cheerful teenagers demonstrated the feminine “variation” (on knees rather than toes). While the film granted girls the physical ability to (nearly) perform equivalent forms of exercise, its visual economy demarcated certain activities as masculine and feminine. Shots cut back and forth between gender-segregated activities, from boys wrestling and lifting weights to girls performing gymnastics and synchronized swimming routines, emphasizing that different types of exercise were appropriate for boys and girls. Kelly informed the viewer that “the one foot balance is a graceful exercise that’s particularly appealing to girls,” as the music changed from a vigorous march to gentle flutes. The only co-ed activity depicted is square dancing, in which white boys and white girls performed gendered routines that “carry over into recreation hours throughout life.” As a cultural form with a specific European folk heritage, square dancing invoked a particular racial imaginary,

which was linked to the role of structured recreational dancing as a means of heterosexualization. Physical activity, the film suggested, could be celebrated not only for keeping individuals fit and healthy, but also for encouraging appropriate heterosexual leisure activities “throughout life.”³⁰⁹

The President’s Council implemented recommendations that physical activity be geared toward girls as well as boys, demonstrating a new ethos of inclusiveness. “Since women constitute half the population, we mustn’t overlook the girls,” Kelly informed viewers, since their “needs for exercise and physical fitness are just as acute as those of the boys.” Yet despite this inclusive rhetoric, the President’s Council was careful to express that physical activity would not disrupt proper gender roles. As Executive Director Shane MacCarthy put it, “Our goal... looks toward healthful, vital, masculine men and active, healthful, vital, feminine women who can mother a vigorous generation.”³¹⁰ Emphasizing that for women, physical activity was primarily important in order to make them fit for motherhood, McCarthy warned, “The President’s Council is not trying to develop a race of piano lifters or jungle fighters, nor of muscle molls or amazons.”³¹¹ As sports historian Susan Cahn explains, since the early twentieth century debates over women’s participation in athletics have focused on the excessive sexuality

³⁰⁹ As scholars such as David Roediger and Matthew Frye Jacobsen have demonstrated, the postwar period saw a new expansion of whiteness, as formerly “ethnic” groups such as Jews and Italians were incorporated into a more homogenous white identity through federal policies such as the GI Bill. Roediger notes that by promoting homeownership in white suburban communities, the GI Bill “encouraged – and even required” first and second generation European immigrants to “literally invest in whiteness.” See David R. Roediger, *Working Toward Whiteness: How America’s Immigrants Became White: The Strange Journey from Ellis Island to the Suburbs* (Basic Books, 2006), 224. See also Matthew Frye Jacobson, *Whiteness of a Different Color: European Immigrants and the Alchemy of Race* (Harvard University, 2001).

³¹⁰ Quoted in McKenzie, 38.

³¹¹ Quoted in McKenzie, 50.

represented by women athletes. Yet while the frequently used derogatory term “muscle moll” originally connoted “disreputable, heterosexually deviant womanhood,” by midcentury growing awareness of lesbianism lent added suspicion to female athleticism.³¹² During this period, the term “amazon” indicated “unattractive, failed heterosexuals.”³¹³ Concerns about the “masculine” attributes of women athletes intensified with the Cold War panic over homosexuality as “mannishness, once primarily a sign of gender crossing, assumed a specifically lesbian-sexual connotation.”³¹⁴

The decidedly heteronormative image of fitness propagated by the President’s Council was part of a larger effort to manage a breakdown in gender and sexual norms brought about by World War II. The war had brought hundreds of thousands of women into the labor force and lent new visibility to growing queer subcultures in urban centers. The subsequent “homosexual panic” was linked to a pathologization of white motherhood, which blamed maternal “overprotection” for a range of social and psychological problems including homosexuality.³¹⁵ These developments gave credence to a “perceived erosion of masculinity among American men,” as “new configurations of family and marriage” and new sexual divisions of labor challenged traditional sources of

³¹² Cahn, 347.

³¹³ Ibid., 349.

³¹⁴ Ibid., 353.

³¹⁵ First coined by psychiatrist David Levy in 1929 to describe emotionally “overinvolved” maternal behaviors, the concept was popularized with Philip Wylie’s well-known 1942 *Generation of Vipers*, a vicious condemnation of mothering that went so far as to argue that the dangerous phenomenon of “momism” would make the nation vulnerable to an enemy takeover. Philip Wylie, *Generation of Vipers* (Pocket Books, 1952 [1942]). For a discussion of Wylie, see Tyler May, 74. It should be noted that discourses around momism were implicitly geared toward white women while women of color were always already pathologized as unfit mothers, as demonstrated in the 1965 Moynihan Report.

male authority.³¹⁶ Barbara Ehrenreich and Deirdre English argue, “Behind the hatred and fear of the mother was a growing sense that *men* had somehow lost power – that they were no longer ‘real men.’”³¹⁷ Anxieties over “the precarious status of the male body” were exacerbated by rising numbers of draftees being rejected due to physical or emotional unfitness (30,000 in World War II compared to 17,000 in World War I), further undermining American masculinity.³¹⁸ Moreover, the Korean War brought disturbing reports about the behavior of (male) American prisoners of war: a quarter “succumbed to the enemy” and 38 percent died in captivity, a higher rate than any previous war.³¹⁹ These shameful statistics were attributed to a lack of self-discipline and general sense of “complacency” among American youth.³²⁰ Just as venereal disease had threatened the nation’s fighting strength during World War I, it was the “soft” physical and emotional condition of American youth (young white men in particular) that posed a menace to national security after the second World War. During a period marked by profound racial tensions as well as gender and sexual upheaval, physical fitness emerged as a contradictory site for the management of race, gender, sexuality and dis/ability.

³¹⁶ Serlin, 50.

³¹⁷ Barbara Ehrenreich and Deirdre English, *For Her Own Good: Two Centuries of the Experts Advice to Women* (Knopf Doubleday Publishing Group, 2013 [1978]), 214.

³¹⁸ Serlin, 24.

³¹⁹ *Ibid.*

³²⁰ Charles W. Christenberry, “Target for Media: Youthful Complacency,” Workshop Reports Nos 2, 3, and 4, Papers of John F. Kennedy. Presidential Papers. President's Office Files. Departments and Agencies. Council on Youth Fitness: Miscellaneous reports.

Rehabilitating Whiteness: Domestic Technologies of Self-Making

Kennedy and his President's Council exhibited a shrewd utilization of mass media to disseminate the message of physical fitness to the American people. Yet the ability to integrate exercise into the everyday lives of ordinary Americans required more than a PR campaign. As the President's Council was developing a strategy to employ the powers of national broadcast media to spread the gospel of fitness, a morning television program on San Francisco's local KGO-TV television station was steadily gaining popularity as viewers began tuning in to receive Jack LaLanne's daily dose of energetic "trimnastics" and health advice. From its modest beginnings in 1951 as a way to generate sponsored content for a nutrition wafer, by 1959 *The Jack LaLanne Show* had been promoted to national syndication on ABC and in 1960 LaLanne grossed three million dollars in sales of his own products, from vitamins and face lotion to exercise equipment such as his trademarked "glamor stretcher."³²¹

Whereas the President's Council addressed the American people as citizens whose physical fitness was a matter of national security, Jack LaLanne addressed his daytime television audience as an affective community in need of therapeutic help. "I'm here for one reason," he told his viewers: "to help you to feel better and look better."³²² With his charismatic good looks, boundless energy, and contagious enthusiasm, LaLanne offered a different cure for "spectatoritis," providing a personal incentive to get his audience out of their chairs and on their feet. Unlike other experts, LaLanne did not attempt to distance himself from his audience; rather, he cultivated a sense of familiarity

³²¹ Jonathan Black, *Making the American Body: The Remarkable Saga of the Men and Women Whose Feats, Feuds, and Passions Shaped Fitness History* (Lincoln: University of Nebraska Press, 2013), 41.

through his “folksy” mannerisms and endless litany of corny jokes. Employing a personal, affective appeal, LaLanne established himself as more of a “friend” than an expert, someone who truly cared about his viewer’s personal well-being. As “your personal physical instructor and your health consultant,” LaLanne said, “I have made up my mind that I am going to get you in the best condition that you’ve ever been in your life.”³²³

In this sense, LaLanne was an early example of what Tania Lewis terms a “lifestyle expert”: a “comforting, neighborly figure[] whom we often feel we ‘know’ on a first-name basis... who, in their emphasis on their own role as homemakers, wives, husbands, and parents ‘like us,’ feature almost as an extension of our friendship network.”³²⁴ Walking a fine line between the world of celebrity and the average Joe next door, LaLanne presented himself as authentic and relatable, a self-taught nutrition and fitness expert who cited his own life history as a source of credibility and an inspiration to his audience. LaLanne told his viewers, “When I talk to you about aches and pains, and about disease, well I’ve really had my share of them. [...] I know what it is to be sick, and I know what it is to be well.”³²⁵ Promising his faithful followers that they too could reinvent their bodies and even their lives by following his simple and sensible nutrition and exercise program, LaLanne assured his viewers that regardless of “how out of condition you are... you can actually be reborn again.”³²⁶

³²² *The Jack LaLanne Show*, Episode 3, 1959, <https://www.youtube.com/watch?v=g5uwpoIbzhI>.

³²³ *The Jack LaLanne Show*, Episode 1.

³²⁴ Tania Lewis, *Smart Living: Lifestyle Media and Popular Expertise* (New York: Peter Lang, 2008), 13.

³²⁵ *The Jack LaLanne Show*, Episode 1.

³²⁶ *Ibid.*

The success of *TJLS* was based in large part on the affective power of LaLanne's performance of able-bodied (hetero)sexualized white masculinity. During a period when the white male body bore the symbolic imprint of national and individual anxieties around racial fitness and the fragility of the heteronormative domestic ideal, LaLanne offered an attractive new model of white masculinity. Like earlier fitness enthusiasts such as Bernarr McFadden and Charles Atlas who had advocated for diet, exercise, and strength training as a means of rejuvenating white masculinity to counteract the supposedly "enervating" effects of urbanization and industrialization, LaLanne subscribed to a belief in rebuilding bodies to reclaim masculine vigor, exhibiting his own body as a carefully constructed ideal of modern white masculinity. Drawing on a longer tradition of physical fitness as a racialized site of self-making, this new vision of "fitness" centered eugenic ideals of beauty and strength. Yet whereas previous "physical culture" movements had focused on reinvigorating the superiority of Anglo-Saxons in comparison with "lesser" immigrant groups such as Italians and Jews, the postwar era saw the emergence of a new ideal of physical fitness that aimed to smooth out the ethnic particularities of white America, remolding the national body along with the individual body according to a prescribed ideal of racial homogeneity.

A child of French immigrants, LaLanne was an ideal conduit for the creation of a homogeneous white identity that collapsed ethnic differences into a new suburban consumer culture.³²⁷ Media historians have demonstrated how as a primary means of cultivating a mass consumer culture in the postwar period, television "provided a locus

³²⁷ While LaLanne kept his French surname, he changed his given name from Henri Francois to the all-American moniker "Jack."

redefining American ethnic, class, and family identities into consumer identities.³²⁸ By leveling “class and ethnic differences in order to produce a homogenous public for national advertisers,” television mediated the process of adopting a new white suburban nuclear family ideal, offering its viewers a form of affective participation that helped to solidify racial membership based on adherence to white middle-class heteronormativity.³²⁹

TJLS cultivated this affective investment in normative domesticity through the *mise-en-scène* of the show. LaLanne’s studio was designed to look like a typical midcentury suburban home, where he performed his exercises in a living room presumably similar to that of his audience. This effort to create verisimilitude was reinforced by regular appearances by LaLanne’s wife Elaine and his white German shepherd, Happy [Fig. 9, Fig. 10], blurring the boundaries between LaLanne’s onscreen performance and his personal life. Like situation comedies of the same era, *TJLS* offered its viewers an intimate portrait of white domesticity that emphasized the proximity, rather than distance of its stars. Just as shows such as *I Love Lucy* played with audience’s extratextual knowledge of real-life couple Lucille Ball and Desi Arnaz, *TJLS* “collapsed

³²⁸ George Lipsitz, “The Meaning of Memory: Family, Class, and Ethnicity in Early Network Television Programs,” in *Private Screenings: Television and the Female Consumer*, ed. Lynn Spigel and Denise Mann (U of Minnesota Press, 1992), 77. This process of replacing ethnic attachments with consumer ones was not without its difficulties. During early years of network television, sitcoms like *The Adventures of Ozzie and Harriet* (1952-1966) ran alongside programs such as *The Goldbergs* (1949-1956) and *The Honeymooners* (1952-1967) that featured working-class Jewish, Irish, and Italian immigrant families in urban settings, demonstrating the ambivalence of leaving the ethnic enclaves of cities for the bland conformity of suburbia. As Lipsitz argues, these programs “presented ethnic families in working-class urban neighborhoods at the precise historical moment when a rising standard of living, urban renewal, and suburbanization contributed to declines in ethnic and class identity.” See Lipsitz, 72.

³²⁹ Spigel, 6.

distinctions between real life and television.”³³⁰ Yet unlike the figure of the incompetent, bumbling father whose omnipresence in situation comedies of the 1950s and 1960s reflected a larger set of social anxieties around white masculine authority, LaLanne represented a self-made man who was both inspirational and relatable.³³¹ “In contrast to the processes of distancing and alienation traditionally associated with stardom and spectacle,” LaLanne offered his viewers a shared experience of white suburban domesticity “embedded in rather than abstracted from everyday life.”³³²

LaLanne typically began his show by soliciting the help of the children in his audience: “Hey boys and girls, I have something to tell you... Something sensational! Go get mother. Come on, run!”³³³ Actively constituting his audience in relation to a nuclear family ideal, LaLanne regularly called out encouragement to specific family members such as “Come on grandma, grandpa! Let’s go mom!”³³⁴ LaLanne reinscribed gender roles by telling the boys and girls in his audience to “go fetch mother, and daddy if he’s home.” Assuming that the male breadwinner was out of the house during the morning broadcast, LaLanne would shift his address, saying, “Come on you gals, put down your housework, put down your coffee and cigarettes.”³³⁵ Interpellating his viewers into an imagined community of suburban white homemakers, *TJLS* thus situated its trimnastics program within the daily rhythms of domesticity even as it offered its viewers a “break” from domestic labor.

³³⁰ Ibid., 158.

³³¹ Ehrenreich and English, 216; see also Spigel.

³³² Lewis, 136.

³³³ *The Jack LaLanne Show*, December 9, 1959. UCLA Film & Television Archives.

³³⁴ Ibid.

Participation in this suburban domestic ideal, of course, was only available to those who were not excluded via redlining tactics and other forms of racial and economic discrimination. As “the most vivid symbol of the American way of life,” suburban home ownership signified a newly sanitized vision of white domesticity.³³⁶ Suburban zoning practices endorsed by the Federal Housing Authority welcomed white ethnic Jews and Catholics while rigorously excluding African Americans, Latinos, and Asian Americans. Designed “to correspond with and reproduce patterns of nuclear family life,” suburban communities were created for “the young, upwardly mobile middle-class family,” while “People of color, lesbian and gay people, unmarried people, homeless people and senior citizens were simply written out of these spaces.”³³⁷ As certain groups were granted new access to the privileges of whiteness, they were also required to conform to a specific set of racialized, gendered, and sexual practices. The Jack LaLanne Show actively helped to consolidate this vision of racial homogeneity, through its erasure of racial difference and valorization of whiteness as an unspoken norm.

LaLanne never once mentioned race in the 24 episodes I viewed. Erasing people of color entirely from the cultural construction of national health and beauty, the show also disavowed the realities of racial discrimination and violence that were being committed daily under Jim Crow during the 1950s and 1960s.³³⁸ At the beginning of one

³³⁵ *The Jack LaLanne Show*, April 8, 1960. UCLA Film & Television Archives; *The Jack LaLanne Show*, Episode 3.

³³⁶ Tyler May, 181.

³³⁷ Spiegel, 110.

³³⁸ Racially motivated violence targeting blacks was commonplace during the 1950s and 1960s when *TJLS* first aired. For instance, in April of 1959, a white vigilante mob lynched Mack Charles Parker after being accused of raping a white woman in Mississippi. No one was ever indicted for the crime. See Howard Smead, *Blood Justice: The Lynching of Mack Charles Parker* (Oxford University Press: 1988). See also

episode, LaLanne enumerated a list of the violent crimes that he had witnessed in his home the night before. Along with twelve murders, 27 attempted murders, and nine robberies, LaLanne reported eighteen other forms of violence including “physical torture and attempted lynchings” that he had seen, as it turned out, on television. Relying on the sensationalism of this anecdote to grab the attention of his viewers, LaLanne declared, “Today in our little get together we’re going to have some murders! I’m going to show you how to murder that old fat in your body. We’re going to get rid of the robbers who are robbing you of your heritage to look good and feel good, to have pep and energy so you can lead a wonderful life.”³³⁹ With this rhetorical move, LaLanne evacuated any political critique of the reality of racialized violence connoted by a reference to “attempted lynchings,” instead appropriating the language of violence in the name of a eugenic defense of “your heritage to look good and feel good.” In no uncertain terms, LaLanne cast a stark divide between the victims of racialized violence and his own viewers, whose “heritage” granted them protection from such incursions. The specter of blackness worked here to help consolidate a homogenous white identity based on a shared investment in the project of reclaiming health as a racialized birthright.

As Matthew Frye Jacobsen has argued, the racial divisions among “white ethnics” that had been so integral to American social hierarchies in the late nineteenth and early twentieth centuries had by the 1950s given way to a new bifurcated notion of race as either black or white. Jim Crow segregation had the effect of “whitening” groups who had heretofore been considered “probationary white races,” as the category “Caucasian”

Michal R. Belknap, *Federal Law and Southern Order: Racial Violence and Constitutional Conflict in the Post-Brown South* (University of Georgia Press, 1995).

became a catch-all term for persons of European ancestry, overriding previous distinctions among “Anglo-Saxons,” “Teutons,” and “Celts.”³⁴⁰ Jacobson explains that “in such a bifurcated racial climate, the whiteness of the former white races became more salient than the once-perceived differences among them.”³⁴¹ As these distinctions began to erode, by midcentury this version of whiteness was becoming “the normative American condition.”³⁴²

Yet access to this newly constituted white homogeneity required adherence to a set of racialized ideals of gender and sexual conduct. According to Julian Carter, this period saw “the collapse of sexual and racial normality into one another” such that “aligning oneself with normal heterosexuality had the effect of performing one’s alignment with ideal whiteness.”³⁴³ Whereas early twentieth century racial hierarchies had established Anglo-Saxon superiority over other European ethnic groups whose failure to adhere to middle-class, Protestant standards of sexual self-governance marked them as less racially evolved, the development of the institution of modern marriage in the mid-twentieth century constituted a new basis for racial inclusion. Carter explains that during this period, marriage “expanded the boundaries of whiteness to include a much broader range of citizens,” provided that they could meet the requirements for “the performance of modern marital heterosexuality.”³⁴⁴ In other words, racial privileges were

³³⁹ *The Jack LaLanne Show*, December 9, 1959.

³⁴⁰ Jacobsen, 110.

³⁴¹ *Ibid.*, 113.

³⁴² *Ibid.*, 109.

³⁴³ Julian B. Carter, *The Heart of Whiteness: Normal Sexuality and Race in America, 1880-1940* (Duke University Press, 2007), 98.

³⁴⁴ *Ibid.*, 116; 115.

extended to ethnic groups that had formerly been excluded, on the basis of their participation in heteronormative institutions such as marriage and suburban domesticity.

By working to generate affective investments in heteronormative gender roles and aspirations of marriage and domesticity, *TJLS* established health and fitness as a racialized project. The show's implicit racial ideal was encoded in LaLanne's description of the health and beauty of Swedish and Swiss people: "The men are handsome and the women are beautiful, healthy, [and] vivacious because they do a lot of systematic gymnastics [and] calisthenics."³⁴⁵ Invoking a shared culture of health and beauty as a site for the consolidation of white homogeneity, LaLanne reinforced sexual difference as a central mechanism for the rehabilitation of whiteness. According to his habit of referring to individual viewers by name, LaLanne would occasionally shout out encouragement such as "Rosemary, get those knees up, that's the way," or "Sue Czechowicz, let's go," illustrating the incorporation of viewers with Irish and Polish ethnic backgrounds into a more homogeneous ideal whiteness.³⁴⁶ Yet this inclusion was linked to an assumption of marital domesticity; LaLanne informed Rosemary that her husband was planning to take her on "a second honeymoon" because he was so proud she was "getting in such beautiful shape."³⁴⁷ As Carter points out, "the more 'heterosexuality' talked about itself, the less whiteness needed to say."³⁴⁸ By linking individual desires for health and happiness to white, middle-class norms of marriage and suburban domesticity, *TJLS*

³⁴⁵ *The Jack LaLanne Show*, April 8, 1960.

³⁴⁶ *The Jack LaLanne Show*, April 5, 1960, UCLA Film & Television Archives.

³⁴⁷ *Ibid.*

³⁴⁸ Carter, 98.

helped to redefine fitness according to a set of racialized and gendered practices of self-making.

Televisual Therapeutics: Managing Gender and Dis/ability

This postwar rejuvenation of white heteronormativity was intimately tied to the construction of affective investments in a system of compulsory able-bodiedness. If World War I had marked an uneasy transition from the cultural spectacle of nonnormative embodiment to a medicalized model of “cure,” the post-World War II era saw the rise of new strategies for managing disability that centered on the therapeutic rehabilitation of productive and reproductive white bodies. David Serlin notes that postwar propaganda focused on reincorporating disabled veterans into society through their active participation in heteronormative family structures. Images of disabled soldiers readjusting to civilian life “tried to persuade able-bodied Americans that the convalescence of veterans was not a problem” by focusing on their successful performance of sexual and gender roles.³⁴⁹ Rather than being excluded from the privileges of white heteronormativity, veteran amputees were expected to perform normative masculinity by exhibiting self-reliance. Families were instructed “to ignore the amputation and to expect and even require the amputee to take care of himself, to share in household duties, and to participate in social activities.”³⁵⁰ At the same time, anxieties around the ability of disabled veterans to achieve “normal” social integration focused on their potential failure to live up to heteronormative ideals. A 1957 rehabilitation manual

³⁴⁹ David Serlin, “The Other Arms Race,” in *The Disability Studies Reader*, ed. Lennard J. Davis (Routledge, 2013), 52.

asked, “Will he be acceptable to wife and sweetheart? Can he live a normal sex-life? Will his children inherit anything as a result of his acquired physical defect? Can he hope to rejoin his social group? Must he give up having fun?”³⁵¹ Treating the disabling forces of war as a state of exception, rather than inherent to the biopolitical logic of the state, this rehabilitation manual portrayed the reincorporation of disabled veterans into postwar society as a private matter of being accepted into personal and family life.

Unlike *Fit to Fight*'s shameful and emasculating depiction of disability in soldiers who contracted venereal disease, the image of white World War II veterans who had acquired a disability “honorably” through wartime service to the nation was one of proud inclusion in the racialized and gendered privileges of postwar domesticity.³⁵² LaLanne, who had served in the Navy Medical Corps during the war and later worked with doctors directing and supervising physical therapy of wounded soldiers, brought a rehabilitative ethos to his approach to health and fitness.³⁵³ Insisting that anyone could benefit from his program of trimnastics, no matter their age or condition, LaLanne advised his students that “regardless of what you have wrong with you, whether you’re lying in bed, or are in a wheelchair, you should try to do some exercise every day (following your doctor’s instructions).”³⁵⁴ While he did warn that “if you have a physical disability of any kind, or are in doubt about doing any of the exercises, be sure to check with your doctor for

³⁵⁰ Ibid., 56.

³⁵¹ Ibid.

³⁵² Men of color who served in WWII were excluded from many benefits for veterans. For instance, only four percent of all veterans enrolled in college under the GI Bill in 1946-7 were black. Black veterans were often forced into unskilled jobs, and were rarely able to access job training programs or unemployment benefits. See Michael K. Brown et al., *Whitewashing Race: The Myth of a Color-Blind Society* (University of California Press, 2003), 76.

³⁵³ LaLanne, *Jack LaLanne's Slim and Trim Diet and Exercise Guide*, 4.

advice as to which ones to follow,” LaLanne generally exhorted all his viewers to participate as much as they could.³⁵⁵ For viewers with impairments, LaLanne provided encouragement: “Maybe some of you are in hospital beds or in wheelchairs, just do the best you can.”³⁵⁶ On one hand, this approach can be understood as an inclusive effort to make health and fitness available to everyone, regardless of their physical ability. On the other hand, it had the effect of assigning responsibility for health and fitness to individuals themselves.

LaLanne promised that “whether you are young or old, middle-aged or a teenager, *if you are in normal good health* but are out of condition, regardless of how badly you’ve neglected yourself, you can improve by daily, systematic exercise and by eating the proper food.”³⁵⁷ Yet even as he encouraged all his viewers to “do the best you can,” LaLanne ignored the disabling structural conditions that prevented all bodies from equal access to “normal good health.” LaLanne often stopped in the middle of an exercise to remind his viewers of his “many, many students who are not so fortunate, you know they’re in sanitariums, in hospitals somewhere, in wheelchairs,” asking his students “who have fairly good health” to “give a good ‘get well quick’ to all of our students who are not so fortunate.”³⁵⁸ By privileging the figure of the convalescing patient, LaLanne established physical disability as a temporary condition to be overcome. Blowing a kiss to his “not so fortunate” students, LaLanne dismissed any analysis of how or why these individuals came to be in hospitals or sanitariums (many of whom had military service to

³⁵⁴ Ibid., 101.

³⁵⁵ Ibid., 6.

³⁵⁶ *The Jack LaLanne Show*, n.d., video file 116-3.

³⁵⁷ LaLanne, *Jack LaLanne’s Slim and Trim Diet and Exercise Guide*, 5; original emphasis.

thank), making disability into personal “misfortune” that required nothing more than individual compassion. Moreover, by telling them to “get well soon,” he erased the experience of individuals whose impairments were permanent rather than temporary.

Rather than critiquing the social stigma surrounding disability, LaLanne used the specter of physical impairment as a means of disciplining his “normal” viewers. In a special section addressed to “Teenagers” in his *Slim and Trim Exercise Guide*, LaLanne begins by asking “Have you ever considered what your life would be like if you weren’t able to walk? You would be handicapped and would have to learn to live with your handicap as best you could.” LaLanne used this example to admonish his young readers not to “take [their] wonderful body for granted.” Yet he also noted, “It is no sin to be handicapped when you can’t help it. Many people have overcome their handicaps and have achieved fame and fortune because they had a goal. They had something extra I call ‘desire.’”³⁵⁹ Here LaLanne employs what Eli Clare terms the “supercrip” narrative of “overcoming” disability as an inspirational (and cautionary) tale that is less about accepting a range of bodily types and abilities and more about celebrating personal “willpower” as a means of self-improvement.³⁶⁰

LaLanne often referenced his own experience growing up as a weak, unhealthy child who was “addicted” to sugar until age fifteen when he attended a lecture by health advocate and entrepreneur Paul Bragg. LaLanne’s putative conversion experience to the gospel of nutrition and exercise was an integral part of his persona, allowing him to argue

³⁵⁸ *The Jack LaLanne Show*, April 8, 1960.

³⁵⁹ LaLanne, *Jack LaLanne’s Slim and Trim Diet and Exercise Guide*, 100.

³⁶⁰ Eli Clare, *Exile and Pride: Disability, Queerness, and Liberation* (Duke University Press, 2015).

that the key to health and fitness was personal willpower.³⁶¹ LaLanne often used this autobiographical redemption narrative to admonish his viewers to stop making “excuses.” As he explained in his 1969 *Slim and Trim Diet and Exercise Guide*, “I often use my own story to encourage my students everywhere, to illustrate what is possible if one really *wants to try*.”³⁶² Trying was the key to success, LaLanne insisted emphatically, telling his viewers, “Make up your mind, today is the day.... Say ‘Jack, I’m gonna try.’”³⁶³ By celebrating individual willpower as a means of overcoming illness and disability, LaLanne subscribed to a liberal fantasy of possessive individualism and self-determination. Emphasizing that he could only help his students if they helped themselves, LaLanne explained that each student’s potential benefit “will depend on how *you* put each idea to work. Physically strong as I am, I can’t force one idea upon you. *You* must reach out, grasp, and take hold.”³⁶⁴ As an example of what Julie Passanante Elman calls “rehabilitative citizenship,” the doctrine of individual willpower was based on ableist assumptions of the possibility and desirability of a never-ending project of “self-improvement.” Unlike earlier medical models that focused on “curing” illness and disability, rehabilitative citizenship engages individuals in “a self-making project involving perpetual self-discipline and self-surveillance.”³⁶⁵ LaLanne assured his

³⁶¹ LaLanne routinely characterized this experience in religious terms: “In my despair one night, I got down on my knees and prayed to God to let me be born anew. It happened, too, though not through burning bushes or quick miracles. I was shown the way, just as I now am trying to show you. Once I saw it, I worked for it with all my heart and spirit.” See LaLanne, *The Jack LaLanne Way to Vibrant Good Health*, 19.

³⁶² LaLanne, *Jack LaLanne’s Slim and Trim Diet and Exercise Guide*, 4; original emphasis.

³⁶³ *The Jack LaLanne Show*, 1959, Episode 5, <https://www.youtube.com/watch?v=X96OJZzbWK4>.

³⁶⁴ LaLanne, *The Jack LaLanne Way to Vibrant Good Health*, 2; original emphasis.

³⁶⁵ Julie Passanante Elman, *Chronic Youth: Disability, Sexuality, and U.S. Media Cultures of Rehabilitation* (NYU Press, 2014), 17; 14.

students, “If you use your willpower everyday, if you keep trying to use it and trying, pretty soon... the job that you’re trying to accomplish of making yourself over, of making yourself the beautiful girl you can be, and the healthy person, it will be accomplished.”³⁶⁶

Robert McRuer has argued that like compulsory heterosexuality, compulsory able-bodiedness functions as an invisible system that relies on the visibility of disabled bodies to produce able-bodiedness as an unspoken, desirable norm. McRuer explains, “compulsory able-bodiedness functions by covering over, with the appearance of choice, a system in which there actually is no choice.”³⁶⁷ The stigmatization of disability, like homosexuality, operates to enforce the normalization of an able-bodied ideal, despite the fact that this ideal is “intrinsically impossible to embody.”³⁶⁸ Yet while McRuer focuses on the relationship between compulsory able-bodiedness and neoliberal strategies of governance in the late twentieth century, *TJLS* marked an earlier moment in which affective investments in health and happiness began to be linked to a specific version of gendered and racialized able-bodiedness.

LaLanne warned his audience that “the hospitals are full to overflowing with people who are Monday morning putter-offers,” implying that ill-health was primarily a result of laziness and procrastination.³⁶⁹ As LaLanne informed those with physical ailments, “Whatever you do, try not to let yourself sink into gloom and depression about the unfortunate condition you’re in; it happened and there’s not a thing you can do about

³⁶⁶ *The Jack LaLanne Show*, Episode 11, 1959, https://www.youtube.com/watch?v=5VQoqQK_3Jw.

³⁶⁷ Robert McRuer, *Crip Theory Cultural Signs of Queerness and Disability* (New York: New York University Press, 2006), 8.

³⁶⁸ *Ibid.*, 30.

it. What you *can* do, however, is make up your mind you are going to improve in some way, however you are able, every day.”³⁷⁰ According to this self-help model, health and happiness were within reach of the individual, who simply needed to make simple adjustments to her daily life in order to achieve the desired results.

LaLanne often railed against what he termed “pooped-out-itis,” the “chronic disease” that millions of Americans were suffering from. As he told his viewers, “People have lost the ability to smile, haven’t they? See, like people are sick, and tired, and worried and all pooped out all the time, they don’t have a smile on their face, everything is hanging and sagging.”³⁷¹ Here, physical illness and fatigue are metonymically folded into anxiety and unhappiness, a droopiness of mind and body. Given the demographics of LaLanne’s daytime television audience, along with new symptoms of chronic fatigue identified in American women during this period, it is likely that “pooped-out-itis” was a distinctly gendered phenomenon. Reported cases of “housewife’s fatigue” could not be explained by doctors and psychiatrists, who found “nothing organically wrong with these chronically tired mothers.”³⁷² In 1957, *McCall’s Magazine* reported, “The chronic fatigue of many housewives is brought on by the repetition of their jobs, the monotony of the setting, the isolation and the lack of stimulation.”³⁷³ Despite the cultural valorization of white suburban domesticity during the 1950s and 1960s, Elaine Tyler May writes that for many women, “suburban life was not a life of fun and leisure but of exhausting work and

³⁶⁹ *The Jack LaLanne Show*, Episode 6, 1959, <https://www.youtube.com/watch?v=I5BAjYFDI5E>.

³⁷⁰ LaLanne, *Jack LaLanne’s Slim and Trim Diet and Exercise Guide*, 102.

³⁷¹ *The Jack LaLanne Show*, Episode 6.

³⁷² Friedan, 353.

³⁷³ Quoted in Friedan, 355.

isolation.”³⁷⁴ Of course, the domestic ideal was far from reality for poor and working-class women, while even women who had the luxury to put all their energy into caring for their own home and family often found themselves dissatisfied with the “joys” that homemaking was supposed to engender.³⁷⁵

Fatigue, depression, and “nervous tension” were distinctly gendered signs of disease with the constraints of white heteronormative domesticity. As Jonathan Metzl argues in his study of gender and pharmaceuticals, during the 1950s and 1960s drugs such as tranquilizers were often prescribed as a means of “restoring gender and sexual norms” within a culture of “growing unrest with social pressures urging a return to the home or with the constraints of a new femininity.”³⁷⁶ Tranquilizers such as Miltown, which had been introduced in 1955 as a “miracle cure for anxiety,” were soon in high demand; by the following year, one in three Americans were taking the wonder drugs, with prescriptions totaling 35 million by 1957.³⁷⁷ “Many suburban housewives were taking tranquilizers like cough drops,” Friedan reported. One of her interview subjects explained, “You wake up in the morning, and you feel as if there’s no point in going on another day like this. So you take a tranquilizer because it makes you not care so much that it’s pointless.”³⁷⁸ Citing cases of widespread fatigue, depression, and even psychosis, Friedan argued “women pay a high emotional and physical price for evading their own

³⁷⁴ Tyler May, 174.

³⁷⁵ Ibid.

³⁷⁶ Jonathan Metzl, *Prozac on the Couch: Prescribing Gender in the Era of Wonder Drugs* (Duke University Press, 2003), 74.

³⁷⁷ Ibid., 73.

³⁷⁸ Friedan, 76.

growth.”³⁷⁹ At a moment when many white, middle-class American women were suffering what Friedan called “a slow death of mind and spirit,” LaLanne positioned his program of nutrition and exercise as a therapeutic alternative to pharmaceutical treatments.³⁸⁰ LaLanne insisted that, as “the greatest tranquilizer known to man,” exercise had stronger and longer-lasting effects than any “pep-up pills.”³⁸¹ Speaking directly to the feelings of malaise, exhaustion, and boredom that Friedan had identified, LaLanne promised to show his viewers “how to recapture that lost vigor, that enthusiasm, that zest and pep that you once had for living.”³⁸²

During a period when widespread depression and “nervous tension” threatened the viability of white domesticity, *TJLS* itself functioned as a therapeutic technology for managing a gendered mental health crisis. LaLanne was adamant that “of all the people on this earth who should do extra exercise,” it was “you homemakers, you girls, the backbone of this very society of ours. Personally I don’t know how some of you girls do it, the stress and strain that you’re under.”³⁸³ Valorizing the importance of homemaking (“the backbone of society”), LaLanne simultaneously gave credence to the “stress and strain” his viewers faced in their daily lives. “You know what, I don’t blame a lot of you homemakers for neglecting yourselves,” he told them. “You have such a tremendous job to do, you have to take care of the children, the husband, the housework, and you worry about the bills... and you’re so unselfish, that often times you forget about you.”³⁸⁴

³⁷⁹ *Ibid.*, 407.

³⁸⁰ *Ibid.*, 425.

³⁸¹ *The New Jack LaLanne Show*, n.d., video file 166-1.

³⁸² *The Jack LaLanne Show*, Episode 1.

³⁸³ *The Jack LaLanne Show*, Episode 3.

³⁸⁴ *The Jack LaLanne Show*, Episode 5.

Invoking a narrative of feminine selflessness, LaLanne often argued that his viewers deserved to take time away from their domestic duties for self-care: “I just want you girls to think a little more about yourselves. After all that body of yours is the best friend you’ll ever have. Don’t you think it deserves a break? Don’t you think it deserves a little thought once in a while?”³⁸⁵ Echoing marketing strategies that positioned female consumers as “deserving” of luxury products, LaLanne emphasized that his trimnastics program was a way to care for one’s physical and emotional well-being. At a moment when white, middle-class women were expected to find fulfillment in domestic life, *TJLS* provided its viewers a means of self-realization that went beyond childcare and housework. “Today, you have to take care of yourself,” he reminded his audience.³⁸⁶

By instructing his viewers in specific practices of physical and emotional self-care, LaLanne offered an individualized “solution” to Friedan’s “problem that has no name.” As Tyler May points out, the turn to therapeutic expertise in the postwar era represented an “apolitical means of solving problems that were often the result of larger societal restraints.”³⁸⁷ Providing “private and personal solutions to social problems,” this therapeutic approach encouraged both men and women to seek fulfillment in their domestic, family lives, focusing on helping people “feel better about their place in the world, rather than changing it.”³⁸⁸ In her study of self-help culture, Micki McGee explains that the popularization of midcentury psychoanalytic expertise “infused the ideal of individual self-making with a new psychological component. Emotional well-being,

³⁸⁵ Ibid.

³⁸⁶ *The Jack LaLanne Show*, Episode 6.

³⁸⁷ Tyler May, 187.

³⁸⁸ Ibid., 14.

the subjective experience of happiness, and the pursuit of pleasure, rather than, say, the accumulation of wealth, community involvement, and moral rectitude, began to be equated with success.”³⁸⁹ Just as psychologists counseled housewives to “cope and adapt to existing realities” rather than challenging the systemic factors at play, *TJLS* offered an individualistic solution to the physical, emotional, and psychological strain of gendered domestic labor.³⁹⁰ At the same time, following LaLanne’s program required new forms of physical and emotional labor on the part of viewers themselves.

Even as he encouraged his viewers to “think a little more about yourselves,” LaLanne also cautioned that “you’re the backbone of the family; everyone depends on you, your husband, your children, everyone. You know the minute you slip then every member of that family has slipped.”³⁹¹ While *TJLS* promised to give individuals control over their health and happiness, it also placed responsibility for failure squarely on the individual. “We *do* plan our futures,” LaLanne told readers of his 1960 how-to book. “I know I do, every day. Everything I have accomplished with myself got done because I did it. (With God’s help, of course.) If I should let myself get sick and die, it would be because I did that, too.”³⁹² Within this fantasy disavowal of illness, disability, and even death, the individual is imagined to be entirely independent and in control of her destiny, and thus also responsible for what may befall her.

One letter LaLanne shared with his audience was from a student who told him she was “at the end of the rope. I have let my body get so out of condition, I’m so many

³⁸⁹ Micki McGee, *Self-Help, Inc. add period: Makeover Culture in American Life* (Oxford: Oxford University Press, 2005), 19.

³⁹⁰ Tyler May, 187.

³⁹¹ *The Jack LaLanne Show*, Episode 5.

pounds overweight that my husband wants to divorce me, he's so ashamed of me, my children... they don't seem to have any love and respect for me, they won't bring their friends over to the house because they're so ashamed of me. And my friends, they all have lost respect for me." This woman, LaLanne solemnly informed his viewers, "was actually contemplating suicide," until she "saved her life" by "making up her mind to get herself in condition." Showing before and after photographs, LaLanne revealed that she lost 50 pounds in six weeks. "This wonderful girl" won back "the respect of her husband, her children, and her friends," LaLanne recounted.³⁹³ This "inspirational" story demonstrated how *TJLS* treated gendered mental health disorders such as severe depression as simply personal barriers to be overcome. Rather than addressing the disabling social conditions that caused this woman to experience bodily shame and stigma, the show created a heroic narrative in which individual effort was rewarded by social acceptance within normative white domesticity. In order to attain health and happiness, one must demonstrate the willingness and ability to conform to a system of heteronormative compulsory able-bodiedness, even – especially – when that involved overcoming struggles with disabling physical, emotional, and social conditions. As LaLanne often reminded his students, "I don't care what your age is [or] how out of condition you are; you can improve yourself a thousand percent if you want to."³⁹⁴

To reinforce the efficacy of this approach, LaLanne reported that he had received "hundreds of cards and letters" from viewers who found his program beneficial for their mental health. LaLanne reported that many viewers had told him, "I've never felt so good

³⁹² LaLanne, *The Jack LaLanne Way to Vibrant Good Health*, 15.

³⁹³ *The Jack LaLanne Show*, Episode 5.

in my life, I'm looking better, people notice a change in my personality." Exercise could indeed effect a personality change, LaLanne explained, "because your nerves are becoming more tranquil, you're getting rid of the nervous tension, you're getting rid of your aches and pains, which makes you a better person. See how it all works?"³⁹⁵

According to this logic, exercise held out the promise for one to become "a better person" physically and emotionally. LaLanne promised his viewers that "if you can release that nervous tension, that stress, then you're going to be a better homemaker, a better mother, you're going to be a better person, you're going to do some living, you're going to be happy 24 hours a day instead of being under turmoil."³⁹⁶ While this project of self-improvement was in part a gendered duty to become a better homemaker and mother, it also promised individual happiness and fulfillment.

Pledging to restore to his viewers "well-being and peace of mind" and "[t]he happiness you should be enjoying," LaLanne was adamant that anything was possible through individual willpower and positive thinking.³⁹⁷ "What's happening in your life?" he asked his viewers. "Tell me, right now. Anything new happening? You in an old rut, same old things happening? Do you dread every day, it's terrible, terrible?" Declaring that these kinds of thoughts "will throw poisons in your system," LaLanne ordered his audience to "Get some hobbies, get with yourself. Get in there, have some fun. You go through life once, take advantage of it."³⁹⁸ LaLanne tirelessly promoted positivity as a means to rise above the trials and tribulations of life: "We have to get this positive

³⁹⁴ Ibid.

³⁹⁵ *The New Jack LaLanne Show*, n.d., video file 101-5.

³⁹⁶ *The Jack LaLanne Show*, Episode 3.

³⁹⁷ LaLanne, *The Jack LaLanne Way to Vibrant Good Health*, 1.

attitude, you know everything up, up, up, let's have some fun, lift ourselves up where we can have some fun, up where the sunshine is.”³⁹⁹ LaLanne himself was deeply influenced by the bootstrap evangelism of Norman Peale's 1952 bestseller, *The Power of Positive Thinking*, which promoted the appealing if not scientifically proven notion that happiness was a matter of individual choice, faith, and determination. Full of aphorisms such as “It's always too soon to quit!” and “What the mind can conceive and believe, and the heart desire, you can achieve,” Peale counseled his followers to remain optimistic, believe in themselves, and leave the rest to God. While he was fond of reminding his viewers that “Vitamin F and G” stood for “faith in God,” LaLanne also believed that “God helps those that help themselves. You have to do it! God or some omnipotent power or whatever you want to believe in gives you the energy, the will to do it, but you have to do it yourself.”⁴⁰⁰ Exhorting his audience to “Keep faith in yourself. Keep believing in your mind and body,” LaLanne told them to “Stick to it 365 days a year, all your years, and you can't fail.”⁴⁰¹

By offering its viewers a sense of empowerment and control over their physical and mental health, *TJLS* participated in the construction of a self-help culture based on the power of individual choice. Barbara Ehrenreich and Deirdre English identify a new ethos that arose in the 1960s: “all that matters is *you*: you can be what you *want* to be; you *choose* your life, your environment, even your appearance and your emotions.... You

³⁹⁸ *The New Jack LaLanne Show*, n.d., video file 108-3, UCLA Film.

³⁹⁹ *The Jack LaLanne Show*, Episode 6.

⁴⁰⁰ Janice Hughes and Dennis Hughes, “Interview with Jack LaLanne,” *Share Guide*, 2003, <http://www.shareguide.com/LaLanne.html>.

don't have to be the victim even of your own emotional reactions: you choose to feel what you *want* to feel."⁴⁰² LaLanne told his students, "When friends begin to compliment you on your newly unfolding figure (and they will), you'll know the greatest satisfaction in life. 'I did it,' you may say to yourself. 'I *can* make my life what I want it to be.'"⁴⁰³ This emphasis on personal choice illuminated the contradictions between the future-oriented imperative of productive labor and the hedonistic demands of an increasingly narcissistic leisure culture. On one hand LaLanne maintained that there was no such thing as an "easy cure," telling his viewers "you will have to *work* with me," but on the other he often emphasized the immediate results his program offered.⁴⁰⁴ Whereas traditional dieting programs demanded sacrifice to attain a future goal, LaLanne promised to show his viewers "how you can enjoy living today. When I show you how to take off one pound a day, I won't tell you how good you're going to feel *afterward*. My plan is that you feel good now, *while* you're taking off the pounds."⁴⁰⁵ Rather than a painful and unpleasant process that must be endured for the sake of beauty, LaLanne insisted that a healthy lifestyle was itself a means to happiness. His trimnastics program was a "party," a fun and rewarding activity in and of itself. "This isn't work," he would often correct himself, instructing his viewers to "keep up the good play!"⁴⁰⁶

⁴⁰¹ LaLanne, *The Jack LaLanne Way to Vibrant Good Health*, 220. This mix of religious and secular argumentation was characteristic of LaLanne's rhetoric, designed to appeal to a mass audience without betraying any specific denominational affiliation.

⁴⁰² Ehrenreich and English, 273.

⁴⁰³ LaLanne, *The Jack LaLanne Way to Vibrant Good Health*, 15; original emphasis.

⁴⁰⁴ *Ibid.*, ix; original emphasis.

⁴⁰⁵ *Ibid.*, 15.

⁴⁰⁶ *The New Jack LaLanne Show*, n.d., video file 169-7.

TJLS's focus on "fun" and "play" indexed a larger transformation in gendered discourse that began to emphasize pleasure and enjoyment rather than familial obligation. As Tania Lewis notes, the 1960s saw the rise of new methods of marketing that targeted women less as homemakers and more as "individual consumers of lifestyle-related goods and services" in an attempt "to link feminine consumption to the new forms of agency associated with the progressive politics of the times."⁴⁰⁷ With Helen Gurley Brown's publication of *Sex and the Single Girl* in 1962 and her takeover of *Cosmopolitan* magazine in 1965, a new image of pleasurable feminine consumption and leisure began to challenge traditional notions of domestic fulfillment. At the same time, these new images of feminine "empowerment" channeled women's desires for self-transformation into new modes of physical and affective labor, illustrating the ways in which consumer culture works to "seduce (rather than instruct) people into pursuing meaningful lives."⁴⁰⁸

Prefiguring the emergence of a self-help culture that would gain traction over the next decades, *TJLS* represented a new form of lifestyle expertise as a means of "governing at a distance." Tania Lewis describes lifestyle expertise as a "shift to an ideology of selfhood that is both individualized and self-managing at the same time as it is increasingly reliant on the figure of the lifestyle expert and associated forms of 'everyday' expertise."⁴⁰⁹ As Lewis argues, "lifestyle" experts don't simply sell products, but rather "ways of living and being."⁴¹⁰ While studies of self-help culture have often focused on processes of neoliberal self-fashioning in the 1970s and beyond, *TJLS* marked

⁴⁰⁷ Lewis, 317.

⁴⁰⁸ Sam Binkley, "Governmentality and Lifestyle Studies," *Sociology Compass* 1, no. 1 (September 1, 2007): 113.

⁴⁰⁹ Lewis, 68.

an earlier shift toward the kind of flexible, personalized health coaching that has become ubiquitous in late capitalism.⁴¹¹ As early as 1960, LaLanne advertised his “Glamor Stretch Time” record as “a tailor-made plan, just for you.”⁴¹² By 1969 his *Slim and Trim Diet and Exercise Guide* promised that “the exercises have been specially designed to help you get the best results,” by making it “very simple for you to set up your own ‘customed-tailored’ [sic] program, geared to your particular needs.”⁴¹³ LaLanne’s early multi-platform approach empowered the individual to take control of her health through a customizable consumer health program, while imbricating her in a new set of practices that revolved around self-improvement as an ongoing cycle of production and consumption.

Intimate Interfaces: Pleasure and Performativity

Despite its efforts to channel aspirations to health and happiness toward modes of self-improvement that bolstered normative ideals of white domesticity, *TJLS* should not be viewed as solely a tool to promote gender and sexual conformity. Indeed, by deploying LaLanne’s powers of seduction to actively solicit the physical and emotional participation of his viewers, *TJLS* opened up the possibility of alternative configurations of bodies and pleasures. As a “technology of intimacy,” the mediating apparatus of the television helped to cultivate a sense of safety by reinforcing midcentury constructions of home as a form of domestic containment, but it simultaneously enabled new

⁴¹⁰ Ibid., 10.

⁴¹¹ For instance see Sam Binkley, *Getting Loose: Lifestyle Consumption in the 1970s* (Durham: Duke University Press, 2007).

⁴¹² *The Jack LaLanne Show*, April 5, 1960.

transgressions of the boundaries of domesticity.⁴¹⁴ Addressing his audience as “members of an emotional or affective community,” LaLanne worked to construct an intimate relationship with his viewers that threatened to escape the boundaries of domestic containment.⁴¹⁵ LaLanne informed his viewers during his first national episode, “If you want to start doing some 100 percent fabulous living, then let’s be close friends. I’m going to come into your home every day, let me stay there, and see what’s going to happen. All right?”⁴¹⁶ Rather than providing the viewer with a “window onto the world,” television worked in this instance to reverse the spatial metaphor, allowing the outside expert access to the private domestic space of his audience. This potentially disruptive dynamic was mitigated by the rhetoric of intimate friendship: LaLanne was not an intruder encroaching on the sanctity of the home, but instead a “close friend” whose presence was to be welcomed. By allowing LaLanne “into their homes,” viewers participated in the construction of an intimate personal relationship that was no less real for being mediated through the television screen. In his 1956 study of television, Leo

⁴¹³ LaLanne, *Jack LaLanne’s Slim and Trim Diet and Exercise Guide*, 6.

⁴¹⁴ I borrow the term “technology of intimacy” from television scholar Misha Kavka. According to Kavka, “By bringing things spatially, temporally and emotionally close, television offers to re-move the viewing subject – not in the sense of informative distantiation, but precisely through its opposite, a collapse of distance and time through the production of affective proximity.” While Kavka focuses primarily on the rise of reality television in the late twentieth and early twenty-first centuries, the effects she identifies are also applicable to earlier forms such as *TJLS*. See Misha Kavka, *Reality Television, Affect and Intimacy: Reality Matters* (Basingstoke England ; New York: Palgrave Macmillan, 2008), 7. “Domestic containment” is Elaine Tyler May’s formulation. Elaine Tyler May argues that the postwar era saw not only the development of a “containment” strategy toward Communism, but also the rise of new therapeutic cultures of expertise designed to make white, middle-class Americans feel safe at home, and in their homes. The nuclear family took on a new importance as a safe haven from geopolitical uncertainties, as the domestic ideal promised to “fulfill virtually all its members’ personal needs through an energized and expressive personal life.” See Tyler May, 11.

⁴¹⁵ Lewis, 15.

⁴¹⁶ *The Jack LaLanne Show*, Episode 1.

Bogart observed that unlike print media, broadcast television was able to “provide a feeling of human companionship and contact” by creating “the illusion of intimacy.”⁴¹⁷ Not only did televisual immediacy help the viewer to feel that “the person he hears is a real individual talking to him ‘right here and now,’” but the location of the television receiver within the “familiar surroundings” of the home created “an intimate situation which contrasts with the more formal atmosphere of the theater or with the impersonal symbolism of the printed word.”⁴¹⁸

Through intonation, gesture, and camerawork, *TJLS* conveyed a sense of televisual immediacy that amplified the feeling of interactivity. As NBC producer-director Carroll O’Meara asserted, one of “TV’s greatest attributes” is “immediacy, its power of delivering direct presence, of transmitting a living scene into the home – NOW, as it happens.”⁴¹⁹ Unlike film, television’s “aesthetic of presence” emphasized “the immediacy of performance,” giving viewers the sense of being part of the action onscreen.⁴²⁰ Insofar as *TJLS* not only solicited its viewers’ attention but also their active physical participation, this quality of televisual presence was especially crucial. LaLanne would often gesture toward the camera, saying “c’mere a minute,” or “come closer,” followed by a camera zoom to approximate physical closeness [Fig. 11]. While acknowledging that broadcast television could not truly enable his audience to speak back, LaLanne nevertheless continually solicited their active participation, asking “Does

⁴¹⁷ Leo Bogart, *The Age of Television* (Lockwood, 1958), 34.

⁴¹⁸ *Ibid.*, 29.

⁴¹⁹ Quoted in Spigel, 137.

⁴²⁰ Spigel, 139; 154.

that make sense?” and “Are you with me?”⁴²¹ Entirely unscripted, his earnest words of encouragement and advice to his audience members came across as authentic and endearing, even more so when he flubbed: “Hey, you having fun? I’m glad. You just said ‘yes,’” LaLanne told his audience with a chuckle.⁴²² Even as this kind of banter had a knowing sense of artifice to it, insofar as both LaLanne and his viewers knew very well that he could neither see nor hear them, this did not necessarily diminish the affective power of this mode of address.

LaLanne often stopped during the middle of exercises to offer personal feedback, such as “see what you’re doing wrong? You’re bending your elbows. That’s better,” conveying the sense that he could see right into the viewer’s living room.⁴²³ This effect was reinforced by the fact that he kept his eyesight trained on the single camera as it changed angles, even when he was performing exercises that required lying on the ground. As his daughter Yvonne explained in an interview, LaLanne “had that brilliant gift, as you’ve seen from the show of looking right into the camera and right into the viewer’s heart and living room.... And women all over America thought he could see them because he’d say ‘Okay, Marge get off the couch!’ And across the country Marges would go (gasp) ‘Ooh! How did he know I was sitting down?’”⁴²⁴ As Kavka explains, the fact that television viewers are aware of the mediation of the screen does not necessarily lessen the affective impact of the performance; rather, “the performance of reality

⁴²¹ *The Jack LaLanne Show*, Episode 1.

⁴²² *The Jack LaLanne Show*, April 6, 1960, UCLA Film & Television Archive.

⁴²³ *The Jack LaLanne Show*, Episode 1.

⁴²⁴ Quoted in Robert Cochrane, “You Should Know Jack: A Qualitative Study of The Jack LaLanne Show (1951-~1965)” (University of Nevada, Las Vegas, 2012), <http://digitalscholarship.unlv.edu/thesesdissertations/1548>, 12.

generates reality effects, just as the performance of intimacy generates intimacy effects.”⁴²⁵ LaLanne’s performance of interactivity could thus give rise to feelings of reality, even as viewers were aware that the television screen was a one-way medium.

Rather than a mechanism for one-way transmission, television functioned as an affective interface that not only allowed LaLanne to touch his viewers, but also enabled them to respond. LaLanne reportedly received one thousand fan letters per day, and once a week he read and responded to select letters live on the air.⁴²⁶ “I want to thank you for your cards and letters, they mean so much,” LaLanne often told his audience, emphasizing the affective impact of this correspondence.⁴²⁷ At the end of his first week on national television, LaLanne took a break from his trimnastics routine to share something personal with his viewers. “I have so many emotions running through me right now I just can’t express them,” he said, explaining that these emotions were “running so rampant” because “you’ve been so wonderful to me, you’ve supported me so well already, I’ve only been here a week.”⁴²⁸ Disrupting the conventional relationship between the expert talking head and the television audience, LaLanne’s emotional outpouring valorized the affective labor his viewers performed by watching his show. Instead of simply disseminating information and advice, LaLanne created an affective feedback loop, expressing his own feelings in order to actively solicit his viewers’ longings for intimacy: “You know I hate to leave you, I’ve had so much fun,” LaLanne divulged. “I’m

⁴²⁵ Kavka, 25.

⁴²⁶ McKenzie, 73.

⁴²⁷ *The Jack LaLanne Show*, April 5, 1960.

⁴²⁸ *The Jack LaLanne Show*, Episode 5.

going to be missing you ‘til Monday, I hope you miss me just a little bit.”⁴²⁹ With this flirtatious overture, LaLanne prolonged his relationship with his viewers beyond the time and space of his thirty-minute broadcast to solicit their ongoing emotional labor (“missing” him until Monday).

LaLanne’s efforts to construct emotional intimacy with his audience sometimes exceeded the rhetoric of friendship. Indeed, LaLanne often referred to the “date” he had with each of his students: “Now that I have a date to come into your home every day – we do have a date I hope? Will you promise me something right now? Say Jack, I promise, I’m going to let you come into my home for at least this week.”⁴³⁰ The rhetoric of “dating” worked to construct an intimate, one-on-one relationship with each viewer: “I feel as though this is kind of an exclusive club, just the two of us together, huh?”⁴³¹ Inviting his audience to join his “exclusive club,” LaLanne enticed his viewers “up on your feet, give me a great big smile, forget your worries and your cares, don’t answer the phone or the doorbell, because why? That’s right, this is our half hour together, yours and mine.”⁴³² This construction of a one-on-one relationship with each viewer was in active tension with LaLanne’s broader addresses to “all you students.” While viewers were of course aware that a national broadcast television program reached far beyond “just the two of us together,” the experience of watching daytime television alone in their homes could very well have been experienced as an intimate, personal experience. Misha Kavka argues that the mediation of the television screen does not necessarily inhibit the

⁴²⁹ Ibid.

⁴³⁰ *The Jack LaLanne Show*, Episode 1.

⁴³¹ *The Jack LaLanne Show*, Episode 3.

⁴³² *The Jack LaLanne Show*, April 8, 1960; *The Jack LaLanne Show*, Episode 3.

transmission of affect but can instead amplify affective resonances. In this sense, the fact of the onscreen performance does not simply “simulate intimacy” but rather “The intimacy that arises out of this amplified situation is real both for the participants and the viewers.”⁴³³ Emphasizing his affective proximity to his viewers, LaLanne would ask, “How close do you feel to me right now?” As the camera zoomed in to provide a visual sense of intimacy, LaLanne remarked, “We are getting close, huh? I mean, our principles, our ideals, and our feeling for each other, and the results that we are getting.”⁴³⁴ Television collapsed the physical distance between LaLanne and his viewers, offering the “feeling” of closeness and providing new forms of emotional intimacy and even affection (“our feeling for each other”).

Described by *Sports Illustrated* in 1960 as “a tousle-haired, muscle-laden, consciously seductive man,” LaLanne intentionally utilized his sex appeal to entice his viewers out of their chairs.⁴³⁵ With a wink and a smile he would tell his viewers, “We’re going to work the body from the bottom of the feet, right up to the top of your cute little head.”⁴³⁶ *Vive L’Amour* and *A Bicycle Built For Two* were some of LaLanne’s favorites to sing along to during exercises, never breaking eye contact as he serenaded his viewers and encouraged them to join in. As Marsha Cassidy notes in her study of women’s television viewing during this era, male hosts on daytime programs added “a discrete sensuality to a viewer’s day” by “woo[ing] the homemaker with an appealing but low-

⁴³³ Kavka, 25.

⁴³⁴ *The Jack LaLanne Show*, n.d., video file 164-5, UCLA Film & Television Archives.

⁴³⁵ Horn.

⁴³⁶ *The Jack LaLanne Show*, Episode 1.

key sexuality.”⁴³⁷ The medium of television enabled LaLanne to exploit his powers of seduction without directly challenging the institutions of marriage and domesticity. “Isn’t this fabulous, this television?” he would tell his viewers. “Look, there you are, and here I am. Mmm, now I can send you a great big kiss!”⁴³⁸ [Fig. 12] Through the gesture of blowing a kiss at the television camera, LaLanne minimized the physical and emotional distance between himself and his viewers, instead creating a personal, sexually suggestive connection. Staging his own “consciously seductive” performance of ideal white masculinity, LaLanne offered his viewers the affective and sensory pleasures of emotional and physical intimacy. As an affective interface for the creation of new modes of intimacy between LaLanne and his viewers, television produced unexpected constellations of bodies and desires, exposing larger issues of gender and sexual instability during this period.

A bodybuilder who modeled regularly for physique photographers and magazines, LaLanne took obvious pleasure in displaying his body for the camera, showing off his impressive physique in a skintight jumpsuit that “left little to the imagination.”⁴³⁹ In a reversal of traditional gendered relations of looking, *TJLS* exhibited the male body as an object for consumption by its (presumably female) viewers. Yet LaLanne’s connections to bodybuilding culture lent suspicion to these flagrant displays of masculine musculature, insofar as physique magazines and photographs were circulated within an increasingly visible gay consumer culture. As we will see, although LaLanne himself publicly disavowed any connection to homosexuality, the show’s queer undercurrents

⁴³⁷ Cassidy, 76.

⁴³⁸ *The Jack LaLanne Show*, Episode 4, <https://www.youtube.com/watch?v=Cu61L499ngk>.

destabilized the assumed coherence of heteronormativity. Rather than simply working to instill proper gender and sexual comportment in its viewers, *TJLS* also functioned as an affective interface for the production of modes of erotic attachment that exceeded the constraints of heteronormativity.

While LaLanne usually stayed within the boundaries of proper middle-class norms of behavior, occasional moments of impropriety revealed the potential for transgressing sexual boundaries. While demonstrating one exercise, LaLanne improvised some Elvis-like hip gyrations that may have raised some eyebrows. “Seems like my hips want to get going,” he remarked to his viewers with a smile. “Show getting too sexy for you, eh?”⁴⁴⁰ While later accounts of the program insisted that LaLanne’s “smile was full of healthy promise, no sexual innuendo in any of it,” viewers who noticed LaLanne wink at them as he told them to get down on their knees may have seen it differently.⁴⁴¹ Such moments were often accompanied by snatches of off-screen laughter coming from members of LaLanne’s television crew, disrupting the diegetic coherence of the show and often causing LaLanne himself to chuckle in response. These masculine intrusions drew attention to the artifice involved in LaLanne’s performance of heterosexual seduction: in fact, the viewer realizes, LaLanne is not addressing the woman watching him at home; rather, his attention is directed upon a television camera, and his live audience consisted of his all-male studio crew. Indeed, the construction of heterosexual intimacy here

⁴³⁹ McKenzie, 73.

⁴⁴⁰ *The Jack LaLanne Show*, n.d., video file 164-5.

⁴⁴¹ Bob Ottum, “Look, Mom, I’m An Institution,” *Sports Illustrated*, November 23, 1981, <http://www.si.com/vault/1981/11/23/826152/look-mom-im-an-institution-good-old-jack-lalanne-may-be-67-now-but-the-message-on-his-license-plate-is-for-you--hes-still-perfect.>; *The Jack LaLanne Show*, April 6, 1960.

involved not only the technological prosthesis of the television camera and microphone, but also the homosocial relations between LaLanne and his crew. LaLanne claimed that he “never miss[ed] a chance to get our studio crew into the exercise act,” and a photograph in his 1960 self-help book illustrates all six crew members doing squats along with him, including the camera operator [Fig. 13]. A writer for *Sports Illustrated* corroborated this account, asserting that “LaLanne's delivery is so compelling that prop men, advertising people and cameramen often find themselves doing leg kicks or arm waves during the program. ‘Well, the truth is, we've all been brainwashed by the man,’ says Russ Warner, the show's producer and an unblushing believer. ‘It's just what happens when you've been around Jack for any length of time.’”⁴⁴²

Warner's relationship with LaLanne in fact went back much further, as Warner had worked with LaLanne for years as a physique photographer [Fig. 14]. LaLanne had originally begun modeling as a way to support his family after his father's death, sometimes posing nude “for the life drawing classes at local art schools.”⁴⁴³ He would go on to model extensively for Warner, even participating in a nude series with fellow bodybuilder Jack Thomas in 1954 [Fig. 15, Fig. 16]. While LaLanne would later publicly disavow the homoerotic connotations of the photographs, within physique culture at the time such displays of male bodies were accepted as healthy and natural, emphasized by the pastoral settings of the photographs. As part of a longer tradition of physical culture dating back to the turn of the twentieth century, the “physique movement” blossomed in the postwar period, which at its peak from 1955-1965, “comprised a vast international

⁴⁴² Huston Horn, “Lalanne: A Treat And A Treatment,” *Sports Illustrated*, December 19, 1960, <http://www.si.com/vault/1960/12/19/585930/lalanne-a-treat-and-a-treatment>.

network through which circulated thousands of magazines, mail-order photographs, and films, not to mention subsidiary merchandise.”⁴⁴⁴ During this period, an earlier emphasis on strength was gradually replaced by “newer ideals of shape and an overall aestheticization of body-building.”⁴⁴⁵ From 1940 to 1963 LaLanne was featured ten times on covers of bodybuilding magazines such as *Strength and Health*, *Vim*, and *Muscle Power* [Fig. 17-19]. Designed for a primarily male audience, physique photography and magazines masked their explicit and implicit homoeroticism beneath a veneer of respectability granted by the social acceptability of athleticism as a masculine, heterosexual (if homosocial) activity. As Molly McGarry and Fred Wasserman point out, “the success of physique art and photography lay precisely in its ability to effectively ‘pass’ and thus appeal to a broad public.”⁴⁴⁶ Despite the fact that they were “ostensibly marketed to art appreciators or physical-fitness enthusiasts,” physique magazines were “for many men, homoerotic publications that were an important – for some, the only – way of experiencing their sexuality.”⁴⁴⁷ During this period, physique art and photography were “among the only places one could view overtly sexualized images of men together.”⁴⁴⁸ These images offered an important alternative to both “the classic stereotype of the homosexual as a limp-wristed pansy” and “1950s propaganda that to be a

⁴⁴³ Ottum.

⁴⁴⁴ Thomas Waugh, *Hard to Imagine: Gay Male Eroticism in Photography and Film from Their Beginnings to Stonewall* (New York : Columbia University Press, 1996), 176.

⁴⁴⁵ *Ibid.*, 207.

⁴⁴⁶ Molly McGarry and Fred Wasserman, *Becoming Visible: An Illustrated History of Lesbian and Gay Life in Twentieth-Century America* (New York: Penguin Studio, 1998), 123. Also see Richard Dyer, “Don’t Look Now,” *Screen* 23, no. 3–4 (September 1, 1982): 61–73.

⁴⁴⁷ *Ibid.*, 118.

⁴⁴⁸ *Ibid.*

homosexual was to be sick, miserable, and isolated.”⁴⁴⁹ This portrayal of positive images was restricted to white men, however. As Tracy Morgan demonstrated in her study of race in physique magazines, the rare appearance of men of color in physique photographs often served to reinforce racist stereotypes.⁴⁵⁰

Thomas Waugh argues that, in addition to providing positive sexualized images of white male bodies, physique culture spurred the “reckless flowering of gay cultural and social networks,” constituting “our most important political activity of the postwar decades.”⁴⁵¹ According to gay physique photographer Bob Mizer, magazines such as *Strength and Health* “played a major role in the consolidation of gay networks,” printing pen-pal letters in which men could correspond with one another and even “form long-lasting and fruitful friendships.”⁴⁵² Major bodybuilding magazines even included advertisements for Mizer’s Athletic Model Guild, which solicited models for photographers who claimed an artistic interest in the nude or semi-clad male body.⁴⁵³ According to Waugh, “the relations of models and photographers were an integral part of the web of knowing and not knowing that constituted the open secret of physical culture.”⁴⁵⁴ The sports establishment was complicit in creating the conditions for these forms of homoeroticism, even as it disavowed their existence: “From the ‘straight’

⁴⁴⁹ Ibid.

⁴⁵⁰ Tracy D. Morgan, “Pages of Whiteness: Race, Physique Magazines, and the Emergence of Public Gay Culture,” in *Queer Studies: A Lesbian, Gay, Bisexual, & Transgender Anthology*, ed. Brett Beemyn and Michele Eliason (NYU Press, 1996).

⁴⁵¹ Waugh, 219; 217.

⁴⁵² Quoted in Waugh, 211; 213.

⁴⁵³ David K. Johnson, “Physique Pioneers: The Politics of 1960s Gay Consumer Culture,” *Journal of Social History* 43, no. 4 (2010): 871.

⁴⁵⁴ Waugh, 237.

models who didn't ask and the newsagents who didn't look, to the mothers, wives, and roommates who didn't dare wonder, everyone *must* have known.”⁴⁵⁵

By the mid-1950s, new publications such as Mizer's *Physique Pictorial* had begun to court a gay audience more overtly, leading mainstream magazines to distance themselves from what they considered the “debauchery, promiscuity, corruption, and moral pollution” of the new publications.⁴⁵⁶ As the term “physique enthusiasts” came to be understood as a “magazine code phrase for gay men,” the entire genre of bodybuilding magazines came under new scrutiny, with Congress holding hearings on “the immoral impact these magazines were having on juveniles by enticing them into a life of degeneracy.”⁴⁵⁷ Physique magazines and mail order services were targeted by anti-pornography crusaders, and *TJLS* producer Russ Warner's studio was raided in 1955 in a prominent case that led to an Oakland Fire Department lieutenant being fired due to his participation in seminude modeling.⁴⁵⁸ Yet while Waugh argues that this period saw a “definitive” split between the straight mainstream sector and a proliferating gay sector of bodybuilding magazines, relations between the two remained relatively porous.⁴⁵⁹ For instance, McGarry and Wasserman list *Vim* and *Trim* as part of the “physique pictorial genre” along with Mizer's *Physique Pictorial* and *Grecian Guild Quarterly*.⁴⁶⁰ Launched in February 1940, *Vim* was one of the earliest physique magazines, featuring both Jack LaLanne and 1930s physique idol Tony Sansone (subject of Edwin Townsend's early

⁴⁵⁵ Ibid., 222.

⁴⁵⁶ Johnson, 874.

⁴⁵⁷ Ibid., 870.

⁴⁵⁸ Waugh, 274.

⁴⁵⁹ Ibid., 242.

⁴⁶⁰ McGarry and Wasserman, 121.

homoerotic photographs) as early cover models.⁴⁶¹ *Vim* advertised the launch of *Grecian Guild Pictorial* in 1955, yet later ran a two-page attack against the new magazine, claiming to be “nauseated” and “disgusted.”⁴⁶² But by 1959, under new ownership, *Vim* began to court a gay audience, advertising a pen pal club for “Males Only!” and even printing an article that defended the “homosexual” as simply “different” in his sexual expression, rather than dangerous or pathological.⁴⁶³

As physique culture became more sexually suspect, LaLanne’s dedication to bodybuilding threatened to compromise his claims to heterosexual masculinity. At the time, the center of bodybuilding culture was located in Muscle Beach, a Los Angeles destination for physique enthusiasts and their admirers. As “part old-time revival meeting, part infomercial – and all show business,” Muscle Beach served as an “outdoor, public training ground for some of the best all-around athletes America has ever produced” along as “an incubator for some of the country's most influential fitness entrepreneurs,” including LaLanne.⁴⁶⁴ After working all week at his gym in Oakland, LaLanne would “drive all day just to spend the weekend” at Muscle Beach.⁴⁶⁵ Showing his muscles through tight tee shirts “in a constant state of flex,” LaLanne would “leap into a handstand if anyone so much as blinked at him and was forever organizing human pyramids of oiled bodies glistening in the sun,” according to an article in *Sports*

⁴⁶¹ Waugh, 207.

⁴⁶² Quoted in Johnson, 873-4.

⁴⁶³ Johnson, 875.

⁴⁶⁴ Marla Matzer Rose, *Muscle Beach: Where the Best Bodies in the World Started a Fitness Revolution* (Macmillan, 2001), 18; 10.

⁴⁶⁵ *Ibid.*, 58.

Illustrated.⁴⁶⁶ [Fig. 20] By the late 1950s, however, “The notion of a robust masculinity so flagrantly displayed on the sunny sands had come to seem limited, if not suspect. . . . There were hints of homosexuality and the occasional charge of promiscuity.”⁴⁶⁷ The 1957 issue of *Strength and Health* reported that “rumors may have reached you that some queer proceedings transpired on the Beach.”⁴⁶⁸

To manage his public image as a “family” man, LaLanne consciously distanced himself from physique culture, downplaying his bodybuilding and tirelessly promoting heteronormative gender ideals on his show. “Believe me, if there is one thing a man admires about a woman, it’s a good figure and don’t ever forget it,” he advised his audience.⁴⁶⁹ In his 1960 how-to book LaLanne spelled out the ways in which bodies should be shaped according to specific gender ideals: “Exercise is good for everyone, as I’ve said so often, but. . . some are better for men than women and vice versa,” LaLanne explained. “A man, for instance, wants to build his body into the general shape of a wedge, shoulders broad and hips narrow; he wants bulging biceps and leg muscles. The ideal woman’s figure, on the other hand, presents hips and bust about the same (as in more or less of one or the other is all right) and a small waist.”⁴⁷⁰ These explicit aesthetic recommendations responded in part to critics who contended that exercise would endanger traditional masculine and feminine bodily norms. In an interview LaLanne explained that when he first began advocating his program of strength training, he was “denounced as a charlatan and a nut” at a time when doctors said that vigorous exercise

⁴⁶⁶ Ottum.

⁴⁶⁷ Black, 39.

⁴⁶⁸ Quoted in Black, 39.

⁴⁶⁹ LaLanne, *Jack LaLanne’s Slim and Trim Diet and Exercise Guide*, 100.

would “give people heart attacks, lessen sex drive and make women look like men.”⁴⁷¹ In response to these gender anxieties, LaLanne did not shy away from recommending exercise to women, but instead argued that his program of trimastics would enhance femininity in women, masculinity in men, and strengthen family life.

Despite its efforts to police the boundaries of gender, *TJLS* exposed a larger set of cultural anxieties around the failure of gender and sexual norms. During one episode LaLanne complained to his audience that in Southern California, “the men and the women they dress a lot alike, the fellows wear tight slacks and the women wear tight slacks, and so many of them overeat and they don’t exercise enough. So consequently, the men get looking like women and the women get looking like men!” Showing an illustrated poster depicting two identically dressed figures viewed from behind, LaLanne asked incredulously, “Did you ever see this?” Noting that he could only tell “who’s who” because “this gal, she has high heels on, and a little shorter pants,” LaLanne expressed his outrage: “Hey, what’s happening to our nation? You think about it.” Here physical unfitness signified a lack of sexual differentiation, as “overeating” and not exercising enough led to the collapse of gender dimorphism. “I’ve said before,” LaLanne noted, “when this woman gets exercise, she will start to look more a woman, and this man will start looking more like a man. Instead of like each other.”⁴⁷² Reversing the narrative that exercise would diminish the “natural” sexual difference between men and women,

⁴⁷⁰ LaLanne, *The Jack LaLanne Way to Vibrant Good Health*, 190.

⁴⁷¹ *Larry King Live*, “Jack LaLanne Discusses a Life of Health and Fitness.” Directed by Randy Douthit. CNN, July 17, 2000, <http://archives.cnn.com/TRANSCRIPTS/0007/17/lkl.00.html>.

⁴⁷² *The New Jack LaLanne Show*, n.d., video file 111-7, UCLA Film & Television Archive.

LaLanne insisted that his program would remedy the nation's dismaying descent into androgyny.

On the show, LaLanne incessantly extolled the virtues of this or that exercise to create “nice, beautiful hips,” “beautiful ankles,” or “a more bountiful appearing bustline.” Chest exercises were particularly important “for you girls, who want to have a better looking bustline,” LaLanne informed his viewers, “Because the secret is, if the chest muscles are strong and can support the bust, you’re going to look more feminine.”⁴⁷³ LaLanne addressed the majority of such comments to female viewers, but he also made sure to address the “fellows” in his audience, informing them that the very same “bustline” exercise “helps to strengthen your chest muscles, makes your chest more shapely, makes you look like more of a man.”⁴⁷⁴ Despite his rhetoric about men and women needing “separate” forms of exercise, he often advocated similar types of activity. In his *Slim and Trim Guide*, a section on “That Man in the House” informed his reader that “Many of the exercises in this book are just as beneficial to him as they are to you, and just as they help you to become firmer and trimmer, they help him to develop a more manly physique.”⁴⁷⁵ While LaLanne modulated his modes of address, barking commands to “you fellows” while flirtatiously encouraging “you girls” to “perk your cute little ears up,” the mass broadcast medium of television ultimately compromised his efforts to maintain strict gender differentiation. Male and female viewers alike received the same recommendations, undermining LaLanne’s attempt to enforce strict gender boundaries. Indeed, LaLanne received letters from women who wanted to learn how to do push-ups

⁴⁷³ *The New Jack LaLanne Show*, n.d., video file 169-7.

⁴⁷⁴ *Ibid.*

(an exercise he recommended for men), while it seems likely that there were some “physique enthusiasts” among the “fellows” watching his show. LaLanne’s participation in physique culture must have given him some awareness of this audience, an awareness reflected in his release of several pamphlets designed specifically for a male audience, including his “Set-o-matic Exercises for Men” for men in military service, whose cover featured a bodybuilding photograph of himself [Fig. 21]. His 1960 how-to book also included an illustrated guide to exercises “for him” that featured an oiled LaLanne in briefs (the corresponding exercises “for her” were demonstrated by his wife Elaine in rather more modest attire).

Elaine’s frequent appearance on the show ostensibly provided visual proof of LaLanne’s status as a “family man” and assured viewers that exercise would not endanger traditional feminine qualities of beauty, grace, and submission. Yet even as Jack and Elaine illustrated the exemplary “teamwork” midcentury marriage, modeling proper racialized gender roles with Jack as the star of the show and Elaine playing the part of her husband’s “little helper,” the excess of this performance of heteronormativity called attention to its very artifice.⁴⁷⁶ Despite its relentless performance of marital heterosexuality, *TJLS* contained occasional hints of disruption that threatened to destabilize its veneer of normativity. In one episode LaLanne enumerates the exhausting catalog of responsibilities that homemakers face “trying to take care of your children and your home and your husband and your bookkeeper and carpenter and washwoman and

⁴⁷⁵ LaLanne, *Jack LaLanne’s Slim and Trim Diet and Exercise Guide*, 102.

⁴⁷⁶ *The New Jack LaLanne Show*, n.d., video file 139-6, UCLA Film & Television Archive.

errand girl and lover, everything rolled into one.”⁴⁷⁷ In a startling turn of events, a presumably extramarital “lover” finds his or her way onto the list of domestic tasks along with one’s children and husband, intruding into the fantasy of marital bliss. In another episode LaLanne engages in a brief performance of cross-gender identification while demonstrating high kicks. “Now pretend that we’re all in a chorus line together, I’m in there with you, I don’t know how I got in, I got a wig on, but I’m in there with you,” LaLanne calls out, urging his viewers to give a “big smile for the audience” as he kicks enthusiastically while waving and shouting, “There’s Charlie, hi Charlie!”⁴⁷⁸ Without reading too much into these unexpected instances of sexual and gender nonconformity, they do complicate a straightforward understanding of *TJLS* as an ideological instrument for instilling heteronormativity. Rather than enforcing gender and sexual conformity, *TJLS* called attention to the performativity of gender as a social construction, proffering possibilities for pleasurable consumption that exceeded the limitations of the domestic ideal.

As the impossible ideal of white middle-class suburban domesticity began to crumble beneath the weight of its unfulfilled expectations, *TJLS* threw into relief the failure of heteronormativity to fulfill its promises. In a section titled “What happened to the honeymoon?” in his 1960 self-help book, LaLanne explained that “Marriages can ‘get old’ just as the man and woman joined in them do,” which he attributed to the emotional and physical condition of both spouses.⁴⁷⁹ “The wife who is weary after her day of housework doesn’t come to the marriage-bed with the zest she did as a bride. How can

⁴⁷⁷ *The Jack LaLanne Show*, Episode 3.

⁴⁷⁸ *The Jack LaLanne Show*, Episode 4.

she when she scarcely has the energy to drag through the day? The man who is physically and emotionally tired from his day at the office could hardly expect to be a romantic partner.”⁴⁸⁰ Within the context of a larger crisis of white masculinity, men were increasingly expected to meet their wives’ sexual needs, and blamed for failing to fulfill them. In a climate in which “wholesome sex relations” were considered “the cornerstone of marriage,” as one advice writer put it, heightened expectations for erotic and emotional fulfillment were often met with disappointment.⁴⁸¹ In the 1950s and 1960s “Sex was expected to strengthen the marriage, enhance the home, and contribute to each partner’s sense of happiness and well being. Healthy families were built upon the bedrock of good sex.”⁴⁸² But according to information from a study of married couples during this period, “this ideal often worked better in theory than in practice,” as tensions around premarital sexual conduct and “highly inflated expectations for sublime marital sex” often “led to disappointment and difficulty.”⁴⁸³ Unlike Debbie Drake, whose fitness approach taught women “How to Keep Your Husband Happy,” *TJLS* did not hold its female viewers responsible for their husbands’ sexual gratification. Rather, LaLanne often invoked the figure of the husband as a symbol of physical and emotional incompetence.

⁴⁷⁹ LaLanne, *The Jack LaLanne Way to Vibrant Good Health*, 177.

⁴⁸⁰ Ibid. According to LaLanne, exercise not only promised to improve physical appearance, but also to reinvigorate the energy of both husband and wife: “Two months in a conditioning studio, with a little practical nutrition, would do more for these two partners than all the non-existent aphrodisiacs man has sought from the times of the ancients.” See LaLanne, *The Jack LaLanne Way to Vibrant Good Health*, 178. In a 1984 interview with *Playboy*, LaLanne contended that “50 or 60 percent of all divorces are predicated on someone’s being unfit.” Quoted in Donald Katz, “Jack LaLanne Is Still an Animal,” *Outside Online*, November 1995, <http://www.outsideonline.com/1830081/jack-lalanne-still-animal>.

⁴⁸¹ Quoted in Tyler May, 117.

⁴⁸² Tyler May, 134.

⁴⁸³ Ibid.

While *TJLS* was primarily aimed at female viewers, LaLanne would occasionally dedicate a segment of his show “to the fellows in our audience, and to you gals who have men who you’re not too proud of, they’re getting a little paunchy, they’re getting a little crotchety, their back hurts them, and they’re just plain out of shape and that spark of romance has left them, and their get up and go has went.”⁴⁸⁴ Partaking in a larger cultural “diminution of the American male,” *TJLS* treated the figure of the husband as an object of failed masculinity.⁴⁸⁵ The “man of the house” was often the butt of LaLanne’s corny jokes, such as “Speaking of a pain in the neck, does he exercise too?”⁴⁸⁶ At the beginning of one episode LaLanne performed a trick for the children in his audience by “blowing up” his bicep muscle to its impressive fully flexed position. “Now when daddy comes home tonight you ask him to do that,” he told his young viewers with a snicker.⁴⁸⁷ As a physically and emotionally evolved symbol of ideal white masculinity, LaLanne himself called attention to the inadequacies of the average American husband, who could never hope to measure up to LaLanne’s physical standard. Informing his male viewers that they “oughta run every day, that’s right, seven days a week,” LaLanne made no secret of his own workout regime, which involved waking at 4:30 a.m. for his daily jog around the neighborhood.⁴⁸⁸

The discrepancy between LaLanne’s performance of ideal masculinity and that of the typical American man was summed up by a letter in which one viewer asked LaLanne to take off his shirt onscreen, explaining that “We would like to see what a real

⁴⁸⁴ *The New Jack LaLanne Show*, n.d., video file 111-7.

⁴⁸⁵ Ehrenreich and English, 216.

⁴⁸⁶ *The New Jack LaLanne Show*, n.d., video file 101-5.

⁴⁸⁷ *The Jack LaLanne Show*, Episode 7.

chest would look like, for all we see is the flab of our husbands.”⁴⁸⁹ Apparently speaking for a larger group of women disappointed with the physical inadequacies of their spouses, this viewer had no qualms about publicly asserting her voyeuristic desires. While LaLanne politely declined the offer to disrobe on camera, his 1960 self-help book included a number of shirtless photos, including bodybuilding photos documenting his muscular evolution from age 17 to 46. [Fig. 22] This aesthetic display of ideal white masculinity not only threatened to expose the impossibility of its attainment by most American men, but called attention to the work involved in (re)producing heteronormative ideals of gendered embodiment. Despite his viewer’s request to see what a “real” chest looked like, LaLanne freely disclosed that his own sculpted body was the product of years of assiduous labor. Far from a symbol of “natural” sexual difference, the gendered body was in fact carefully constructed: a piece of work. LaLanne often boasted that he had “rebuilt” his wife according to his “own specifications – 36-24-36.”⁴⁹⁰ Elaine’s performance of ideal femininity thus bore witness to its fabrication (and fragility), revealing gender itself to be a product of cultural engineering.

Conclusion

As a contradictory site for the management of race, class, gender, sexuality, and disability, physical fitness in the postwar period illuminates a larger shift in health governance as consumer culture and mass media began to take over the biopolitical function of the state. Driven by Cold War anxieties over physical unfitness as a threat to

⁴⁸⁸ *The New Jack LaLanne Show*, n.d., video file 111-7.

⁴⁸⁹ Quoted in McKenzie, 73.

U.S. military power, the President's Council on Youth Fitness recognized the need to utilize the growing communications industry as a method of "nondirect persuasion" in its effort to shape up the nation. While *TJLS* supported the biopolitical aims of the President's Council, as a daytime television program for a primarily white, middle-class, female audience it also employed a therapeutic appeal, promising to help its viewers "feel better." At a time when exercise programming for women was generally designed solely as a weight loss and beauty regimen, *TJLS* offered its audience a pleasurable means to achieving physical and emotional health. In this sense, the show helped to mediate a larger crisis in white domesticity, providing a therapeutic alternative to tranquilizers and "pep-up pills." Yet by advocating individual willpower to "overcome" illness and disability, LaLanne contributed to a model of rehabilitative citizenship that held individuals responsible for compulsory able-bodiedness.

As a racialized, gendered and ableist site of self-making, *TJLS* not only reflected but actively shaped the consolidation of white heteronormativity as a homogenizing force that incorporated formerly "off-white" ethnic groups into a system of racial power and privilege in return for their adoption of "healthy" gender and sexual norms. Yet the show itself bore witness to the impossibility of the white domestic ideal, exposing the breakdown of marital gender roles and activating alternative erotic economies. As a "technology of intimacy," television brought LaLanne into intimate contact with his viewers, generating unexpected aesthetic, sensory, and affective resonances. Meanwhile, the homoerotic undercurrents of LaLanne's participation in bodybuilding and physique

⁴⁹⁰ Horn.

culture called into question the efficacy of *TJLS* as a mechanism for policing gender and sexual conformity.

By offering its viewers a “fun” and pleasurable means of self-improvement, *TJLS* represented a new form of affective governance that further blurred the boundaries between the biopolitical imperatives of the state and a leisure-based consumer culture. As a new model of affective governance, fitness television worked to generate affective investments in health as both a matter of individual responsibility and a pleasurable form of self-care. Helping to consolidate an ideal of racial homogeneity in the postwar era, LaLanne’s health and fitness program constructed the white body as a site for continual improvement and optimization. Expanding one’s potential became a never-ending journey toward the discovery of what LaLanne termed “The Real You,” a project that was never quite complete. As Micki McGee points out, in self-help culture’s emphasis on self-fulfillment, “one finds there is no end-point for self-making: individuals can continuously pursue shifting and subjective criteria for success.”⁴⁹¹ The goal of emotional and physical health is always just out of reach, requiring new forms of expertise, new commodities, and the mastery of new therapeutic techniques. As LaLanne put it, “The job is never done. So long as we live, we must work on ourselves.”⁴⁹²

⁴⁹¹ McGee, 19.

⁴⁹² LaLanne, *The Jack LaLanne Way to Vibrant Good Health*, 220.

Chapter III

Pornographic Pedagogies: AIDS Activism and the Queer Politics of Safer Sex Videos

Maybe affection is our best protection.

- Berkowitz and Callen, *How to Have Sex in an Epidemic*⁴⁹³

All the same, porn can be a site for “re-educating desire,” and in a way that constructs desire in the body, not merely theoretically in relation to, and often against, it.

- Richard Dyer⁴⁹⁴

Introduction

On October 19, 1985, a group of 619 gay men gathered in the High School for the Humanities in New York City. As participants in a study of innovative AIDS prevention techniques, one-third of the group was treated to a screening of a sixty-minute erotic video called *Chance of a Lifetime*. As the title screen explained, “This program is designed to be an entertaining, erotic, explicit educational tool for AIDS prevention using real people in real situations.” Conceived and produced by the Gay Men’s Health Crisis (GMHC), one of the earliest leading community-based AIDS organizations in the United States, this video represented part of a larger trend among AIDS educators that involved focusing energy on helping gay men learn to eroticize a new set of risk reduction practices that would come to be known as safer sex. In a climate of fear and sex

⁴⁹³ Richard Berkowitz and Michael Callen, *How to Have Sex in an Epidemic: One Approach* (News From The Front Publications, 1983), 39.

⁴⁹⁴ Richard Dyer, “Male Gay Porn: Coming to Terms,” *Jump Cut*, no. 30 (March 1985): 27–29.

negativity, *Chance of a Lifetime* was conceived as a way “to show that in the face of this crisis, sex can remain fun, creative, satisfying and safe.”⁴⁹⁵

Rather than appealing to fear, gay AIDS activists believed that respecting and celebrating sexual pleasure would ultimately be more effective than scare tactics in promoting safe behavior.⁴⁹⁶ Drawing on the tenets of gay liberation, this video affirmed the importance of sexual expression to gay identity and culture in the face of virulent homophobia and fear of AIDS. Producer Raymond Jacobs explained that it was very important for gay men to have “a sense of empowerment again about our sexual choices and our sexual identity.”⁴⁹⁷ In a moment when gay male sexuality was widely considered lethal, even among many gay men themselves, *Chance of a Lifetime* sought to help gay men navigate issues of fear, desire, and loss, while staking a claim to sexual liberation as itself a means of AIDS prevention. The success of *Chance* as an educational tool helped to inspire a number of other erotic safer sex videos, and several years later GMHC created a new video project, the *Safer Sex Shorts* (1989/1990), which expanded the organization’s safer sex campaign to target communities beyond GMHC’s traditional constituency of white, middle-class gay men. Influenced by the rise of guerrilla-style media activism in connection with the formation of the AIDS Coalition to Unleash Power (ACT UP) in 1987, the *Shorts* also sought to reach audiences who had not been reached

⁴⁹⁵ *Chance of a Lifetime*, directed by John Lewis (1985), videocassette. AIDS Activist Videotape Collection, New York Public Library Manuscripts and Archives Division.

⁴⁹⁶ I use the term “gay” because it was a political term adopted by GMHC as an organization and because *Chance of a Lifetime* was explicitly aimed at gay-identified men. As GMHC’s video production shifted to reflect a more diverse constituency later in the decade, I use the term “queer” when appropriate to indicate a political opposition to heteronormative institutions and structures.

⁴⁹⁷ *Living With AIDS*. Gay Men’s Health Crisis. Episode #14. March 17, 1986. Videocassette. GMHC Records, New York Public Library Manuscripts and Archives Division.

through traditional forms of AIDS prevention, including gay men of color, the ballroom community, and lesbians. While *Chance* was designed to be shown as part of an educational workshop, the *Shorts* were intended for distribution primarily in bars, bathhouses and porn theaters in hopes of reaching viewers who might not attend a GMHC workshop.

Chance of a Lifetime and the *Safer Sex Shorts* sought to mobilize the sensory and affective power of pornography as a means to redirect individual behavior and community norms toward a set of sexual practices that incorporated risk reduction techniques to prevent transmission of HIV. Unlike medical and public health campaigns that advocated abstinence or monogamy however, these safer sex videos promoted new forms of “healthy” sex that focused on pleasurable alternatives to high-risk practices. Whereas sex education campaigns have historically served to marginalize nonheteroreproductive sexual behavior as not only deviant but “unhealthy,” safer sex videos challenged this view, rescripting queer erotic practices as healthy and desirable.

The advent of video technology was integral to the development of safer sex, providing a platform that linked burgeoning forms of gay and lesbian erotic cultural production to new activist media strategies and tactics. AIDS activist videos were not only inspired by the pioneering work of the civil rights, gay liberation, and women’s health movements, but also a genealogy of radical film and video production, from Third Cinema and New American Cinema to indigenous media and camcorder activism.⁴⁹⁸ Video served as a primary medium of AIDS activism more broadly during the 1980s,

⁴⁹⁸ Alexandra Juhasz, *AIDS TV: Identity, Community, and Alternative Video* (Duke University Press, 1995), 33.

enabling otherwise marginalized individuals and groups to create their own forms of alternative media. As media scholar and videographer Alexandra Juhasz has shown, the availability of camcorder technology and low-cost editing enabled the proliferation of alternative media production in the early years of the epidemic. New technologies enabled individuals from “‘minority,’ ‘disenfranchised,’ and ‘marginal’ communities” to “make politics in a way rarely, if ever, available to them before: in a ‘dominant’ cultural form, yet in a personal voice; by, for, and about themselves, but easily available to outsiders.”⁴⁹⁹

By “picturing possibilities” for positive representations of gay sexual expression in the face of AIDS, erotic safer sex videos constructed their own utopian visions of a world in which sex was a means to a new radical queer sociality.⁵⁰⁰ These videos could thus be understood as helping to construct what queer theorist José Muñoz calls “queer utopia”: a means of conceptualizing “new worlds and realities that are not irrevocably constrained by the HIV/AIDS pandemic and institutionalized state homophobia” and offering “a critique of the present, of what is, by casting a picture of what can and perhaps will be.”⁵⁰¹ Staging a new form of what we might call *guerrilla biopolitics*, this mode of media activism actively resisted the necropolitical elimination of queer life, marking a major cultural shift in which formerly “unhealthy” behaviors were incorporated into a more inclusive definition of health. Yet by promoting a certain set of practices as both healthy and desirable, AIDS activist video production demonstrated a

⁴⁹⁹ Ibid., 8-9.

⁵⁰⁰ Gregg Bordowitz, “The AIDS Crisis Is Ridiculous,” in *Queer Looks : Perspectives on Lesbian and Gay Film and Video*, ed. Martha Gever, Pratibha Parmar, and John Greyson (New York: Routledge, 1993), 213.

shift toward a new form of affective governance, in which marginalized communities used alternative media to create their own norms of “healthy” behavior. In this sense, the development of safer sex must be understood not as an exception to but rather as an expansion of biopolitical governance. In contrast to state-based public health campaigns or the market imperatives of the privatized health industry, community-based safer sex activism represented a more subtle mechanism through which desire became linked to new modes of regulation.

By attending to the biopolitical logics inherent within safer sex activism, this study complicates the narrative within queer historiography that celebrates safer sex as a mode of political resistance. According to this narrative, safer sex was developed by and for gay men as a set of life-saving techniques that protected queer forms of life in the face of public indifference and government inaction while insisting on the vital importance of sexual expression to those forms of life. As Douglas Crimp famously argued in his 1988 essay, “How to Have Promiscuity in an Epidemic,” gays “were able to invent safer sex” because “we have always known that sex is not, in an epidemic or not, limited to penetrative sex.” Rather than vilifying the sexual liberation movement as grounds for the epidemic, Crimp suggested that by encouraging various forms of sexual experimentation, the liberationist ethos of the 1970s served as “psychic preparation” for the adoption of safer sex in the face of AIDS. According to Crimp, it was their familiarity with “the great multiplicity” of pleasurable sexual activities that enabled many gay men to adopt life-

⁵⁰¹ José Esteban Muñoz, *Cruising Utopia: The Then and There of Queer Futurity* (NYU Press, 2009), 27; 35.

saving safer sex practices.⁵⁰² Within this logic, safer sex became a vehicle, rather than a barrier, to sexual freedom. Drawing on a self-help model developed by the women's health movement, safer sex was conceived "not as a practice to be imposed on the reluctant, but as a form of political resistance and community building that achieves both sexual liberation and sexual health."⁵⁰³

Yet this conjunction of sexual health and sexual freedom coexisted uneasily. AIDS prevention required the development of new forms of individual and collective self-governance that were often in conflict with an ethos of sexual liberation that valorized individual choice in a free market of sexual options. Indeed, despite significant achievements of early safer sex campaigns in changing community norms and behavior among many gay men, the adoption of safer sex has been far from universal. While the pioneering work of organizations such as GMHC and the San Francisco AIDS Foundation can be credited with saving countless lives and achieving a major cultural shift within urban gay communities toward the acceptance of safer sex techniques in the late 1980s and early 1990s, since the mid-1990s there has been an unforeseen rise in practices of unprotected sex, particularly among men who have sex with men who may or may not identify as gay (known as "MSM" in public health parlance). The ongoing issue of unprotected or "risky" sexual behavior and rising rates of HIV/AIDS, particularly among young men of color in urban areas, indicates the limitations of safer sex as a means of health promotion. As rates of HIV infection among MSM continue to rise – especially in communities of color – public health campaigns increasingly bemoan the

⁵⁰² Douglas Crimp, "How to Have Promiscuity in an Epidemic," in *AIDS: Cultural Analysis, Cultural Activism*, ed. Leo Bersani and Douglas Crimp (MIT Press, 1988), 253.

failure of prevention strategies among “hard-to-reach” populations.⁵⁰⁴ The U.S. government estimates that although MSM represent about 4% of the male population in the United States, they accounted for 78% of new HIV infections among males in 2010.⁵⁰⁵ While the annual number of total new HIV infections has remained relatively stable in recent years, it has increased significantly among MSM, with new infections rising 12% from 2008 to 2010 (from 26,700 to 29,800).⁵⁰⁶ Rising rates of infection disproportionately impact people of color, with African Americans accounting for an estimated 44 percent of new HIV infections in 2010 despite constituting only 12 percent of the population. Latinos and Latinas are also disproportionately affected, with rates of new infection being 2.9 times greater for Latinos than white men and 4.2 times greater for Latinas than white women in 2010.⁵⁰⁷

While other scholars have focused on the shift within AIDS/HIV prevention from community-based safer sex campaigns to neoliberal techniques of risk assessment and testing, I suggest that in order to understand why AIDS prevention efforts that emphasize the need to develop more inclusive campaigns to reach “at risk” populations are often

⁵⁰³ Cindy Patton, *Inventing AIDS* (Routledge, 1990), 42.

⁵⁰⁴ Octavio Gonzalez reports that “There is a whole lot of public hand-wringing over MSM—specifically, hand-wringing over increasing incidence rates within this population, precisely despite decades of focused HIV-prevention efforts dedicated to diminishing the impact of HIV/AIDS within communities of gay and bisexual men.” See Octavio R. Gonzalez, “Tracking the Bugchaser: Giving The Gift of HIV/AIDS,” *Cultural Critique* 75, no. 1 (2010): 84. While the annual number of total new HIV infections has remained relatively stable in recent years, it has increased significantly among the epidemiological category of MSM, with new infections rising 12% from 2008 to 2010 (from 26,700 to 29,800). The U.S. government estimates that although MSM represent about 4% of the male population in the United States, they accounted for 78% of new HIV infections among males in 2010. See “HIV in the United States: At a Glance,” U.S. Department of Health and Human Services, published December 2, 2014, <https://www.aids.gov/hiv-aids-basics/hiv-aids-101/statistics/>

⁵⁰⁵ “HIV in the United States: At a Glance.”

⁵⁰⁶ *Ibid.*

unsuccessful, we need to examine the ways in which safer sex itself has been historically constructed in relation to specific forms of queer identity and politics.⁵⁰⁸ As safer sex came to symbolize a newly constituted sex-positive queer political identity, the embrace of a particular set of sexual techniques came to denote community belonging; yet, paradoxically, identification with this community was often a prerequisite to embracing safer sex practices.

Insofar as erotic safer sex videos engendered new modes of individual and collective behavior oriented toward an ethic of sexual health in the name of protecting and preserving queer life, we need to ask what forms of life were preserved, and what forms might have been foreclosed. Safer sex activism pioneered the kinds of strategies that would become central to public health campaigns over the next twenty-five years, such as creating targeted interventions for specific “at risk” populations. Yet by linking safer sex to a particular vision of queer sexual and political life, these videos delimited the boundaries of who could or would align themselves with this particular political project. Indeed, even as they represented an effort to create “culturally relevant” materials to reach a range of populations, safer sex videos exposed the limitations of a politics of inclusion based on shared queer political identity and belonging. GMHC’s efforts to incorporate formerly marginalized groups into the biopolitical project of fostering life and health ultimately privileged a vision of “health” defined primarily by HIV negative serostatus that could not account for alternative expressions of queer life.

⁵⁰⁷ Ibid.

Educating Desire: The Techne of Safer Sex

Whereas early models of AIDS prevention had focused on providing information about transmission and risk, by the mid-1980s it had become clear that even though most gay men were aware that unprotected sex put them at risk of contracting AIDS, this information was not enough to change their behaviors. A 1984 study commissioned by the San Francisco AIDS Foundation found that “information about risk is not, by itself, sufficient to effect behavioral change,” insofar as the “motivational issue” remained to be addressed.⁵⁰⁹ Subscribing to the notion that “To be effective, education must not only impart knowledge, but must do it in ways which induce people to change their sexual behaviors and the attitudes and values which support these behaviors,” GMHC began to explore new methods for fostering a “‘new attitude’ toward safer sex.”⁵¹⁰

While GMHC had employed various methods of eroticizing safer sex, from workshops to comic books, the effectiveness of these materials had never been formally studied. With a grant from the New York State AIDS Institute, in 1985 GMHC set out to study the impact of AIDS risk reduction and education programs, the first such study of its kind. What would become known as the “800 Men” Project took place from March 1985 to October 1987 and involved the comparative study of three different approaches to safer sex education. Designed to test the hypothesis that videos with explicit erotic and

⁵⁰⁸ For example, see Cindy Patton, *Fatal Advice: How Safe-Sex Education Went Wrong* (Duke University Press, 1996); Edward King, *Safety in Numbers: Safer Sex and Gay Men* (Psychology Press, 1994).

⁵⁰⁹ Research & Decisions Corporation, “A Report on: Designing an Effective AIDS Prevention Campaign Strategy for San Francisco: Results from the First Probability Sample of an Urban Gay male Community,” December 3, 1984, The San Francisco AIDS Foundation, GMHC Records, New York Public Library Manuscripts and Archives Division.

educational content were more effective than traditional forms of AIDS education, the study concluded that explicit audiovisual materials were more effective than traditional approaches in not only changing attitudes about safer sex, but also in promoting the adoption of safer sex behavior.

The relatively new medium of video technology emerged as a central tool through which safer sex educators hoped to “motivate” their audiences, providing a means to model the kinds of behavior they wished to encourage. As the 800 Men study noted, compared to other educational materials, the use of erotic visuals was the “most powerful in promoting safer sexual activities, perhaps because participants were simply shown what to do.”⁵¹¹ Yet *Chance* went far beyond providing a visual demonstration of safer sex; rather, it represented an innovative effort to harness the sensory and affective power of video pornography in order to help cultivate desire for a new set of “healthy” practices and behaviors.⁵¹² Rather than an empirical set of health guidelines, “safer sex” signified a specific *affective* investment in health that tied sexual pleasure to new practices of risk management. Focusing on the material practices, representations, affects, and institutions that were brought together under the sign of “safer sex,” I consider safer sex as *techne*, a “technique, an habitus, ethos, or lived practice” that builds associations between various

⁵¹⁰ M. Quadland, W. Shattles, R. Shuman, R. Jacobs, J. D’Eramo, *The ‘800 Men’ Project: A Report on the Design, Implementation and Evaluation of an AIDS Risk Reduction and Education Program*, October 1987, Gay Men’s Health Crisis, GMHC Records, New York Public Library Manuscripts and Archives Division.

⁵¹¹ Quadland et al, 109.

⁵¹² GMHC was not alone in this effort. Two other videos were produced the same year as a means of safer sex education: *Life Guard* (HIS Video, 1985) was created by porn company VCA in conjunction with the San Francisco AIDS Foundation and *Inevitable Love* was funded by group of clinical psychologists. See Jeffrey Escoffier, *Bigger Than Life: The History of Gay Porn Cinema from Beefcake to Hardcore* (Running Press, 2009).

activities, objects, and affects.⁵¹³ While I attend to a wide array of bodies, objects, and practices that were brought together under the rubric of safer sex, I privilege video technology as a unique interface for the conjunction of health, risk, and pleasure during this period.

As a “deviant technology,” video has always held a low cultural status, in part because of its association with pornography.⁵¹⁴ Yet as Richard Dyer has argued, because of its sensory impact on the viewer, pornography itself can be a site for “re-educating desire.” As a form of representation “for the production of bodily knowledge of the body,” pornography offers a mode of sensory education that works affectively to shape our desires. Insofar as bodily and sensory experience is shaped through culture, “we learn to feel our bodies in particular ways, not ‘naturally.’”⁵¹⁵ By drawing on the sensory qualities of video technology, safer sex activists sought to mobilize a specific set of affective responses as a means for drawing desire and health closer together.

Ryszard Kluszczyński observes that “[v]ideo is a medium of intimacy, of close contact, encouraging interpersonal communication.”⁵¹⁶ Though videotape itself has not traditionally been “granted the status of a medium” insofar as it is seen as a dependent technology, media historian Lucas Hilderbrand argues that the advent of video in fact “transformed relationships between users and screens” and introduced its own aesthetic qualities.⁵¹⁷ Designed to “give the audience considerable control over the content, so that

⁵¹³ Alexander R. Galloway, *The Interface Effect* (Cambridge, UK ; Malden, MA: Polity Press, 2012), 16.

⁵¹⁴ Lucas Hilderbrand, *Inherent Vice: Bootleg Histories of Videotape and Copyright* (Duke University Press, 2009), 34.

⁵¹⁵ Dyer, 27.

⁵¹⁶ cited in Hilderbrand, 197.

⁵¹⁷ Hilderbrand, 35.

it could be replayed, slowed down, fast-forwarded, and reproduced,” video technology transformed television viewers into *users*, and introduced new *uses* of television.⁵¹⁸ In addition to allowing audiences to record existing television content, new content was created specifically for video, namely exercise tapes and pornography.⁵¹⁹

While video never achieved the level of cultural sophistication of photography and film, the aesthetics of video came “to signify greater realism, immediacy, and presence” than other representational media, due to its capacity for immediate transmission.⁵²⁰ Video is unique in that it conveys continuous movement directly to the viewer. Film scholar John Belton explains that unlike discrete cinematic images, which the brain must interpret as continuous, “We see video movement directly – it is not mediated for us by the brain; it is immediate and uninterrupted.” Because video captures movement directly, “[v]ideo images are always in the process of their own realization. Their association with immediacy and presentness is partly because they are always in the process of coming into being.”⁵²¹ The “fuzzy” aesthetics of amateur video pornography, for instance, lends a sense of authenticity and presence to this genre.

Film scholar Laura Marks argues that audiovisual media work haptically, as well as optically, to convey meaning through embodied physical contact between the viewer and the screen. Marks proposes that “video's tactile qualities make it a *warm* medium,”

⁵¹⁸ Ibid., 8; 18.

⁵¹⁹ In 1977 the predominant content available for prerecorded cassettes was pornography, and 1.3 million porn tapes were sold in 1980. It was not until the mid-1980s that the rental market shifted to focus on Hollywood films. As of 1990, twenty percent of the rental market was still dedicated to pornography. See Hilderbrand, 55-56; 59.

⁵²⁰ John Belton, “Looking through Video: The Psychology of Video and Film,” in *Resolutions: Contemporary Video Practices*, ed. Michael Renov and Erika Suderburg (University of Minnesota Press, 1996), 67.

insofar as haptic images work to pull the viewer in close, encouraging a “bodily relationship between the viewer and the image.”⁵²² The sensory techniques and conventions of pornography in particular clearly contribute to the “tactile qualities” of video. As scholars of pornography have observed, porn is a “sensational” genre, meaning that it not only *represents* “the spectacle of a body caught in the grip of intense sensation or emotion,” but that this bodily excess spills over to “register effects in the bodies of spectators.”⁵²³ Encompassing “the emotional and cognitive as well as the sensory and affective,” Susanna Paasonen writes that “the central question is pornography's power to touch and move us, to arouse our senses and interest alike.”⁵²⁴ The production of *Chance* exemplified what I call a “pornographic pedagogy” that sought to shape conduct through the education of the senses, rather than the mind alone.

This pornographic pedagogy can be seen in the first segment of *Chance of a Lifetime*, which centers on the difficulties of negotiating safe sex within the context of urban dating. The narrator, Robbie, a white man in his mid-twenties, is nervous about his upcoming date with Louis, an African American man he has seen several times. Robbie wants to go to bed with Louis, but due to fear of AIDS he “hasn’t done it with anyone but [his] VCR in 12 months.” We get a glimpse of what that means as Robbie flips on the TV while cleaning up his apartment in preparation for his date. An image of gay pornography appears on the screen, distracting Robbie from his household tasks as he sits down on the couch to enjoy the scene. The shot of Robbie watching the video dissolves into a shot of

⁵²¹ Belton, 67.

⁵²² Laura U. Marks, *The Skin of the Film: Intercultural Cinema, Embodiment, and the Senses* (Duke University Press, 2000), 176; 164.

⁵²³ Linda Williams, “Film Bodies: Gender, Genre, and Excess,” *Film Quarterly* 44, no. 4 (July 1, 1991): 4.

the porn scene unmediated by the television screen. This scene-within-a-scene draws on typical conventions of commercial gay porn save one thing: it clearly shows condoms in use, which was rare in commercial porn at this time.⁵²⁵ A close up of a black man performing fellatio on a white man who is wearing a condom provides an explicit didactic function, as Robbie and the viewer alike learn that condoms can be used in oral sex (a recommended form of risk reduction at the time).

In this scene, video pornography provides the vehicle for educational intervention at both a diegetic and extra-diegetic level. As a pornographic video teaching men about safer sex, *Chance* incorporates scenes of men watching pornographic videos featuring safer sex. The viewer (both Robbie and the audience of *Chance*) is therefore interpellated both as a voyeur of the spectacular acts performed and as a subject whose desires must be educated; in order to reimagine sex as “safe,” porn viewing itself must be reconstructed. As a genre, pornography mediates desire in two important senses: it both generates sexual desire and potentially serves as the object of that desire. It was of course this characteristic that attracted safer sex educators to pornographic conventions. If pornography could “realistically” represent desires onscreen, it could also potentially work to generate desires based on its representations. Insofar as porn viewing was understood to have a mimetic relationship to sexual acts performed “in real life,” the portrayal of safer sex acts might prompt viewers to imitate what they see onscreen.

⁵²⁴ Susanna Paasonen, *Carnal Resonance: Affect and Online Pornography* (MIT Press, 2011), 16.

⁵²⁵ It was not until the early 1990s, after much pressure by AIDS activist groups, that commercial gay porn finally began to explicitly depict condoms into their films, which is now an industry standard. Even companies that did include recommendations regarding condom use typically included a disclaimer that condoms may not appear in shots for “aesthetic reasons.”

The film's first explicit sex scene is thus embedded within a larger narrative around desire, fear, and media technology. In a climate in which many gay men were turning "to video porn in lieu of live sex with other men," *Chance* recognized the potential of pornography as a powerful means of educating the senses.⁵²⁶ As Hilderbrand has demonstrated, it was not coincidental that a major boom in the home video market for gay pornography between 1981-1985 occurred at the exact moment of the onset of AIDS. In a climate of fear that often targeted public gay sexual venues such as bars and bathhouses, porn viewing provided an alternative, often solitary, form of sexual activity. As an alternative to other gay sexual institutions, porn could be understood as "a means of escaping from a more active sexuality that ha[d] become too uncertain, if not blatantly dangerous."⁵²⁷ Pornography moved from commercial public establishments (porn theaters, which also often served as sites of sexual activity) to the interior space of the home, transforming porn viewing from a collective activity to a private one, in which interaction with other patrons was replaced by manual interaction with the remote, and perhaps other instruments of pleasure.

As porn viewing became an alternative to engaging in "risky" sexual acts with other men, the porn video itself could be understood as a technology of safe sex, analogous to the condom as a barrier device for interrupting disease transmission. Men at home watching porn *instead of* picking each other up at gay bars and bathhouses were presumably less at risk of disease transmission. For Robbie, human/machine interaction

⁵²⁶ Escoffier, 197.

⁵²⁷ Bernard Arcand, "Erotica and Behaviour Change: The Anthropologist as Voyeur," in *A Leap in the Dark: AIDS, Art, and Contemporary Cultures*, ed. Allan Klusacek and Ken Morrison (Montreal, Quebec: Véhicule Press, 1992), 173.

has replaced human/human interaction as the video itself becomes a partner of sorts. In fact, within the diegesis of *Chance*, Robbie's interaction with his VCR produces a much more sexually provocative scene than his subsequent encounter with a human partner. (The porn-within-a-porn scene is the most sexually explicit and conventionally hot scene within the "Robbie & Louis" segment, despite having little direct bearing on the plot.) Mike Featherstone has argued that "In contrast to cinema time, video time is the time of slow-motion, freeze-framing and repetition, which act as 'instruments of desire.'"⁵²⁸ As an interactive medium that provides the user with the ability to fast forward, rewind, and pause, video has the capacity to produce queer temporalities and aesthetics. Hilderbrand notes that the aesthetics of video pornography worked to elicit its own form of desire by marking the text as forbidden. For instance, the fuzzy quality of images often produced a "striptease effect: now you see it, now you don't!"⁵²⁹ The low production quality of *Chance* evoked the intimacy of amateur video pornography, even as it sought to redirect desires away from the screen toward a new techne of safer sex practices.

While acknowledging the importance of video porn for gay men, *Chance* constructed it as lacking; Robbie has "been faithful to his VCR" due to fear of HIV/AIDS. Human contact is naturally desirable; the machine, only a poor substitute. The introductory voiceover to *Chance* described the dismal state of gay sexual culture: "We're in the middle of a health crisis that leaves many people feeling powerless and afraid. Lately more and more people seem to think that sex is too scary. Sex used to be fun. Does anyone remember sex?" Of course, the target audience of *Chance* certainly

⁵²⁸ Mike Featherstone, "Body, Image and Affect in Consumer Culture," *Body & Society* 16, no. 1 (March 1, 2010): 212.

hadn't forgotten about sex, since they were presumably the same population avidly consuming commercial gay pornography. The predominantly white, highly educated professional gay men who made up the bulk of the 800 Men Project participants demonstrated a high level of knowledge about AIDS and many reported having restricted their sexual behavior due to fear of infection. As Robbie exclaims to his friend on the phone before his date, "Don't you read the papers, don't you listen to the news? And you wonder why I've been faithful to my video machine. What could I possibly do with him? Are you crazy? I mean I want to go to bed with him, but I'm not going to go to bed with him and that's final."

Despite having just viewed a pornographic video depicting safer sex techniques, Robbie cannot seem to imagine what he could "possibly do" with his date. Luckily, his friend provides the following helpful advice over the phone: "Just remember, don't exchange body fluids. That means no sucking, no rimming, no fucking without a condom." Robbie repeats this exact information, driving the lesson home to himself (and his audience). His friend then reminds him to wash before and after, and encourages him to relax, use his imagination and "have a good time" before hanging up the phone. Importantly, this new techne of safer sex included not only a list of what *not* to do, but also an invective to bring pleasure and creativity back into sex. Unlike Robbie, his friend expressed confidence that fulfilling sex was still possible in the time of AIDS.

In keeping with GMHC's overall ethos, the "expert" safer sex advice in the film comes from Robbie's friend, rather than from a doctor or public health professional. His friend's only credibility comes from the fact that he is a trusted fellow gay man (with a

⁵²⁹ Hilderbrand, 66.

fabulous mullet, I might add) who speaks authoritatively on the subject of safer sex. Reaffirming the notion that safer sex techniques were developed within the gay community, rather than imposed from without, this scene also emphasizes that safer sex guidelines are easy to learn and teach to others. Ideally, the viewing audience of *Chance*, like the participants of GMHC's safer sex workshops, could become precisely this trusted friend, able to disseminate friendly and accurate advice to their own social circles. In this sense, AIDS prevention is imagined as a community effort based on affective bonds and mutual trust.

Chance itself was integrated into a larger community-based effort to help gay men adopt safer sex behavior. Finding that "It is not merely enough to inform people of safer sex guidelines," the 800 Men study recommended that educational programs should include "affective processing of information as well as the information itself."⁵³⁰ *Chance* was therefore designed to be screened as part of GMHC's day-long "Eroticizing Safer Sex" workshop, which involved a "a series of large and small group exercises that help men to discover new, creative and satisfying ways of expressing ourselves sexually in the age of AIDS."⁵³¹ These workshops aimed to not only provide safer sex information, but to help participants develop a "feeling of bondedness to the Gay community," which would "build self-esteem, counter feelings of internalized homophobia, and lead[] to the support of community normative behavior in the area of safer sexual practices."⁵³²

⁵³⁰ Quadland et al, 111.

⁵³¹ Valli Kanuha, Memorandum to Margaret Reinfeldt, April 24, 1989, GMHC Records, New York Public Library Manuscripts and Archives Division.

⁵³² Ibid.

As part of this larger apparatus focused on changing community norms, *Chance* not only provided safer sex instructions and depictions of safer sex acts, but also taught the viewer how to reimagine safer sexuality as a broader “lifestyle” change. As an article in *The Advocate* noted in August 1985, “Negotiating safe sex requires new social skills. At one time gay men could initiate a sexual encounter with a nod or a touch, but now many must get accustomed to talking about sex, health and what activity is acceptable.”⁵³³ In *Chance*, talking about safer sex was shown to be equally important to practicing it. The narrative arc of this vignette centered not only the question of how to practice safer sex, but the difficulty of learning to talk about it. As the evening progresses, Louis makes several attempts to initiate a conversation about sex but is interrupted by Robbie’s repeated excuses to run to the phone to call his friend for advice. As the scene continues, the tension mounts as the audience wonders whether indeed Louis will be able to succeed—not in getting Robbie in bed, but in getting Robbie to reciprocate conversationally. Finally, Robbie returns from the phone to find Louis eating a decadent dessert involving strawberries and whipped cream. A close-up on Louis’s mouth does not lead to a sexual encounter, however, but rather to the “climax” of the safer sex conversation, in which both Robbie and Louis agree to practice “absolutely” safe sex with no exchange of body fluids. By depicting the encounter between Robbie and Louis as mutually affirming, *Chance* not only coaches its audience on how to initiate a conversation about safer sex, but also works affectively to convey the relief of anxiety that such a conversation can achieve. Robbie says to Louis, “I am so relieved, I was so

⁵³³ Michael Helquist, “Safe Sex: Guidelines That Could Save Your Life,” *The Advocate*, August 6, 1985, 39.

nervous. It's been a long time and I'm concerned about my health," to which Louis responds "So am I." Robbie expresses surprise and Louis tells him, "Of course. Everybody is. Look, I admire you for bringing it up."

The palpable relief that Robbie expresses mirrors the audience's relief that this conversation can finally happen. Moreover, it functions to affirm Robbie and Louis's relationship, which is now based on a mutual expression of desire for safer sex. Concern about one's health, as it turns out, leads to a shared ethos of responsibility for safer sex, illustrated explicitly in the next scene. Unlike typical commercial pornography, the sex scene between Robbie and Louis emphasizes mutual affection and caring sensuality. A playful and affectionate scene in the shower is followed by a more dimly lit scene in the bedroom that depicts the men exploring a variety of sex acts, including oral sex, toe licking, nipple play, and mutual masturbation. Demonstrating that safer sex involves a variety of options beyond "high risk" activities, this scene also emphasizes sexual reciprocity; there is no clear "top" or "bottom." Soft lighting, medium to long shots, and a distinct lack of "meat shots" differentiate this scene from conventional hardcore pornography, and the amateur quality of the camera work and lighting give it a sense of authenticity. Instead of the "money shot" that was de rigueur in commercial porn, the scene ends with a tender if rather chaste embrace. Robbie asks Louis if he'd like to spend the night, and Louis replies that he would and asks if they can take a shower. This reiterates the lesson about washing before *and* after, while also suggesting that the potential for pleasurable safer sex is far from over (Louis is staying overnight after all).

As a demonstration not only of safer sex techniques but also of a caring, reciprocal sexual encounter, this scene illustrated that the techne of safer sex involved more than a set of empirical guidelines. Rather, it sought to generate affective investments in a mode of gay sexuality characterized by mutual pleasure and responsibility. This approach drew on an ethos of safer sex first developed by Richard Berkowitz and Michael Callen in their 1983 pamphlet, *How to Have Sex in an Epidemic: One Approach*, widely credited as the first articulation of safer sex principles in the wake of the AIDS crisis. AIDS patients of Dr. Joseph Sonnabend, Berkowitz and Callen were driven by a concern to warn other gay men of the risks that certain sexual behaviors and activities posed. The two men had come together a year before to publish a controversial op-ed in the *New York Native* in which Berkowitz and Callen both admitted to having been “excessively promiscuous,” and called on fellow gay men to take responsibility for the role that “a promiscuous gay urban lifestyle” had played in the AIDS epidemic.⁵³⁴ Yet unlike mainstream medical advice that advocated sexual abstinence or monogamy, Berkowitz and Callen’s pamphlet detailed the level of risk for specific sex acts, and provided concrete suggestions for how to reduce risk. As Berkowitz and Callen put it, “What is over isn’t sex—just sex without responsibility.”⁵³⁵ While Berkowitz and Callen asserted that “how you have sex is a matter of personal choice,” they also insisted that “it is vital to the survival of each member of the sexually active gay community that the issues of your own health and the health of your partner(s) never become separated.”⁵³⁶

⁵³⁴ Richard Berkowitz and Michael Callen, “We Know Who We Are: Two Gay Men Declare War On Promiscuity,” *New York Native*, 1982.

⁵³⁵ Berkowitz and Callen, *How to Have Sex in an Epidemic*, 40.

⁵³⁶ *Ibid.*, 3; 15.

Critiquing what they viewed as the selfish individualism of 1970s sexual liberation, Berkowitz and Callen argued that gay sexual cultures had lost sight of the role of love and affection. Positing that “If you love the person you are fucking with—even for one night—you will not want to make them sick,” Berkowitz and Callen argued that in the context of AIDS, “Maybe affection is our best protection.”⁵³⁷ The motto “affection is our best protection” was later adopted by GMHC and used on various print materials, as well as integrated into *Chance*. Rather than simply eroticize specific sex acts, this video became a site to imagine new forms of queer relationality based on a shared ethic of sexual health. Unlike mainstream public health campaigns that sought to change individual behavior primarily through antibody testing, GMHC’s approach focused on changing community norms by instilling a new sense of mutual responsibility for risk management. As a means of cultivating “a new social value emphasizing the benefits of self-responsibility and mutual and reciprocal caring among sex partners,” *Chance* valorized an ideal of “healthy sex” based on mutual care, affection, and responsibility.⁵³⁸

Moving Images: Boundaries of Belonging

The ideal of “mutual and reciprocal caring among sex partners” was illustrated in the third segment of *Chance*, “Hank & Jerry,” which focused on a white gay couple spending a weekend on Fire Island. The initial voiceover informs the viewer that Jerry has recently been hospitalized due to AIDS, although he has recovered from a bout of pneumonia. Jerry, napping on the pool deck, is awakened from a sexy dream by his

⁵³⁷ Ibid, 39.

⁵³⁸ Quadland et al, 14.

boyfriend and a playful romp in the pool leads to a sex scene involving cowboy-themed role play, mutual masturbation, and frottage. In direct contrast to mainstream media representations of people with AIDS, *Chance* portrayed Jerry as healthy and sexually active. By 1985, stories about AIDS had exploded within the mainstream media, but as many scholars have demonstrated, most of these accounts centered around “innocent” victims (usually heterosexual women and children) while vilifying gay men (among other groups) for their dangerous sexual behavior. Even when gay men were shown as victims of AIDS (for instance in NBC’s *An Early Frost*), they were not depicted as having access to forms of positive sexual expression. “Hank & Jerry” reversed this script by depicting a person with AIDS in a healthy, loving sexual relationship. Jerry’s sexual desire is depicted as “natural,” reinforced by the outdoor setting of the scene. In the face of stereotypes and taboos around AIDS, the construction of Jerry as “an active sexual agent” represented “a defiant articulation of desire and sexual identity.”⁵³⁹ Unlike most safer sex materials, which often presumed the negative serostatus of their audience, this scene demonstrated the possibility of satisfying sex while living with AIDS. Yet rather than simply asserting Jerry’s right to sexual expression, this scene linked an affirmation of sexual desire to an ethic of mutual care, putting forth a new erotics of compassion.

Like “Robbie & Louis,” “Hank & Jerry” incorporates a fantasy-within-a-fantasy in the form of Jerry’s dream as he naps by the pool. Yet while the earlier fantasy scene materialized through the structuring form of video pornography, there are no such allusions within this episode. Rather, Jerry fantasizes about the act of mutual

⁵³⁹ Thomas Waugh, *The Fruit Machine: Twenty Years of Writings on Queer Cinema* (Duke University Press, 2000), 223.

masturbation with his boyfriend. The earlier fantasy moments worked to situate the representation of sexual desire within a larger sociopolitical context of gay sexual culture, whereas Jerry's dream is self-referential, hermetically sealing his sexual desire within the boundaries of his relationship. Here Jerry is allowed free sexual expression, as long as his sexual expression is limited to "safe" acts within a monogamous relationship. This scene forestalls any anxiety about sexual contagion by not only physically removing the person with AIDS from any larger social context (while Hank is pictured going for a run on the beach, Jerry is only shown on the enclosed pool deck of their vacation home), but also by circumscribing his desire to focus only on his partner.

By confining this "positive" representation of healthy sex to a (presumably) monogamous relationship between two white middle class men, this scene also functioned to normalize a certain sexual and emotional configuration as "natural" and desirable. Unlike the earlier scenarios, which each featured an interracial sexual encounter, "Hank & Jerry" depicts a racially homogenous landscape populated exclusively by athletic, tanned white men. Shot on Fire Island, this scene valorized a specific formation of racialized and classed leisure culture that may have been familiar territory to GMHC's core clientele, but was not necessarily accessible to populations who could not afford good medical care, much less a beach vacation. Here health emerges as synonymous with a specific ideal of middle class whiteness that included not only physical fitness (in spite of illness) but also a primary relationship that privileged a certain type of emotional attachment. From Hank's beginning voiceover expressing

concern for Jerry's health, to their tearful embrace in the final scene, this scene is less erotically than emotionally charged.

In his analysis of *Chance*, Thomas Waugh argues that this scene should in fact be placed within the genre of romantic melodrama, along with other non-pornographic gay male cultural productions of the time period. Waugh suggests that in the mid-1980s melodrama emerged as “the principle vehicle in independent gay male fiction in film and video... for our dealing culturally with the trauma, fear, bereavement, and sacrifice that AIDS has occasioned in our community,” serving as the format “for some of the most important gay male cultural responses to the epidemic.”⁵⁴⁰ Rather than mimicking the stylistic conventions of commercial pornography, the “Hank & Jerry” segment of *Chance* is more closely aligned with the narrative techniques of melodrama, in which the depiction of explicit sex acts is inseparable from a narrative of love and loss. As Waugh explains, within gay melodrama of this period, sexuality functions as “a sacramental charge, impelling and resolving the melodramatic moment, as well as signifying the force of renewal, healing, and comfort.”⁵⁴¹

Indeed, in “Hank & Jerry,” sex signifies a larger process of healing and restoration. While the previous scenes portrayed specific sex acts in order to demonstrate the erotic possibilities of safer sex, this scene downplayed the pornographic element, instead using narrative build-up and long shots to depict playful and tender erotic attachment within the context of a meaningful relationship. The specter of loss, evoked by the opening voiceover about Jerry's recent hospitalization, is also represented visually

⁵⁴⁰ Ibid, 219.

⁵⁴¹ Ibid, 223.

by the physical separation of Hank (running on the beach) and Jerry (napping by the pool) in the beginning of the scene. Their physical and sexual reunion is anticipated through Jerry's dream and is finally consummated at the end of a long scene of splashing each other in the pool and showering together. Eventually Hank puts on a cowboy hat and initiates some sexy role play that leads to scrotal stimulation, mutual masturbation, and frottage, but no penetration. In direct contrast to commercial pornographic conventions, there are few close-ups, the camera instead favoring long shots that include the full bodies of both men. The scene ends with Hank holding Jerry as he sings the cowboy folk song "Red River Valley." As Hank joins him to sing the last line, "and the cowboy who loved you so true," the camera fades out on Jerry's tearstained face. Sexual union here signifies a melancholic emotional attachment, with "orgasm dissolving into embrace, the lovers trembling and sobbing with emotion."⁵⁴² Rather than eroticizing safer sex, this scene mobilized the conventions of melodrama to help gay men negotiate powerful and complex feelings of love and loss that were inextricably tied to sexuality. In an interview shortly after the film was made, director John Lewis said that the hardest part of making the video was "dealing with our feelings about the issue." Actor Fred Gormley, who played Jerry, said that the final scene was especially emotionally taxing for him, and it took him about five minutes to "wind down" after filming. Gormley noted that when the video was screened at the 800 Men Project, "there were actually people that were crying along."⁵⁴³

⁵⁴² Ibid, 223.

⁵⁴³ *Living with AIDS*.

By ending the video with a tender yet melancholic embrace between two gay men, this segment illustrated what Simon Watney called “a pornographic healing.”⁵⁴⁴ Yet this scene was less pornographic than melodramatic, arousing a different set of sensations. Like porn, melodrama also has the capacity to move bodies, as “the spectacle of a body caught in the grip of intense sensation or emotion” may transmit its own affective intensities beyond the frame of the screen.⁵⁴⁵ While “Hank & Jerry” doesn’t end with the conventional cum shot, it does culminate in another bodily secretion. By moving bodies to tears, rather than orgasm, this scene provided a different form of cathartic release. As a fantasy of escape (represented literally as a weekend getaway), this scene evoked a larger utopian longing for an escape from the devastation of AIDS. As Muñoz notes, “escape itself need not be a surrender but, instead, may be more like a refusal of a dominant order and its systemic violence.”⁵⁴⁶ In a moment when gay men were considered “disposable in their entirety,” *Chance* mobilized its own utopian fantasy of queer life in which sex was a form of conviviality rather than toxicity.⁵⁴⁷ As the opening voiceover to the video stated, “We have the chance of a lifetime. The chance to put it all together. Our lives, our health, our sexuality, and our caring.” Yet this fantasy of sexual health was predicated on an ethic of care that required an affective investment in specific formations of gay identity, community, and belonging. As we have seen, mutual affection and responsibility was central to safer sex education from its earliest incarnations. “Hank & Jerry” provided a reminder that “affection is our best protection,” yet the kind of

⁵⁴⁴ Simon Watney, *Policing Desire: Pornography, AIDS, and the Media* (Continuum International Publishing Group, 1987), 75.

⁵⁴⁵ Williams, 4.

⁵⁴⁶ Muñoz, 172.

affection it represented reinscribed a specific norm of middle-class, white monogamy as “healthy.”

While *Chance of a Lifetime* affirmed the importance of gay sexual expression, it also promoted a new ethical imperative that linked sexual freedom and sexual health to a particular form of gay identity and community belonging, privileging a specific ideal of romantic love and affection represented by the couple form. This formulation of safer sex was necessarily limited in scope to a particular audience, who could identify with the vision of “healthy” gay sexuality put forth within the video. While GMHC’s early client base had consisted of a fairly homogenous population of white gay men living primarily in the West Village and Chelsea, by the mid-1980s the face of AIDS was becoming younger, poorer, and increasingly black and Latino. During this period the organization came under fire for a lack of “minority representation” within its staff and a general lack of programming and outreach to men of color, especially those in outer boroughs.⁵⁴⁸

While the decision to feature interracial scenes in *Chance* reflected GMHC’s growing awareness that its educational materials needed to be more “culturally sensitive,” the video ultimately centered whiteness both narratively and formally while displacing racial and class inequalities within a fantasy of a singular, yet diverse “gay community.”

⁵⁴⁷ Watney, x.

⁵⁴⁸ Initially convened to investigate the lack of Black volunteers in GMHC, the Black Caucus Group reported in 1986 that there was “a marked lack of all minority group representation within the agency at all levels.” The Caucus recommended setting up liaisons with specific individuals and organizations and also doing outreach to minority organizations, agencies and religious groups, as well as instituting sensitivity training for the GMHC Board of Directors and all staff and asking for a new staff position to work on issues for people of color. See “Memo To Richard Dunne from GMHC Black Caucus Group,” 1986, GMHC Records, New York Public Library Manuscripts and Archives Division.

Working explicitly to solicit audience identification with the white narrator, “Robbie & Louis” not only privileged an assumed white audience, but also functioned to equate risk with interracial sex. Robbie’s anxiety about his health translates into a projection of sexual dangerousness onto Louis, who represents the racialized threat of infection. Even through Robbie and Louis mutually agree to a shared ethic of sexual health, this scene depicts safer sex as a project of risk management in which the white gay body must be defended from “outside” threats. Within this cultural imaginary, the black body functions as a repository of white fear, bearing the burden of symbolically representing the risk of contamination. While this threat is successfully neutralized through the mutual negotiation of safer sex boundaries, this scene demonstrates how inclusion within the “gay community” depends on an affective investment in safer sex as a shared responsibility for risk reduction. Like Hank and Jerry, Robbie and Louis exhibit caring affection for one another, which provides the basis for their shared desire for safer sex. Within the fantasy logic of the video, Louis’s racial difference ceases to be a threat once he expresses a desire to practice safer sex, allowing him to be incorporated into an imagined community built around a specific set of desiring practices – as long as he adheres to proper “community normative behavior.”

While “Robbie & Louis” and “Hank & Jerry” privileged the “healthy” expression of gay sexuality within the confines of privatized domesticity, *Chance* also featured a third segment that deviated significantly from this representational schema. “Eddy & Paul” depicted an anonymous public sexual encounter in a S/M bar. Filmed on location at The Mineshaft, an iconic New York leather bar, the scene opens with a patron watching

what appears to be a gay pornography video being screened in black and white on a television at the bar. This image dissolves into an unmediated shot of the porn scene in full color. A group of mainly white leather-clad men in cages grope, lick and grind against one another as techno music blasts, while unusual camera angles, close ups and quick cutting give the scene a music video feel. The camera then cuts back to the patron at the bar, who we discover as the camera pans up is a white man in his thirties wearing leather pants, a leather jacket, and a police cap. He is joined at the bar by a younger Latino man with shoulder-length hair wearing a leather vest and studded collar. After exchanging a glance but no words, the two engage in their own S/M encounter in a back room involving handcuffs, nipple clamps, cock rings, and flogging, eventually culminating in an anal sex scene with a condom.

Employing a much slicker commercial aesthetic than the previous segment, this scene clearly attempts to mobilize pornographic conventions through its visual style, camerawork, and form of address. Unlike “Robbie & Louis” and “Hank & Jerry,” we get little insight into the personalities or feelings of the characters depicted. This scene works exhibitionistically rather than voyeuristically, dispensing with narrative build-up and dialogue to more overtly eroticize specific safer sex acts. German safer sex filmmaker Wieland Speck explained that “Rather than threaten, order, or plead with viewers to use condoms, I wanted as much as possible to make a video that would seduce them into making condoms a natural part of sex.”⁵⁴⁹ This segment of *Chance* pursued a similar strategy, aiming to show “not didactically but purely pornographically, that practicing

⁵⁴⁹ Wieland Speck, “Porno?,” in *Queer Looks : Perspectives on Lesbian and Gay Film and Video*, ed. Martha Gever, Pratibha Parmar, and John Greyson (New York: Routledge, 1993), 349-50.

safer sex is possible and that it does not limit sex in any way.”⁵⁵⁰ Clearly influenced by a commitment to the ethos of gay and sexual liberation, this view challenged the notion that AIDS required a dampening of sexual expression. Instead, “Everything that was possible before—oral sex, sex in public places, group sex—is still possible.”⁵⁵¹

Director Raymond Jacobs asserted that because it was important for gay men to have a “sense of empowerment” about their sexual choices, *Chance* was made to show that “people can have all the sex they want, as long as it’s safer.”⁵⁵² In order to give gay men “a sense of empowerment as well as a feeling of control,” *Chance* portrayed a spectrum of safer sex options, affirming forms of gay sexual expression that many deemed “dangerous” in light of the epidemic.⁵⁵³ Espousing the notion that “Sex doesn’t make you sick—diseases do,” *Chance* sought to show how any sexual act could be made safer, including “high risk” activities such as anal sex with an anonymous partner.⁵⁵⁴ Especially in the early years of the epidemic, stereotypes about leather sex as “inherently dangerous, unsafe, undesirable, or unhealthy” were translated into a construction of leather practices as “high-risk” behavior.⁵⁵⁵ As Gayle Rubin has argued, leather bars and sex clubs became “common scapegoats for AIDS fears and easy targets for AIDS blame,”

⁵⁵⁰ Wieland Speck, “Working with the Film Language of Porn: A German View of Safer Sex,” in *A Leap in the Dark: AIDS, Art, and Contemporary Cultures*, ed. Allan Klusacek and Ken Morrison (Montreal, Quebec: Véhicule Press, 1992), 188-190.

⁵⁵¹ Ibid, 190.

⁵⁵² *Living with AIDS*.

⁵⁵³ Quadland et al, 165.

⁵⁵⁴ Berkowitz and Callen 1983, 3.

⁵⁵⁵ Gayle Rubin, “Elegy for the Valley of the Kings: AIDS and the Leather Community in San Francisco, 1981-1996,” in *In Changing Times: Gay Men and Lesbians Encounter HIV/AIDS*, ed. Martin P. Levine, Peter M. Nardi, and John H. Gagnon (University of Chicago Press, 1997), 109.

despite the fact that many S/M practices posed no risk of AIDS transmission.⁵⁵⁶ Within a climate of sex negativity and panic over public sex, *Chance*'s depiction of commercial sex establishments as an integral part of gay sexual culture constituted an overtly political response to debates about the danger of public sex institutions. In the face of calls for gay men to end "promiscuity" and practice monogamy, "Eddy & Paul" affirmed public sex and leather practices in particular as both desirable *and* healthy.

Even as "Eddy & Paul" validated the importance of S/M within the historical gay cultural imaginary, however, it ultimately subordinated these practices to a new vision of public sex culture organized around latex rather than leather. As the only one of *Chance*'s three segments to depict penetrative sex, it is significant that the scene culminates with this particular "high risk" activity. Unlike earlier forms of safer sex advice that encouraged S/M activities as an alternative to riskier activities (for instance, in *How to Have Sex in an Epidemic*, Callen and Berkowitz's list of "no risk sex" included "Leather, bondage, discipline, spanking, titplay, verbal, worship, teasing, affection, humiliation, gadgets, toys, etc"), within the narrative logic of "Eddy & Paul" S/M acts are depicted as a warm-up for the climactic anal sex scene. Patton argues that by "reconstituting many activities as 'foreplay' to an ultimate 'intercourse,'" an emphasis on condoms privileged anal sex above other "safe" activities, thereby shutting down other creative forms of sexual expression.⁵⁵⁷ While earlier safer sex advice had advertised a catalog of diverse

⁵⁵⁶ Ibid, 112.

⁵⁵⁷ Cindy Patton, "Safe Sex and the Pornographic Vernacular," in *How Do I Look?: Queer Film and Video*, ed. Bad Object-Choices (Seattle: Bay Press, 1991), 35.

sexual acts from frottage to bondage, this menu of options was now being replaced by a singular focus on one specific act, in the guise of a new latex wrapping.⁵⁵⁸

The condom functions within “Eddy & Paul” to facilitate the transition from a scene of erotically charged racial domination to a racially harmonious reciprocal act of mutual pleasure, yet this is accomplished by a concomitant shift away from S/M sexual practices. “Eddy & Paul” begins with the older white man (Paul) playing the dominant role in the S/M relationship. Clad in police attire, Paul clearly symbolizes white male authority as he pushes Eddy to the ground and pours beer on his face in an act of ritual humiliation before putting him in handcuffs. Yet during a naked wrestling match midway through the scene, Eddy gets the upper hand, and in a reversal of racialized power dynamics, Eddy tops Paul in the final anal sex scene. This reversal not only demonstrates the fluidity of dominant/submissive positions but also stages a performance of racial hierarchies that must be resolved through the development of a shared ethos of safer sex.

Interestingly, the anal penetration scene departs from the performance of clearly demarcated S/M roles, evoking instead a sense of mutual pleasure and reciprocity. By this point, the S/M elements (leather clothing, nipple clamps, handcuffs) have been literally discarded and we are left with a much more “vanilla” sex scene. Camera angles emphasizing a clear top/bottom dynamic (low shots of Paul versus high shots of Eddy) give way to shots that cut back and forth between the two actors, establishing a sense of equivalence. Both actors’ mutual pleasure in this final sex act is confirmed when Paul

⁵⁵⁸ Historian Jennifer Brier has noted that by the mid-1980s AIDS activists had accepted condoms as the most effective protection against HIV, “effectively derailing the argument about how sexual freedom, variously defined, might provide a broader political solution to a health problem.” See Jennifer Brier,

brings himself to climax while being penetrated, in a twist on the conventional “money shot” that demonstrates the pleasures of passivity while offering visual evidence that “Healthy Sex is Great Sex,” as a GMHC poster put it. In contrast to the uncomfortably racialized (and perhaps racist) erotics of domination connoted by the S/M relationship between Paul and Eddy, the condom represented a more racially egalitarian safer sex practice that signified an affective economy of mutual pleasure.

“Eddy & Paul” thus reimagined gay public sexual culture as a space of democratic sexual contact in which power dynamics associated with race, class, age, and gender presentation rather miraculously melted away into harmonious and healthy safer sex encounters. The danger within this fantasy is not only its ability to obscure the very material realities of inequality that often structure public sexual encounters, but also its privileging of certain configurations of bodies and pleasures (egalitarian and mutually affectionate; vanilla) over others (clear top/bottom roles; BDSM). Indeed, by reimagining anonymous public sex as safe, “Eddy & Paul” disavowed the elements of risk that were often intimately associated with the desirability of these very practices. By producing a cultural imaginary in which safer sex was linked to an affective investment in a specific vision of gay identity and community as caring, responsible, and democratic, *Chance* precluded any forms of sexual expression and (anti)relationality that did not adhere to this model.

“Militant Eroticism Video” and Guerrilla Biopolitics

Infectious Ideas: U. S. Political Responses to the AIDS Crisis (University of North Carolina Press, 2009), 44.

While *Chance* was created during the early years of the epidemic, the changing landscape of AIDS in the second half of the 1980s required the creation of new approaches to education and prevention. After AIDS was catapulted into the mainstream media with Rock Hudson's highly publicized death in 1985, panic heightened over the purported risk of the epidemic spreading beyond risk groups to infect "normal" Americans. At the same time, a new focus on "lifestyle" journalism reinforced sexist, homophobic, and racist stereotypes around AIDS. While AIDS activists sought to shift the language away from "risk groups" to "risk behaviors," Cindy Patton points out that this move failed to challenge "the stigma and patterns of discrimination already insinuated into AIDS risk logic" insofar as "risky behaviors" were "already connected in the public mind with gay men, prostitutes, drug users, and people of color."⁵⁵⁹ In 1985 a number of cities including San Francisco issued orders to close gay bathhouses, despite the fact that bathhouses were some of the first institutions to encourage safer sex.⁵⁶⁰ The following year, the U.S. Supreme Court upheld the criminalization of sodomy in *Bowers v. Hardwick*, implying that in the context of the AIDS epidemic it was legitimate to legislate against gay sex itself. Meanwhile the Reagan administration's indifference to AIDS (Reagan's communications director Pat Buchanan famously called the epidemic "nature's revenge on gay men" in 1983) meant that by the time Reagan addressed the Third International Conference on AIDS in Washington in May 1987, over 20,000 Americans had already died of AIDS. In October of that year, GMHC's safer sex education program became the center of a national scandal when Senator Jesse Helms

⁵⁵⁹ Patton, *Inventing AIDS*, 41.

⁵⁶⁰ See Rubin, 1997.

circulated a copy of GMHC's *Safer Sex Comix* on the floor of the Senate in order to launch an attack on gay-affirmative AIDS prevention materials. Designed to be distributed in gay bars and bathhouses as part of GMHC's outreach and prevention programs, the *Comix* featured a series of illustrated safer sex scenes with lines such as "I'd like to get fucked with a tight rubber," and "Please sir, would you shoot your man-cum on my chest?" Despite the fact that no federal monies had been used to print the *Comix*, Helms sponsored an amendment to the 1988 omnibus appropriations bill that passed in a vote of 94-2, preventing federal funding for any AIDS education materials that "promote, encourage, or condone homosexual sexual activities."⁵⁶¹ In the face of this increasingly conservative political climate, AIDS activists turned to increasingly militant tactics to address the growing crisis.

The production of GMHC's *Safer Sex Shorts* responded directly to the government censorship of the Safer Sex Comix. The brainchild of filmmakers and video activists Jean Carlomusto and Gregg Bordowitz, the *Shorts* were conceived as a video version of the Comix that upped the ante by filming real people performing sexually explicit acts.⁵⁶² The series of seven short films were born out of Carlomusto and Bordowitz's commitment to media activism as "a form of direct action."⁵⁶³ Carlomusto had begun volunteering at GMHC as a projectionist showing *Chance* in Eroticizing Safer Sex workshops and in 1987 left her graduate assistantship to take a full time job coordinating video and television production in GMHC's newly established audiovisual

⁵⁶¹ Crimp, 259.

⁵⁶² Gregg Bordowitz, interview by author, Chicago, IL, September 19, 2014, tape recording.

department. After convincing GMHC to buy a camcorder, Carlomusto began the “Living with AIDS” television show, which offered a means to reach the wider gay and lesbian community, as well as “closeted” men who couldn’t be reached through GMHC’s prevention workshops.

While early video production at GMHC was basically a one-woman affair, the formation of ACT UP in 1987 represented a new phase of organizing that focused on direct action and spurred the development of new forms of media activism. Carlomusto and Bordowitz met at the first AIDS Coalition To Unleash Power (ACT UP) protest in 1987, which Carlomusto described as a “game changer.”⁵⁶⁴ A founding member of Testing the Limits, a “Soviet-style collective” formed to “document emerging activism among government inaction around AIDS,” Bordowitz quit art school to become a full-time video activist and was later hired as Carlomusto’s assistant at GMHC.⁵⁶⁵ As part of a larger group of video activists dedicated to an ethos of sharing footage, resources, and skills, Bordowitz and Carlomusto would go on to form the Damned Interfering Video Activists (DIVA TV) in 1989, an affinity group of ACT UP engaged in media activism such as police counter-surveillance during protests.

The production of the *Safer Sex Shorts* was part of a larger cultural shift in which media activism came to the fore as a central strategy for addressing the ongoing epidemic. Influenced as much by the emerging queer political sensibility of ACT UP and

⁵⁶³ Jean Carlomusto and Gregg Bordowitz, “Do It! Safer Sex Porn for Girls and Boys Comes of Age,” in *A Leap in the Dark: AIDS, Art, and Contemporary Cultures*, ed. Allan Klusacek and Ken Morrison (Montreal, Quebec: Véhicule Press, 1992), 180.

⁵⁶⁴ Jean Carlomusto, interview by author, New York City, August 27, 2014, tape recording.

⁵⁶⁵ Gregg Bordowitz, interview by Sarah Schulman, ACT UP Oral History Project, December 17, 2002, transcript.

the development of new forms of video activism as they were by Bordowitz and Carlomusto's training in fine arts and film production, these videos represented what Carlomusto and Bordowitz described as "a guerrilla-type production of safer sex 'propaganda.'"⁵⁶⁶ As part of a larger movement of media activists who embraced a new language of "technomilitancy" that focused on seizing control of the means of representation, the *Shorts* drew on a rich history of countercultural and postcolonial media production that saw video as potentially revolutionary.⁵⁶⁷ Whereas other forms of video activism focused on countering stereotypes or documenting protests, however, the *Shorts* represented what Carlomusto called "militant eroticism video."⁵⁶⁸

Rather than focusing on how to navigate safer sex primarily within the context of personal relationships, the *Shorts* aimed to inspire a militant reclamation of public sex by depicting anonymous encounters in public spaces from taxi cabs to bathhouses. For example, *Car Service* involved an encounter between a cab driver and a passenger who offered three condoms in shiny wrappers as "payment" for his ride, while *Steam Clean* portrayed a cruising encounter at a bathhouse. Even scenes that took place within the "home" transformed domesticity from a space of privacy to a site of unexpected erotic contact; *Current Flow* depicted the welcome intrusion of a Sapphic stranger into a humdrum evening at home watching television, and *Midnight Snack* incorporated saran wrap into a memorable rimming scene in a darkened kitchen. As Carlomusto and Bordowitz explained, "In the face of increasing censorship amidst a morally conservative

⁵⁶⁶ Carlomusto and Bordowitz, 181.

⁵⁶⁷ Juhasz, 40.

⁵⁶⁸ Jean Carlomusto, "Focusing on Women: Video as Activism," in *Women, AIDS, and Activism* (Boston, MA : South End Press, 1990), 215.

climate, we militantly advocate sex – in beds, kitchens, bars, restrooms, taxis, anywhere you want. If it's safer sex, do it! That's the message."⁵⁶⁹ Taking sex out of the realm of the private and domestic, the *Shorts* as a whole advocated a reclamation of the political power of sex, fostering what Lauren Berlant and Michael Warner describe as the “kinds of intimacy that bear no necessary relation to domestic space, to kinship, to the couple form, to property, or to the nation.”⁵⁷⁰

Whereas *Chance* was created as an educational tool to be used in GMHC workshops, the *Shorts* were designed to be screened in gay bars, sex clubs, and porn theaters, as well as to be used as trailers on commercial gay porn videos. Rather than educational tools, the *Shorts* were “specifically made with the intention of being disseminated as porn.”⁵⁷¹ In order to “get the message out that safer sex can be hot,” the videos “blended advertisement, music video, and pornography” for their camera and editing techniques.⁵⁷² *Under five minutes in length, each video was a* “short, fast-paced, visually arresting, militantly graphic” piece intended to be “distributed in as many ways as possible.”⁵⁷³ Like *Chance*, the *Shorts* constituted a new ethic of sexual health that insisted on the importance of queer sexual freedom as foundational to any vision of sexual health. Yet whereas *Chance* had constructed a sex-positive gay identity as reliant on an ethic of mutual responsibility and care in a (largely homogeneous) gay “community,” the *Shorts* were designed to circulate beyond the reach of GMHC’s more

⁵⁶⁹ Carlomusto and Bordowitz, 180.

⁵⁷⁰ Lauren Berlant and Michael Warner, “Sex in Public,” *Critical Inquiry* 24 (1998): 558.

⁵⁷¹ Bordowitz, interview.

⁵⁷² Carlomusto, 216.

⁵⁷³ Carlomusto and Bordowitz, 181

traditional educational programs that catered primarily to middle-class white gay men in Chelsea.

By the late 1980s it had become clear that GMHC's programming was inadequate to address the growing epidemic among populations who had not traditionally been served by the organization. In addition to a general lack of programming and outreach to men of color, especially those in outer boroughs, existing GMHC materials and programs came under fire for promoting a specific white middle class cultural norm that excluded other groups. The *Safer Sex Comix* were criticized for promoting "sexist, ageist, racist, classist and classical beauty messages," while an evaluation of existing workshops such as "Eroticizing Safer Sex" found a number of "service gaps and barriers," including the fact that the psychodynamic group structure tended to be "uncomfortable" for individuals who were "not used to sharing their feelings and motions in a group setting," namely "non-college educated, blue collar, non gay-identified, outer borough, and Black and Latino men."⁵⁷⁴ As Douglas Crimp challenged in 1988, "what AIDS service organizations are providing transvestites with safe sex information? Who is educating hustlers? Who is getting safe sex instructions, printed in Spanish, into gay bars in Queens that cater to working-class Colombian immigrants? It is these questions that cannot be satisfactorily answered by a gay community that is far from inclusive of the vast majority of people whose homosexual practices place them at risk."⁵⁷⁵

⁵⁷⁴ Robert E. Penn, People of Color memoranda to Margaret Reinfeld, August 9, 1990, GMHC Records, NYPL Manuscripts and Archives Division; Eroticizing Safer Sex workshop evaluation, n.d. [circa 1990] GMHC Records, NYPL Manuscripts and Archives Division.

⁵⁷⁵ Crimp, 251.

Under pressure from staff members of color within the organization, GMHC's education department had in fact established a "Minority Outreach" program in 1987 "in order to carry the AIDS prevention message to gay men of color who were not benefitting from existing prevention efforts that had been designed by and for gay men who were assimilated into New York's gay culture, usually white, middle class gay men."⁵⁷⁶ The following year, the GMHC Board of Directors amended the organization's mission statement to include a new stated goal to "Expand and adapt prevention programs to groups of men who have sex with men who have not historically been served by GMHC or other organizations."⁵⁷⁷ In 1989, GMHC began "the development and implementation of risk reduction workshops and bar and bath house interventions" among Black and Latino gay and bisexual men, with support from a grant from the New York Department of Health.⁵⁷⁸ One of the most successful of these "interventions" was a combination drag show and risk reduction education event held at the Love Boat and La Escuelita, bars catering to mainly Latinos. GMHC worked with the bar owners and contracted popular drag star Mario de Colombia to host and perform at the events, as well as star in a safer sex skit onstage. By bringing AIDS education to an "established social and entertainment network," and involving members of the community in the planning and production of the event, these programs represented a new trend toward producing "culturally relevant" AIDS education by and for the communities most impacted.⁵⁷⁹ As

⁵⁷⁶ AIDS Prevention Programs for POC Vision and Programs, 1990/91, GMHC Records, NYPL Manuscripts and Archives Division.

⁵⁷⁷ GMHC Board Minutes, October 16, 1988, GMHC Records, NYPL Manuscripts and Archives Division.

⁵⁷⁸ 1990-91 Funding Request to The New York State AIDS Institute, New York State Department of Health, October 31, 1989, GMHC Records, NYPL Manuscripts and Archives Division.

⁵⁷⁹ Love Boat, Video recording, 1993, GMHC Records, NYPL Manuscripts and Archives Division.

media activist and scholar Alexandra Juhasz explained, “We have found over the course of the AIDS crisis that education is most effective when it comes from, and is made specifically for, the diverse communities who most need to be addressed.”⁵⁸⁰

This ethos of working directly with communities to promote “culturally relevant” prevention materials was central to the creation of the *Safer Sex Shorts*. In order to “address ever widening circles of people among the communities hardest hit by AIDS,” Bordowitz and Carlomusto convened task groups who would chose the scene, the situation, and the acts to be performed “with a specific community or audience in mind.”⁵⁸¹ As Carlomusto explained, “Typically when we were doing videos that dealt with people of color, when we were looking at eroticizing safer sex among, for instance, black gay men, we had a focus group that came up with ideas for the scenario.”⁵⁸² According to the information sheet given to these task groups, “The objective of this project is to come up with a number of culturally sensitive tapes addressing the needs of a number of communities regarding safer sex.”⁵⁸³ Like GMHC’s other educational programs, the Shorts were envisioned as “interventionist,” that is, effective means through which to disseminate a message to a particular audience. Yet this mode of intervention differed from a marketing approach in that Carlomusto and Bordowitz saw themselves as “providing video as a resource” “for communities to develop their own

⁵⁸⁰ Juhasz, 23.

⁵⁸¹ Carlomusto and Bordowitz, 180; 179.

⁵⁸² Carlomusto interview.

⁵⁸³ Richard Fung, “Shortcomings: Questions about Pornography as Pedagogy,” in *Queer Looks : Perspectives on Lesbian and Gay Film and Video*, ed. Martha Gever, Pratibha Parmar, and John Greyson (New York: Routledge, 1993), 357.

forms of education.”⁵⁸⁴ As Bordowitz explained, “We were not making works *for* a demographic, we were making works *with* constituencies.”⁵⁸⁵

While the first two shorts, *Something Fierce* and *Midnight Snack* were created by Bordowitz and Carlomusto to appeal to a general audience, the remaining five shorts were conceived to appeal to specific groups. *Car Service* was geared toward black men, *Steam Clean* was aimed at Asian Americans, and *Gotstabeadrag* was aimed at trans and gender nonconforming youth of color involved in the house ball scene.⁵⁸⁶ *Current Flow* was targeted at lesbians, and directed by Carlomusto, who wrote the script in conversation with members of ACT UP’s women’s caucus. Finally, *Law and Order* was conceived as a S/M video and Robert Huff was recruited to direct it. Because Bordowitz and Carlomusto were committed to an ethos of “people’s porn,” nearly all the videos featured amateur actors, with the exception of *Law and Order* which starred professional S/M actors Keith Ardent and Joe Simmons, and *Current Flow* which starred well-known porn actress Annie Sprinkle.

If *Chance* had drawn on the narrative conventions of melodrama and gay commercial pornography, the *Shorts* mobilized a very different set of aesthetics. Employing camera and editing techniques of music videos and television advertisements, Bordowitz and Carlomusto described the videos as “extremely slick images rapidly edited in a variety of ways, on different formats, to resemble some of the most current

⁵⁸⁴ Bordowitz interview; Carlomusto and Bordowitz, 180.

⁵⁸⁵ Bordowitz interview.

⁵⁸⁶ Another short geared toward Latino men was headed by Ray Navarro but the project was not completed because of Navarro’s illness. .

trends in video production.”⁵⁸⁷ Acknowledging that the Shorts not only needed to be “short, concise, and pithy,” but also “somehow had to be hip” in order to be able to circulate, Bordowitz explained that at the time he was very interested in velocity and speed, drawing influence from television pacing and an emerging soundbyte culture.⁵⁸⁸ More than video art, Bordowitz said he “really thought of these as commercials.”⁵⁸⁹ As fellow AIDS activist and filmmaker Tom Kalin explained, “you need to work to engage in the politics of Michael Jackson, Madonna, Benetton. There is no outside the marketplace in relation to art production. The best you can do is to tease the margins of the mainstream marketplace.”⁵⁹⁰ According to Carlomusto and Bordowitz, “the producers steal conventions and add to it a queer sensibility.”⁵⁹¹

The “queer sensibility” conveyed by the *Shorts* brought together a new radical political outlook with the subcultural cache of urban queer nightlife. *Something Fierce* drew heavily on the stylistics of the house scene at New York City dance clubs, starring Blane Mosley, a 26 year-old African American ACT UP activist and a “club star” who frequented hip venues like the Sound Factory and The Loft. Mosley’s high-profile status within queer political and social circles made him an ideal conduit for the message of safer sex, and unlike most of the other actors his name appeared prominently in the video credits. “He was just gorgeous, I saw him out all the time, dancing,” Bordowitz explained.⁵⁹² *Something Fierce* featured Mosley dancing to a popular house track against

⁵⁸⁷ Carlomusto and Bordowitz, 179.

⁵⁸⁸ Bordowitz interview.

⁵⁸⁹ Ibid.

⁵⁹⁰ quoted in Juhasz, 59.

⁵⁹¹ Carlomusto and Bordowitz, 181.

⁵⁹² Bordowitz interview.

a backdrop of lava lamp-esque bubbles, gradually removing articles of clothing. Mosley then gives a condom demonstration, telling his audience, “I want to show you the right way to slip on a love glove.”⁵⁹³ While the video’s explicit nudity made it pornographic, *Something Fierce* drew less on porn conventions than on the erotic appeal of house music and the queer club scene. Canadian filmmaker Richard Fung explained that in all the *Shorts*, the incorporation of prominent music tracks not only created “a sense of sexual energy, but it also serve[d] to constitute the tapes and their message as fashionable and ‘in the know’ for the target audiences.”⁵⁹⁴ The *Shorts* were self-consciously styled to be hip and trendy, seeking to not only make safer sex hot, but also to make it cool.

Of all the *Shorts*, the “most successful in terms of an intervention” was also the most stylistically coherent.⁵⁹⁵ Directed by David Bronstein, a filmmaker working with the drag ball community of mostly black and latino gay and gender nonconforming youth, *Gotstabeadrag* featured scenes of voguing intercut with footage of house mother Tracy Africa addressing the audience with safer sex advice. “It doesn’t matter whether you’re butch, fem, male or female,” she informed her audience, “Any sexual act can be made safer with the use of condoms.”⁵⁹⁶ Evoking the glamour, beauty, and style of voguing through its camera and editing techniques, *Gotstabeadrag* also relied on Tracy Africa’s level of celebrity and authority within the ball community. The video premiered to a packed house at the House of Africa ball at the Sound Factory in January 1990, three

⁵⁹³ *Midnight Snack*, directed by Gregg Bordowitz and Jean Carlomusto (1989), video file. Safer Sex Shorts Series, AIDS Activist Videotape Collection, New York Public Library Manuscripts and Archives Division.

⁵⁹⁴ Fung, “Shortcomings,” 358.

⁵⁹⁵ Bordowitz interview.

⁵⁹⁶ *Gotstabeadrag*, directed by David Bronstein (1990), video file. Safer Sex Shorts Series, AIDS Activist Videotape Collection, New York Public Library Manuscripts and Archives Division.

months prior to the release of Madonna's hit single "Vogue." Unlike Madonna's best-selling song, which as critics have noted did much more for Madonna's career than the lives of gay men and transwomen of color within the ball scene, *Gotstabeadrag* featured the stars of ball culture itself, showcasing their talent and glamour through the medium of music video which itself worked to confer a certain sense of style and authority. The success of *Gotstabeadrag* was based on its ability to work within the conceptual logic of what Patton calls a "sexual vernacular," which includes the form, aesthetic, and mode of cultural circulation.⁵⁹⁷ Like GMHC's bar interventions at the Love Boat and La Escuelita, *Gotstabeadrag* worked within existing cultural institutions, drawing on vernacular styles and modes of address to incorporate safer sex into a larger network of queer sexual life. *Gotstabeadrag* helped to lay the foundation for GMHC's work with the ball community; GMHC went on to establish a House of Latex and the organization holds an annual Latex Ball that continues to be a successful form of outreach and community education today.

Interestingly, *Gotstabeadrag* was the only one of the shorts that did not feature any explicit sex, functioning much more like a music video than porn. The glaring absence of sex in the one video geared toward the trans community speaks to the limitations of eroticizing safer sex as a queer political project. The systemic transphobia, racism, and economic precarity that structured the lives of many of the gay and gender nonconforming youth involved in the ball scene meant that the discourse of safer sex as an erotically enhancing or empowering "choice" was not necessarily applicable. Tracy Africa's assurance that "any sexual act can be made safer" begged the question of what kind of sexual "safety" condoms offered in a context in which sex was often negotiated

⁵⁹⁷ Patton 1996, 147.

through various structures of power, inequality, and violence. By focusing on latex as a means to sexual liberation, the *Safer Sex Shorts* privileged a model of sexual freedom based on a notion of possessive individualism. Without addressing the structural conditions that limited the “choices” of many poor gay and gender nonconforming youth of color, this form of safer sex education risked reinscribing discourses that blamed individuals for “unhealthy behaviors” and subjected them to more punitive forms of intervention.

Steam Clean, directed by Richard Fung and aimed at Asian American gay men, sought to remedy this lack of attention to systemic inequality within queer sexual cultures by tackling racist desiring practices head on. Shot on location at the Spa on Maitland, a recognizable gay bathhouse in Toronto, this video follows a young East Asian man as he walks down a hall of private rooms, the camera tracking behind him as he encounters a range of reactions from disinterest to mild curiosity to overt rejection (one white man shakes his head vigorously and mouths, “NO!”). Finally, he comes across a handsome South Asian man who smiles invitingly, and the two share kisses and caresses before engaging in anal sex with a prominently displayed condom.⁵⁹⁸ As part of his larger project of “articulating counterhegemonic views of sexuality,” *Steam Clean* constructed what Fung called “an alternative erotics.”⁵⁹⁹ Fung’s enthusiasm about participating in the project was in part an effort to contest the exclusion of gay men of Asian descent from

⁵⁹⁸ *Steam Clean*, directed by Richard Fung (1990), video file. Safer Sex Shorts Series, AIDS Activist Videotape Collection, New York Public Library Manuscripts and Archives Division.

⁵⁹⁹ Richard Fung, “Center the Margins,” in Russell Leong, ed., *Moving the Image: Independent Asian Pacific American Media Arts* (Los Angeles: UCLA Asian American Studies Center, 1991), 64.

sexual representation by disrupting racial and sexual stereotypes.⁶⁰⁰ Fung explained that his enthusiasm about participating in the project was that “it offered the chance to create sexual images of gay Asian men; images that represent them as sexual subjects in the process of realizing their desires; images that disrupt the various racial/sexual clichés about passivity, premature ejaculation, small dicks, and so on; images that challenge our almost total exclusion from the North American gay imagination.”⁶⁰¹ In a climate in which mainstream gay pornography could not imagine a desiring gay Asian male subject, *Steam Clean* called attention to the racism within gay sexual culture on and off the screen. Staging a public sexual encounter that explicitly critiqued and revised racialized hierarchies of gay male desire, *Steam Clean* disposed with any fantasies of the bathhouse as a democratic, egalitarian sexual space, depicting it instead as what Leo Bersani calls “one of the most ruthlessly ranked, hierarchized, and competitive” spaces of sexual encounter.⁶⁰² At the same time, within the sex scene itself, these power dynamics fade away to reveal what one critic described as “smiling, tender, safe coitus.”⁶⁰³ Through mise-en-scene and cinematography, the sex scene constructs an alternate sexual and racial imaginary grounded in a political and aesthetic commitment to equality, mutual pleasure, and a shared investment in risk reduction. While porn conventions often use high or low camera angles to convey sexual domination and submission, *Steam Clean* maintains a level gaze, alternating between medium and close shots to emphasize egalitarian sexual and racial relations. Additionally, while Fung chose to have the East

⁶⁰⁰ Fung, “Shortcomings,” 355-6.

⁶⁰¹ Ibid.

⁶⁰² Leo Bersani, “Is the Rectum a Grave?,” *October* 43 (December 1, 1987): 206.

⁶⁰³ Thomas Waugh, “Good Clean Fung,” *Wide Angle* 20, no. 2 (1998): 169.

Asian actor play the penetrative role in order to counter racial stereotypes about passivity, by positioning the South Asian “bottom” physically sitting on top during intercourse, he destabilized the conventional power dynamics of top/bottom.

Yet despite its effort to invert the racial and sexual hierarchies within gay commercial sexual culture, ultimately *Steam Clean*'s political message may have eclipsed its erotic appeal. After interviewing several Asian American gay men who had seen the video, Fung found that in fact, his target audience did not tend to respond positively. Some of his interviewees fast-forwarded to the sex scene (thereby missing much of the social critique of racism in bathhouses) while others even fast-forwarded through the sex scene itself. One viewer felt that the video didn't have enough sex, commenting that “it doesn't disguise itself very well as porn,” while another found the *Shorts* in general to “carry more of a medical or a social message than a pure porn film.”⁶⁰⁴ Additionally, the mandate of self-representation in order to be racially inclusive failed to take into account individual preferences in pornography; as Fung pointed out, Asian men are not necessarily attracted to Asian actors.

The vision of queer world-making the *Shorts* offered was one that reimagined sex itself freed from the constraints of systemic homophobia, racism, and other systems of oppression. But by evacuating these power dynamics, the videos lost their erotic edge: as it turned out, politically radical sex was not necessarily sexually desirable. Indeed, if the marketplace of commercial pornography is any indication, the stuff of fantasy does not always align neatly with progressive political ideals. The question of whether “the pleasure premise of porn [could] coexist with the pedagogical” points to the disconnect

between queer politics and queer desires.⁶⁰⁵ As Fung explained, “The mechanisms of producing pleasure and viewer interest, and the mechanisms of imparting information to that viewer, while mutually reliant, are not the same.”⁶⁰⁶ Bordowitz and Carlomusto tried in vain to convince commercial porn distributors to include the *Shorts* as a trailer on their videos, but there was one simple problem: they just weren’t hot enough. While the *Shorts* were screened at a number of bars and bathhouses in New York City, they ultimately achieved more circulation at academic conferences and art museums than within the “communities” they were intended to speak to. “The *Safer Sex Shorts* were brilliant but they failed,” Bordowitz commented in an interview.⁶⁰⁷ As a poignant and powerful artistic expression of queer utopian longing, the *Shorts* were exceptional. But as a tool for safer sex education, they fell short.

In part, it was the materiality of the *Shorts* that constrained their ability to circulate beyond the familiar territories within the reach of GMHC and ACT UP. While videotapes were relatively cheap to reproduce, with no budget for distribution the *Shorts* were not able to circulate in the ways that Bordowitz and Carlomusto had hoped for. Though they were inhibited by the lack of technical infrastructure available at the time, the entire production and distribution strategy for the *Shorts* represented an attempt to, in effect, *go viral*. Anticipating the kind of viral niche marketing that has become omnipresent in the digital age, the *Safer Sex Shorts* were somewhat tragically ahead of their time, limited by an analog medium that was ultimately too clunky to circulate with

⁶⁰⁴ Fung, “Shortcomings,” 364.

⁶⁰⁵ Ibid., 357.

⁶⁰⁶ Ibid., 365.

⁶⁰⁷ Bordowitz interview.

the velocity that they needed (one can imagine the potential impact of these videos had the internet existed at that time). It is perhaps a fitting irony that this new model for virality emerged from the queer utopian vision of sexual freedom from the tyranny of AIDS.

Yet the “failure” of the *Shorts* was not simply due to technological constraints. Rather, it was their attempt to align a radical queer vision of sexual liberation with a vision of health narrowly defined by HIV negativity that illuminated the limitations of safer sex as a political project. Indeed, from a crip theoretical perspective, the project of protecting the “healthy” (negative serostatus) body from infection resonates with the imperatives of compulsory able-bodiedness. Assuming that HIV negativity is a universally desired status eliminates alternative ways of valuing the affective capacity of bodies that may not conform to idealized models of able-bodiedness. As we have seen, despite their attempts to be “inclusive,” both *Chance* and the *Shorts* privileged particular forms of queer relationality that constrained their effectiveness. Defining sexual freedom through the rhetoric of individual “choice,” these videos failed to account for the systemic inequalities that limited the choices of many marginalized subjects. Moreover, the vision of “healthy sex” that these videos offered was predicated on a shared commitment to mutual care, affection, and responsibility for risk reduction. Even within scenes that depicted anonymous public sex, from “Eddy & Paul” to *Car Service* and *Steam Clean*, power inequalities and hierarchies were entirely evacuated, in a radical reimagining – but rather unrealistic representation – of queer public sexual culture. By depicting the characters in these scenes as enthusiastically invested in safer sex, these

scenarios provided little advice on how to negotiate sexual encounters in which one or more parties might be resistant to risk reduction techniques. Moreover, by offering a utopian ideal of safer sex as an egalitarian site of community building in which sexual pleasure could coexist with sexual health, these videos simultaneously disavowed the central role that power often plays within sexual desire, along with the erotic attraction of risk itself. By erasing any vestige of power hierarchies within sexual encounters, they performed what Lee Edelman calls “sexual optimism,” constructing a sanitized vision of queer desire that evacuated all elements of negativity. Edelman argues that the violence of sexual normativity is not a matter of policing “good” or “bad” forms of sex, but inheres in the process of “trying to separate sex from negativity, from what’s unbearable in enjoyment.”⁶⁰⁸ Within *Chance* and the *Shorts*, there was no room for desiring practices that did not conform to GMHC’s portrayal of politically progressive safer sex based on mutual affection, trust, and responsibility safer sex based on mutual affection, trust, and responsibility.

While the *Shorts* illustrated a unique effort to create new “structures of feeling” that linked the sensory erotics of pornography to a set of safer sex techniques, the videos themselves exemplified the tensions between a radical queer political project and the unruly multiplicity of pleasures within queer sexual cultures. This dynamic is most clearly observed in *Law and Order*, which staged an S/M encounter between a black construction worker and a white police officer. As one of the few *Shorts* to feature professional porn actors, this video was based on a scene actors Keith Ardent and Joe Simmons created themselves and was shot on location in a dungeon at a local S/M club.

⁶⁰⁸ Lauren Berlant and Lee Edelman, *Sex, or the Undecidable* (Duke University Press, 2013), 32.

The scene opens onto a medium shot of Simmons (playing the construction worker) dressed in a ripped wife beater, jeans, a tool belt and a do rag. He is putting Ardent, who is dressed in police attire, in wrist and ankle restraints. The initial shot, which is filmed with a black and white filter from a high angle to evoke security camera footage, is overlaid with the sounds of a police radio, which then gives way to techno music as the camera cuts to a closer shot of Simmons, now depicted in more “realistic” full color, with no filter. Simmons unzips Ardent’s leather pants from behind and then takes a condom out of his tool belt. Didactic close-ups illustrate him putting on the condom and applying lube, and a conventional “meat shot” clearly depicts the role of latex. The camera pans out to capture Simmons’s face and torso, and then cuts to a longer shot of Ardent from the front, who is moaning with pleasure. A fisting scene (featuring plentiful close-ups on a latex glove) tops off the scene, demonstrating that the construction worker has the tools to handle the situation. The scene is intercut with footage using the black and white filter, and as the final shot fades out the music also fades back to police radio.⁶⁰⁹

Providing an incisive critique of the power relations under a white supremacist police state, this scenario staged perhaps too close an encounter with the erotics of racial violence. In fact, the final cut was heavily edited, erasing most of the narrative of the scene as it was originally constructed. As documented in the unedited original footage, the scene had originally opened with the cop (Ardent) approaching the construction worker (Simmons) while he is on the job. Ardent begins touching Simmons suggestively with his baton, and Simmons, put off by this unwanted advance, responds, “Yo, man,

⁶⁰⁹ *Law and Order*, directed by Robert Huff (1989), video file. Safer Sex Shorts Series, AIDS Activist Videotape Collection, New York Public Library Manuscripts and Archives Division.

what did I do?” Ardent continues to flaunt his authority, unzipping Simmons’s pants and telling him “I want to do you.” Despite Simmons’s resistance, Ardent instructs him to put a condom on the baton, leading to a scene of what appears to be nonconsensual baton penetration of Simmons by Ardent. After this racist display of police brutality, the tables are turned and Simmons puts Ardent in wrist and ankle restraints. Before proceeding to the anal sex and fisting scene previously described, however, Simmons gives the cop a dose of his own baton, staging a kind of anarcho-Marxist reversal in which the Master’s tools seem to quite effectively dismantle the foundations of the racial police state.

By cutting the entire opening scene, along with all baton penetration, the final master effectively erased the spectacle of racialized state violence from the narrative. Foregrounding fantasy as a space for inverting hierarchies of race and class, *Law and Order* constituted a radical reimagining of power and domination. Yet in so doing, it foreclosed the possibility of desiring practices that eroticized these very forms of domination. Within the radical queer imaginary, there was no space for less politically correct but perhaps not uncommon fantasies that might have centered on the act of being dominated by a police officer, or even nonconsensual sex itself. The possibility that the master’s tools could be implements of pleasure as well as violence is thus literally erased from the representational frame. Sexual practices, including S/M scenes, that fall outside this particular vision of queer worldmaking are rendered unthinkable, and therefore cannot be assimilated into the logic of safer sex.

Testing the Limits of Inclusion

By far the greatest challenge to safer sex as a utopian ideal has come from the rise of barebacking, or the intentional practice of unprotected sex, since the mid-1990s. By the end of the decade, reported incidents of sex without a condom among gay men rose from 25 to 45 percent.⁶¹⁰ While the question of to what extent the intentional practice of barebacking is responsible for HIV transmission is up for debate, this practice has come to occupy a central place in discourses around queer sexual cultures and public health.⁶¹¹ In his study of barebacking subcultures, Tim Dean argues that by embracing risk and rejecting both responsibility and respectability, barebacking challenges narratives of HIV/AIDS within both public health establishments and mainstream LGBT politics.⁶¹² Arguing that barebacking often elicits a desire to punish barebackers for their “excessive pleasure,” Dean notes that “Many people seem to find absolutely infuriating the prospect that HIV infection is not invariably fatal.... When it comes to bareback sex, most people prefer to hear about gay men who are dying rather than living their lives.”⁶¹³ Based on what Michael McNamara terms a “pathologizing of gay male desire,” barebacking has

⁶¹⁰ Escoffier, 133.

⁶¹¹ Gonzalez argues that barebacking needs to be separated from HIV transmission, since many barebackers employ risk reduction techniques. He also argues that the figure of the “bugchaser” has become a “panic icon” despite very little evidence of bugchasing as a widespread practice. Also see Michael Shernoff, *Without Condoms: Unprotected Sex, Gay Men and Barebacking* (Routledge, 2013); David M. Halperin, *What Do Gay Men Want?: An Essay on Sex, Risk, and Subjectivity* (University of Michigan Press, 2007); Kane Race, “Engaging in a Culture of Barebacking: Gay Men and the Risk of HIV Prevention,” in *Gendered Risks*, ed. Kelly Hannah-Moffat and Pat O’Malley (Routledge, 2007), 99–126; Michael McNamara, “Cumming to Terms: Bareback Pornography, Homonormativity, and Queer Survival in the Time of HIV/AIDS,” in *The Moral Panics of Sexuality*, ed. Breanne Fahs, Mary L. Dudy, and Sarah Stage (London: Palgrave Macmillan, 2013), 226–44.

⁶¹² Tim Dean, *Unlimited Intimacy: Reflections on the Subculture of Barebacking* (University of Chicago Press, 2009).

been constructed in opposition to the “mature, moral, responsible and healthy practice” of safer sex.⁶¹⁴ Similarly, David Halperin observes that barebacking has provided a justification for drawing new boundaries between good queers who practice safer sex and bad sexual subjects who are seen as both selfish and self-destructive.⁶¹⁵ The most extreme example which has garnered much popular and scholarly attention is the figure of the “bugchaser”: an individual who intentionally engages in unsafe sex based on a desire to seroconvert. Describing the bugchaser as “an apocryphal figure in our contemporary cultural landscape,” Octavio Gonzalez argues that within public health discourse and queer communities this rhetorical figure is mobilized to discipline everyone else into practicing safer sex.⁶¹⁶ The figure of the bugchaser in particular challenges normalizing discourses predicated on a “hygienic vision of the uninfected gay male body and unthreateningly “safe” sexual behavior in the LGBT community.”⁶¹⁷

Particularly in the face of what many viewed as the resounding success of safer sex campaigns in changing behavior among gay men, the rise of barebacking as a practice that, regardless of the number of actual practitioners, certainly elicits strong feelings of both disgust and desire suggests that this cultural phenomenon poses a challenge to any assumptions regarding the alignment of safer sex, radical politics, and queer desire. My purpose here is neither to indict or exonerate the practice of barebacking, but rather to explore its rather curious – indeed, perhaps *queer* –

⁶¹³ Tim Dean, “Bareback Time,” in *Queer Times, Queer Becomings*, ed. E. L. McCallum and Mikko Tuhkanen (State University of New York Press, 2011), 78.

⁶¹⁴ McNamara, 239.

⁶¹⁵ Halperin, 11.

⁶¹⁶ Gonzalez, 87; 91.

⁶¹⁷ *Ibid.*, 89.

relationship to safer sex activism. As a direct descendant of safer sex campaigns (indeed, “unsafe” sex could only come into being in response to “safe” sex), this queer progeny rather brazenly embraces the very “risky” activities that its predecessor sought to eliminate. While evidence suggests that the majority of “unsafe” sex between men actually seeks to minimize HIV transmission, barebacking within the cultural imaginary focuses on an irresponsible, uneducated, and/or irrational individual who “courts death.” A persistent thorn in the side of public health personnel and queer safer sex activists alike, barebacking represents the embarrassing, shameful, uncivilized underbelly to queer life. Within our current cultural frameworks, we can only make sense of barebackers as either risky subjects (dangerous vectors of contagion) or as at-risk objects of a paternalizing savior mentality (in need of education and training in proper sexual practices). At the same time, by exposing the normative impulses within queer communities that otherwise embrace ideals of sexual freedom, barebacking illustrates the limitations of a politics of inclusion based on a shared investment in health. Posing a challenge to the alignment of queer politics with safer sex practices, barebacking practices may represent an escape from what Gonzalez terms “the compulsory able-bodied management of an HIV-negative lifestyle.”⁶¹⁸

As one of the first self-proclaimed barebackers to take a public stand against safer sex, writer and porn actor Scott O’Hara described himself as one of “the unrepentant libertines” who believed that “Sex is not, cannot be, and should not be ‘safe.’”⁶¹⁹ For O’Hara, the risk of dying at a younger age than other gay men who practiced safer sex

⁶¹⁸ Ibid., 104.

⁶¹⁹ Scott O’Hara, “Safety First?,” *The Advocate*, July 8, 1997.

was “worth it.”⁶²⁰ Being HIV positive, O’Hara said, gave him “the freedom to behave ‘irresponsibly.’ I look at the HIV-negative people around me, and I pity them. They live their lives in constant fear of infection: mustn’t do this, mustn’t do that, mustn’t take risks.... My life is so much more carefree than theirs.”⁶²¹ Arguing that true sexual liberation includes “the freedom to behave ‘irresponsibly,’” O’Hara not only called into question the compatibility of health and pleasure but also the desirability of HIV negativity. Halperin has observed that “O’Hara clearly found liberation in abjection. Moreover, abjection led him to forge new sexual communities and cultures among the outcast, the shamed, the excluded.”⁶²² In this sense, O’Hara could be understood as embodying an alternative queer crip sensibility that called into question the alignment of safer sex with queer politics. This view was echoed in publications created by and for HIV positive individuals such as *Diseased Pariah Network*, which featured articles such as “I Fisted Jesse Helms,” and “Aunt Kaposi’s Advice to the Loveworn.” Staging campy reversals of the moralistic discourse associated with safer sex, articles like these valorized HIV positivity as desirable and liberating. *Diseased Pariah News (DPN)* embraced the multivalent and sometimes ambivalent positionality of being HIV positive. With tongue-in-cheek humor and acerbic wit, *DPN* writers spoke candidly to the perils and pleasures of “pos” identity. Rather than advocating for liberal tolerance or inclusion for HIV positive individuals, *DPN* embraced the status of “diseased pariah” as a way to maintain critical distance from the violent normalization of compulsory able-bodiedness. Without erasing the political conditions that led to the AIDS epidemic, *DPN* validated the very

⁶²⁰ Ibid.

⁶²¹ Quoted in Gonzalez, 88.

behaviors and desires that safer sex discourse rendered illegitimate. For instance, the “current obsessions” of Kevin Bryson, coverboy of a 1993 issue of *DPN* included: “making and star[r]ing in HIV porn – unsafe, nasty sex for the DPN Nation; obtaining enough Seconal to act out Sharon Tate’s death scene in ‘Valley of the Dolls’; Henry Rollins (ex-member of Black Flag) of the Rollins Band – ultimate stud from hell; Wigstock, N.Y.C.; finding an HIV boy into tattoos, buzz cuts, boots, rough sex, and trouble who is searching for a buddy to live our a final ‘Living End’/‘Thelma and Louise’ type of exit from this earth.”⁶²³ Far from romanticizing HIV/AIDS, Bryson characterized it as “a real life horror movie that’s fucked up all of our lives.” At the same time, he unapologetically defended his own choice to practice “unsafe, nasty sex for the DPN Nation.” If Queer Nation was organized around the defiant refusal of heteronormativity, DPN Nation coalesced around Queer Nation’s failure to incorporate the “unsafe, nasty” elements of queer life that could not be incorporated as good citizens of Queer Nation.

Rather than seeking social acceptance/belonging within the “mainstream” or within queer counter-cultures, *DPN* exemplifies the embrace of what Halperin calls the “antisocial splendor” of gay sex with “its filthiness, its disgracefulness, its thrills, its delirious risks and dangers, its defiance.”⁶²⁴ While Halperin’s vision for sexual politics has been critiqued for its privileging of a normative white, gay male identity, an ethical investment in abjection could alternately be read as the foundation for the kind of coalitional queer politics that Cathy Cohen called for in her landmark 1993 essay,

⁶²² Halperin, 89.

⁶²³ “Buttfucking Saved my Life! Unrepentant Guilty Pariah Confesses All in Shocking Expose,” *Diseased Pariah News* 7 (1992): 18.

⁶²⁴ Halperin, 81.

“Punks, Bulldaggers and Welfare Queens: Toward a Radical Queer Politics?” Cohen critiqued the growing movement around “queer politics” (represented most visibly by Queer Nation) for its inability to make common cause with other marginalized groups. For Cohen, “punks, bulldaggers, and welfare queens” described groups who, like queers, were located on the margins of social and political belonging, often possessing their own anti-normative critique of the state and capital. Cohen argued that the radical potential in queer politics lay within the queer movement’s ability to build coalitions that expanded beyond the sexual specificity of queerness grounded in various forms of sexual nonconformity.⁶²⁵

While *DPN* did not explicitly advocate the type of coalitional politics that Cohen envisioned (indeed, the publication was quite limited to the issues and interests of its HIV positive constituents), in its own way it did enact a new form of queer politics along the lines of Cohen’s argument. For instance, an article titled “The Complete Welfare Queen” advocated quitting your job and living off disability as “one of the best deals currently available for diseased pariahs in these United States.” *DPN* appropriated the stereotypes commonly used to discredit black single mothers to advocate for its own model of welfare queendom: “If you can bind the Fed by their own stupid and contradictory rules to fund your poetry writing or graffiti campaign, or cooking yourself nice fattening meals, isn’t this as good a use of your own fucking tax dollars (and those of your friends and family) as ‘lending’ them to Israel so they can buy war-toys and build more Zionist

⁶²⁵ Cathy J. Cohen, “Punks, Bulldaggers, and Welfare Queens: The Radical Potential of Queer Politics?,” *GLQ: A Journal of Lesbian and Gay Studies* 3, no. 4 (May 1, 1997): 437–65.

trailer parks in Palestine?”⁶²⁶ Rather than rejecting the conservative cultural invention of the welfare queen as racist or classist (the general liberal response), *DPN* embraced the abject figure of the welfare queen as a model for queer politics. Enthusiastically encouraging gaming the system, *DPN* advocated redistributing economic resources away from U.S. military imperialism and toward various and sundry “nonproductive” applications such as poetry, graffiti, and “fattening meals.” Indeed, *DPN*’s attitude toward food illustrated its critique of normative regimes of health: its regular cooking column, “Get Fat, Don’t Die!” was self-styled as an antidote to the weight-loss side effects of AIDS medications through the embrace of distinctly unhealthy recipes for things like “Hard-Hearted Hannah’s Pecan Buttercrunch,” “Biffy Mae’s Sexually Repressed Pecan Pie,” and pot brownies. Inverting dominant systems of social currency, *DPN* valorized the very signifiers of immorality and irresponsibility that have traditionally been used to dispossess those who “fail” to conform to the demands of the state and capital: fatness, laziness, entitlement, and presumably nonproductive and perhaps antisocial artistic practices such as poetry and graffiti.

Rather than adhering to a politics of inclusion, *DPN* pursued the strategy of embracing abjection in all its forms. In so doing, it rejected a medical model of AIDS as an illness which longs for a cure, instead reimagining HIV positivity as a form of dis-ease that signals the breakdown of a larger sociopolitical system, as that which cannot be recuperated biologically or socially. Exposing the inherent ableism within most discourses on AIDS/HIV, the transformation of poz identity into a desirable and valorized social form called into question the privileging of HIV negativity as a

⁶²⁶ Sleazy Wisdom, “The Complete Welfare Queen,” *Diseased Pariah News* 7 (1992): 4-5.

normative ideal. As Gonzalez points out, “from a radically queer disability-rights perspective” HIV positivity could be understood as “a socially enabling and *positive* style of life.”⁶²⁷ One public health study of barebacking ends with the following closing remarks: “Could it be possible, then, to perceive of barebackers as human beings desperate to live a life outside the violence of order, and determined to live fully (although excessively)? Through the limit experience of unsafe anal sex with anonymous partners of unknown (HIV) serological status, barebackers are engaged in a revolution against the constraints of everyday life.”⁶²⁸ Refusing to privilege normative ideals of “the good life” over the transient demands and pleasures of the here and now, barebackers constructed their own ethical and aesthetic rules to live (and die) by: “Live fast, die hard.”⁶²⁹

Conclusion

This chapter has sought to examine the relationship between early safer sex activism and radical queer politics as a way to think through the split legacy they have imparted. On one hand, *Chance of a Lifetime* and the *Safer Sex Shorts* represented a radical form of resistance to the necropolitical state violence that targeted queers for death during the AIDS crisis. Redefining practices that had formerly been considered deviant as “healthy,” safer sex videos constructed utopian visions of sexual health and queer intimacy. The symbolic role of safer sex has served as an important touchstone

⁶²⁷ Gonzalez, 88.

⁶²⁸ Dave Holmes, Patrick O’Byrne, and Denise Gastaldo, “Raw Sex as Limit Experience: A Foucauldian Analysis of Unsafe Anal Sex between Men,” *Social Theory & Health* 4 (2004): 332.

⁶²⁹ “Buttfucking Saved my Life!” 18.

within the development of a queer political and social imaginary, providing an example of a sustainable, creative sexual culture, a counterpublic that fostered shared modes of intimacy and structures of feeling. In a widely cited article that is often considered a foundational text within queer studies, Lauren Berlant and Michael Warner borrow Douglas Crimp's description of safer sex as an exemplary form of what they termed "queer worldmaking." Berlant and Warner write,

Queer and other insurgents have long striven, often dangerously or scandalously, to cultivate what good folks used to call criminal intimacies. We have developed relations and narratives that are only recognized as intimate in queer culture: girlfriends, gal pals, fuckbuddies, tricks. Queer culture has learned not only how to sexualize these and other relations, but also to use them as a context for witnessing intense and personal affect while elaborating a public world of belonging and transformation.⁶³⁰

For Berlant and Warner, safer sex not only defied heteronormativity but also served to construct a collective, affective mode of queer life: as a form of "critical practical knowledge," this kind of "counterintimacy" was not an "empty release or transgression" but rather "a common language of self-cultivation, shared knowledge, and the exchange of inwardness."⁶³¹

As I have argued, this celebratory narrative of safer sex obscures a more complicated relationship between health, pleasure and risk. While safer sex videos undoubtedly exemplified the resourcefulness of the gay community in addressing the AIDS crisis, the development of safer sex by and for gay men themselves also constituted a new form of health governance. Safer sex videos linked desire to new modes of "healthy" behavior, illustrating how efforts to incorporate marginalized populations into

⁶³⁰ Berlant and Warner, 558.

⁶³¹ Ibid., 561.

more inclusive definitions of health simultaneously expanded the scope of biopolitical governance. The price queers paid for inclusion within the mandate of health was their participation in new modes of control: not imposed by the state but through one's own desires for health and sexual freedom, which were understood to be synonymous.

This tension between a politics of sexual freedom on the one hand, and a commitment to a collective ethic of sexual health on the other illustrates a structural problematic inherent to the emergence of queer political projects in the 1980s and 1990s that continues to structure the field of queer studies today. If the AIDS epidemic formed the cultural unconscious for the emergence of queer politics during this period, it also conditioned its defining contradiction: a simultaneous demand for inclusion and a refusal of any normative notion of community, identity, or belonging. Chandan Reddy has argued, "At its core, queer studies must be defined by its specific interest in studying those social worlds that have been excluded, delegitimized, violated, or silenced as a consequence of the modern disciplinary and professional need to know, manage, restore, value, and – at times – repair sexuality."⁶³² Yet as a queer political project, safer sex activism was also centrally concerned with knowing, managing, restoring, valuing and repairing sexuality. This project has always been articulated in opposition to the normalizing logics of the state, but is in itself fundamentally normative insofar as it sets up another vision of sex (queer, liberatory, fun, consensual, nonheteronormative, nonreproductive, and often *safe*) as desirable. By merging a definition of sexual *freedom* with an equally normative commitment to sexual *health* defined as HIV negativity, safer

⁶³² Chandan Reddy, *Freedom with Violence: Race, Sexuality, and the US State* (Duke University Press Books, 2011), 167.

sex activism delimited the boundaries of queer life, even as it produced new forms of sexual excess that threatened to destabilize the boundaries of queer life as such. Indeed, within the celebratory narrative of safer sex, there is no space for desiring practices that do not conform to the biopolitical logic of longevity as a measure of worth. While such desires are often pathologized even within “progressive” queer politics, practices such as barebacking pose what Tim Dean describes as an ethical challenge to all of us to “reconsider our own relations to temporality, futurity, and finitude.”⁶³³

Insofar as barebacking represents a failure to conform to either the homonormative agenda or the political project of queer world-making, it could be considered a form of what Jack Halberstam calls the “queer art of failure.” For Halberstam, failure is something to be embraced because it “allows us to escape the punishing norms that discipline behavior and manage human development.”⁶³⁴ If many people experience safer sex as a frustrating attempt at self-control that is ultimately destined to fail (who, after all, has ever been successful in practicing safer sex 100 percent of the time?) perhaps the entire apparatus of safer sex itself is exemplary of the ways in which normalizing logics eventually break down. Gonzalez argues that “from a queer disability-rights perspective” the figure of the barebacker can in fact be aligned “with a radical queer critique” that rejects the hygienic vision of contemporary ableist homonormative politics.⁶³⁵ Indeed, barebackers exhibit what we might call a radical ineptitude for biopolitical regimes of governance. In making this claim, I am not suggesting that barebacking constitutes a radical, resistant, or even political stance. In

⁶³³ Dean, “Bareback Time,” 77.

⁶³⁴ Judith Halberstam, *The Queer Art of Failure* (Duke University Press, 2011), 3.

contrast to the outspoken defiance espoused by figures such as O’Hara, the great majority of people who practice unsafe sex are likely not doing so because of an explicit political commitment. Indeed, they may be ignorant, uneducated, drunk, high, lonely, depressed, or just don’t care. The challenge for us is to come to terms with barebacking as an apolitical activity that nevertheless challenges some of the fundamental tenets of biopolitical governance.

Rather than celebrating barebacking as a form of resistance, then, perhaps we need to explore what Sianne Ngai terms “the politically ambiguous work of negative emotions” that are “explicitly amoral and noncathartic, offering no satisfactions of virtue, however oblique, nor any therapeutic or purifying release.”⁶³⁶ Ngai points to Melville’s classic story of “Bartleby, the Scrivener” as politically equivocal, demonstrating how Bartleby’s “unyielding passivity” could be read as either radical or reactionary. Bartleby’s “unnervingly passive form of dissent” characterized by his refrain of “I prefer not to” bears an uncanny similarity to barebacking, insofar as it resists categorization or comprehension.⁶³⁷ Rather than indicting or exonerating barebacking, perhaps we need to rest with the radical uncertainty that this practice may not signify according to any of the normative logics we are familiar with. This may allow us to rethink our assumptions about how we define sexual freedom, health, and queer life itself.

⁶³⁵ Gonzalez, 106.

⁶³⁶ Sianne Ngai, *Ugly Feelings* (Harvard University Press, 2005), 6.

⁶³⁷ *Ibid.*, 1.

Chapter IV

Risky Measures: New Media, Interactivity and the Child Obesity ‘Epidemic’

This issue isn't about how our kids look. It's not about that. It's about how our kids feel. It's about their health and the health of our nation and the health of our economy.

– Michelle Obama⁶³⁸

When I got the Zamzee, I started doing physical activity because I want to, not because I have to. It made me feel better.

– Shruthi, 12⁶³⁹

Introduction: Childhood and the Politics of Preemption

In February of 2010 Michelle Obama launched Let's Move!, a national initiative to address “the national health crisis” of childhood obesity. Obama's campaign responded to a growing sense of concern over rising obesity rates, especially among children, in the 1980s and 1990s. While American cultures have a long history of policing body size and weight, it was not until the development of a full-scale media panic over obesity in the early 2000s that “overweight” came to be popularly understood as a medicalized term.⁶⁴⁰ In addition to indicating “risk” for related illnesses, fat itself started to be understood as pathological.⁶⁴¹ In 2000, U.S. Surgeon General Everett Koop declared obesity to be an “epidemic,” the first non-infectious disease to be labeled as such. While the question of

⁶³⁸ “Remarks by the First Lady to the NAACP National Convention in Kansas City, Missouri,” The White House Office of the First Lady, Press release, July 12, 2010, <http://www.whitehouse.gov/the-press-office/remarks-first-lady-naacp-national-convention-kansas-city-missouri>.

⁶³⁹ “Zamzee Mobile Health Presentation,” Mobile Health at Stanford, May 10, 2011, <http://www.slideshare.net/PersuasivTechLab/zamzee-mobilehealth-presentationfinal>

⁶⁴⁰ Abigail C. Saguy and Rene Almeling, “Fat in the Fire? Science, the News Media, and the ‘Obesity Epidemic,’” *Sociological Forum* 23, no. 1 (March 2008): 53–83.

⁶⁴¹ Deborah Lupton, *Fat* (Routledge, 2012), 34.

how much obesity rates have actually risen is subject to some debate, there can be no question that we have seen an explosion of public discourse, along with a vast array of new programs dedicated to fighting obesity at the local, national, and even global level.⁶⁴² Even as evidence seems to show that “epidemic” rates of child obesity are now declining, public concern over the crisis continues unabated, evidenced by the American Medical Association’s decision to officially recognize obesity as a disease in June 2013.⁶⁴³

Recent scholarship in fat studies has situated contemporary discourses around obesity within a longer history of stigma and policing of fat in American culture that was linked to concerns over modernity and excess marked by the transition to industrialization and rise of a consumer society.⁶⁴⁴ In addition to signifying anxieties over class and consumption in the nineteenth century, cultural constructions of fatness at the time were also shaped by race and empire, as body size was associated with the “primitive” and emerged as a sign of racial inferiority. In a culture in which the body signifies the moral standing of the individual, fatness has historically denoted “excess of

⁶⁴² J. Eric Oliver, *Fat Politics: The Real Story Behind America’s Obesity Epidemic: The Real Story Behind America’s Obesity Epidemic* (Oxford University Press, 2005).

⁶⁴³ “CDC VitalSigns - Progress on Childhood Obesity: Many States Show Declines,” Centers for Disease Control and Prevention, August 2013, <http://www.cdc.gov/VitalSigns/ChildhoodObesity/>; Andrew Pollack, “A.M.A. Recognizes Obesity as a Disease,” *The New York Times*, June 18, 2013, <http://www.nytimes.com/2013/06/19/business/ama-recognizes-obesity-as-a-disease.html>.

⁶⁴⁴ For example, see Charlotte Biltekoff, *Eating Right in America: The Cultural Politics of Food and Health* (Duke University Press, 2013); Jana Evans Braziel and Kathleen LeBesco, *Bodies out of Bounds: Fatness and Transgression* (Berkeley: University of California Press, 2001); Natalie Boero, *Killer Fat: Media, Medicine, and Morals in the American “Obesity Epidemic”* (Rutgers University Press, 2012); Sander L. Gilman, *Fat: A Cultural History of Obesity* (Polity, 2008); Julie Guthman and Melanie DuPuis, “Embodying Neoliberalism: Economy, Culture, and the Politics of Fat,” *Environment and Planning D: Society and Space* 24, no. 3 (2006): 427–48; Lupton, *Fat*; Helene A. Shugart, “Consuming Citizen: Neoliberalizing the Obese Body,” *Communication, Culture & Critique* 3, no. 1 (2010): 105–26.

desire, of bodily urges not controlled, of immoral, lazy, and sinful habits.”⁶⁴⁵ In a neoliberal moral economy in which active citizens are expected to manage their own risk, fatness continues to signify a lack of willpower, a moral failing on the part of the individual. As scapegoats for larger social anxieties over national fitness and changing patterns of production and consumption, fat bodies have emerged as a primary target of “a vast network of surveillance, monitoring and regulating strategies and technologies” by medical, government, and corporate agencies.⁶⁴⁶

In this sense, the current panic over obesity is often less about health and more about cultural constructions of fat bodies as abnormal. April Herndon points out that medical concerns about obesity are “fueled far more by the drive toward normative bodies than by solid medical evidence.”⁶⁴⁷ Indeed, fatness itself does not necessarily indicate ill-health: for example, those considered “overweight” according to medical guidelines have been shown to have longer life spans than any other group, including those of “normal” weight. Yet social stigma against fatness can often lead directly to ill-health, for instance by making overweight individuals less likely to seek or receive medical care.⁶⁴⁸ Additionally, economic discrimination against fat people may also contribute to ill-health since the highest “risk factor” for ill-health is poverty. Despite the rhetoric about the obesity “epidemic” as a *health* crisis, then, it may be more appropriate

⁶⁴⁵ Amy Erdman Farrell, *Fat Shame: Stigma and the Fat Body in American Culture* (NYU Press, 2011), 10.

⁶⁴⁶ Lupton, 32.

⁶⁴⁷ April Herndon, “Disparate but Disabled: Fat Embodiment and Disability Studies,” in *Feminist Disability Studies*, ed. Kim Q. Hall (Indiana University Press, 2011), 251.

⁶⁴⁸ Kathleen LeBesco, “Neoliberalism, Public Health and the Moral Perils of Fatness,” in *Alcohol, Tobacco and Obesity: Morality, Mortality, and the New Public Health*, ed. Kirsten Bell, Darlene McNaughton, and Amy Salmon (London: Routledge, 2011), 33–46.

to consider current strategies for governing child obesity as part of a longer history within American culture of regulating fatness as *abnormality*.⁶⁴⁹

Disability studies thus lends a useful framework for understanding the policing of fat bodies in the guise of health. Rosemarie Garland-Thomson argues that as an “appearance impairment,” fatness can be understood within the rubric of disability as denoting “a social class of people designated as defective and politically, economically, and socially discriminated against.” Indeed, Garland-Thomson goes further to argue that insofar as the stigmatization of disability affects all “bodies whose looks or comportment depart from social expectations,” the fat body is in fact “perhaps the most common bodily form vehemently imagined as failed or incorrect.”⁶⁵⁰ Within the ableist imaginary, fat is not only deemed abnormal and thus in need of correction, but is also assumed to signify a moral failing on the part of individuals. Negating a host of genetic and environmental factors, along with chronic illness and any number of physical and mental impairments that might impact body size, “fitness” is understood to be a matter of individual choice and control. According to this reasoning, individuals must be trained to regulate their own bodies by making “healthy choices” around nutrition and exercise.

Within the logic of the obesity epidemic, it is not only fat bodies, but *potentially* fat bodies that are imagined as in need of intervention. Even as anti-obesity programs clearly function to mark specific bodies for social stigmatization and regulation, we also need to understand how the discourse of “epidemic” extends new modes of ongoing

⁶⁴⁹ Bethan Evans and Rachel Colls, “Measuring Fatness, Governing Bodies: The Spatialities of the Body Mass Index (BMI) in Anti-Obesity Politics,” *Antipode* 41, no. 5 (November 2009): 1060.

⁶⁵⁰ Rosemarie Garland-Thomson, “Feminist Disability Studies,” *Signs: Journal of Women in Culture & Society* 30, no. 2 (2005): 1579-1580.

surveillance and regulation over the entire population. Rather than analyze the obesity crisis as a national health issue, an instance of moral panic, or a symptom of the crisis of neoliberalism, in this chapter I examine the obesity “epidemic” as an event that signals a shift in rationalities of health governance from a disciplinary biopolitics of public health to a securitized regime of control. While public health traditionally safeguarded national health through racialized policies of containment and exclusion, I argue that the epidemiologization of obesity has engendered new measures of control that operate through a logic of preemption, constituting new populations for intervention according to a racialized calculus of risk. Far from metaphorical, I argue that the language of “epidemic” indexes the ways in which epidemiological measures of risk have shifted the register from a pathologization of fatness to a preemptive logic of health.

This preemptive logic takes shape around the construction of childhood obesity as a site of crisis. As a “political technology of preemption,” the discourse of epidemic mobilizes the specter of disease and death to actively constitute imagined threats within the present.⁶⁵¹ Roslyn Diprose explains that a preemptive approach to health and security entails “a constant state of readiness (‘alert not alarmed’) about possible threats” and a pro-active approach to preparing for and warding off threats.⁶⁵² Whereas prevention seeks to prevent specific outcomes, preemption actively constitutes imagined threats within the present, giving rise to a range of preemptive strategies that involve actualizing behaviors and outcomes in the here and now. Patricia Clough et al explain the aim of this type of governance as “not only to anticipate and control the emergent but rather to precipitate

⁶⁵¹ Rosalyn Diprose, “Biopolitical Technologies of Prevention,” *Health Sociology Review* 17, no. 2 (August 2008): 141–50.

emergence and thereby act on a future that has not yet and may not ever arrive.”⁶⁵³

Obama’s Let’s Move! campaign warns, “If we don’t solve this problem, one third of all children born in 2000 or later *will* suffer from diabetes at some point in their lives. Many others *will* face chronic obesity-related health problems like heart disease, high blood pressure, cancer, and asthma.”⁶⁵⁴ The threat of illness here functions according to an anticipatory logic in which the knowable future (“one third of all children . . . *will* suffer from diabetes”) returns to impose a moral imperative for concrete action in the present (“If we don’t solve this problem . . .”). By transforming speculation into authoritative action, this kind of anticipatory regime operates as “a moral economy in which the future sets the conditions of possibility for action in the present, in which the future is inhabited in the present.”⁶⁵⁵ The threat of future illness works preemptively to call for specific action in the present (“by making just a few lifestyle changes, we can help our children lead healthier lives”) in order to forestall the arrival of a certain future (“solving the challenge of childhood obesity within a generation”).

In one sense, this discourse echoes the logic of reproductive futurity, which Lee Edelman describes as subsuming all politics under the universal sign of the child.⁶⁵⁶ Indeed, the figure of the child emerges as a dominant theme in anti-obesity campaigns that target specific adult behaviors (pregnant women, for instance, are subject to new modes of scrutiny and regulation, while parents and mothers in particular are called upon

⁶⁵² Ibid, 142.

⁶⁵³ Patricia Ticineto Clough et al., “Notes towards a Theory of Affect-Itself,” *Ephemera* 7, no. 1 (2007): 63.

⁶⁵⁴ “Learn the Facts,” Let’s Move!, accessed September 8, 2014, <http://www.letsmove.gov/learn-facts/epidemic-childhood-obesity>; emphasis added.

⁶⁵⁵ Vincanne Adams, Michelle Murphy, and Adele E. Clarke, “Anticipation: Technoscience, Life, Affect, Temporality,” *Subjectivity* 28, no. 1 (September 2009): 249.

to create a “healthy environment” at home).⁶⁵⁷ Within anti-obesity campaigns, children have emerged as both a precarious group in need of protection as well as a symbolic figure for the moral and physical strength of the nation. As Obama puts it, “[t]he physical and emotional health of an entire generation and the economic health and security of our nation is at stake.”⁶⁵⁸ Here the body of the child emerges as both an object of risk and a risky subject: the child is both *at risk* for the physical and emotional health tolls associated with obesity, and a *risk to the nation*, insofar as these unhealthy bodies constitute a security threat unto themselves.⁶⁵⁹ With annual spending on “obesity-related illnesses” at \$150 billion, the obesity epidemic is constructed as representing a threat to the health of the nation (both biological and economic).

Even as the child is mobilized symbolically within Obama’s campaign, we must ask how the war on obesity affects the futures and presents of children themselves. In the face of increasing enthusiasm for “innovative” solutions to child obesity, we must be careful not to assume that such initiatives are in fact primarily interested in promoting

⁶⁵⁶ Lee Edelman, *No Future: Queer Theory and the Death Drive* (Duke University Press, 2004).

⁶⁵⁷ A growing number of scholars have documented the ways in which specific bodies, especially those of children, mothers, and racialized populations, are increasingly targeted for forms of monitoring, surveillance, and regulation, ranging from lunchbox checks and BMI report cards in schools to new modes of pre-natal screening. See Emma Rich, John Evans, and Laura De Pian, “Children’s Bodies, Surveillance and the Obesity Crisis,” in *Debating Obesity: Critical Perspectives*, ed. Emma Rich, Lee F. Monaghan, and Lucy Aphramor (Palgrave Macmillan, 2010), 139–63; Megan Warin et al., “Bodies, Mothers and Identities: Rethinking Obesity and the BMI,” *Sociology of Health & Illness* 30, no. 1 (2008): 97–111; Jan Wright and Valerie Harwood, eds., *Biopolitics and the “Obesity Epidemic”: Governing Bodies* (New York: Routledge, 2009).

⁶⁵⁸ “Learn the Facts.”

⁶⁵⁹ While the media often focuses on obesity as a threat to economic security due to the taxpayer “burden” of medical debt (assumed to be caused by individual failure to take responsibility for one’s health), obesity has also been linked to national security, as in U.S. Surgeon General Richard Carmona’s 2005 description of obesity as “the terror within.” For a discussion of the connections between the obesity crisis and the war

children's "health," however that might be defined.⁶⁶⁰ Rather, we need to understand how such programs and policies produce newly flexible forms of subjectivity in line with neoliberal demands for production and consumption, marking a new moment in the extension of health surveillance and the medicalization of everyday life. To this end I focus on the ways in which interactive media and digital technologies have emerged as a central platform for the management of the childhood obesity "epidemic." As an individualized, consumer-based "solution" to the obesity crisis, I argue that digital technologies help to inculcate new modes of ongoing self-monitoring and risk management through models of "behavior modification" that target children as risky subjects in need of correction. Far from promoting health, these platforms demonstrate how ideals of health and fitness reinscribe norms of compulsory able-bodiedness, in which the normate body is both thin and physically active. Positioning parents and even kids themselves as responsible for making "healthy choices," this discourse ignores how systemic health inequalities are unevenly distributed among bodies and populations.

Instead of treating interactive health technologies as media *objects*, I want to think about the ways in which digital culture offers new forms of mediation between bodies, information, and affect. Rather than thinking of these platforms as simply connecting

on terror, see Charlotte Biltekoff, "The Terror Within: Obesity in Post 9/11 U.S. Life," *American Studies* 48, no. 3 (Fall 2007): 29–48.

⁶⁶⁰ In a study of a national child obesity program in the United Kingdom, Evans and Colls found that the welfare of children themselves is put second to the larger goal to "secure the health of the future nation." See Beth Evans and Rachel Colls, "Doing More Good than Harm? The Absent Presence of Children's Bodies in (Anti-)Obesity Policy," in *Debating Obesity: Critical Perspectives*, ed. Emma Rich, Lee F. Monaghan, and Lucy Aphramor (Palgrave Macmillan, 2010), 115–38. Indeed, all manner of interventions into children's lives (in this case, mandatory BMI testing) are justified on the basis of preemptive action, while little thought is given to the well-being of those children in the present (for instance, the mental health impact of such testing).

bodies and technologies (and hence continuing to think of technology as a tool or prosthesis), I focus on the body/technology interface as itself a dynamic process, as a “fertile nexus” for the production of new relations of power.⁶⁶¹ Alexander Galloway argues that we need to understand the interface as more than a surface or screen: it is an effect—both of historical and social circumstances, but also having the power to effect material change. If we understand the interface as “a set of cultural relations that serve as the nexus of the embodied production of social space” we can think of the interface itself as an effect, as well as an affective space.⁶⁶²

By situating the body as a site of investment for a multiplicity of flows (of capital, of desire, of data production), interactive platforms can be understood as affective interfaces that materialize new modes of health governance. As a site for risk prevention, public-private partnerships such as Michelle Obama’s Let’s Move! initiative shift responsibility for health onto individuals, obscuring structural health inequalities. The recent proliferation of BMI calculators and calorie counters, now available as smartphone apps, are integrating metrics originally designed for population-level statistical calculations into new personalized platforms for health monitoring. Interactive technologies have been embraced by the public and private health sectors as a means to not only disseminate information, but to transform health and fitness into a “fun” activity by appealing to children’s desires for play.

⁶⁶¹ Quoted in Alexander R. Galloway, *The Interface Effect* (Cambridge, UK ; Malden, MA: Polity Press, 2012).

⁶⁶² Jason Farman, *Mobile Interface Theory: Embodied Space and Locative Media* (Taylor & Francis Group, 2012), 64.

New Media and the Medicalization of Everyday Life

As fat has been transformed from a social stigma to a medical risk factor to a disease unto itself, we have seen an intensification and expansion of health consciousness, or what Bill Hughes calls the “medicalization” of everyday life. Hughes writes that “Eating, drinking, sleeping, leisure activities, sexual behavior, cities and communities have all come under the jurisdiction of medical regulation. The good life has become the healthy life and each and every one of us is expected to integrate the codes, conducts and prescriptions of such a life into our daily activities.”⁶⁶³ Hughes links this process to the rise of the “information society,” in which new media and network culture have facilitated the proliferation of knowledge and expertise increasingly available to individuals. Indeed, the past decades have witnessed what Andy Miah and Emma Rich term the “medicalization of cyberspace,” in which the digital world has become increasingly saturated with various forms of medical advice and expertise.⁶⁶⁴ The promise of the “information age” has often been characterized by the democratization of knowledge, in which greater access to information will help to bridge the divide between educated elites and “the people.” Media scholar Henry Jenkins argues that new media has engendered a “participatory culture” in which interactive media platforms provide new opportunities for democratic participation.⁶⁶⁵ Yet while Jenkins and others applaud ideals of access, inclusion, participation, other scholars remain critical of the liberatory potential within new media and information technologies. Mark Andrejevic argues that new

⁶⁶³ Bill Hughes, “Medicalized Bodies,” in *The Body, Culture, and Society: An Introduction*, ed. Philip Hancock (Buckingham England: Open University Press, 2000), 19.

⁶⁶⁴ Andy Miah and Emma Rich, *The Medicalization of Cyberspace* (Routledge, 2008).

interactive technologies have in fact created “digital enclosures” in which individuals “participate” in cybernetic surveillance of themselves and others.⁶⁶⁶ Miah and Rich argue that the rise of digital health has produced a “healthy cybercitizen . . . who dutifully and routinely observes statistics and searches for information about their health and weight.”⁶⁶⁷

Recent health reform efforts have embraced the promise of new media and digital technology as a means for cost-cutting preventive health measures, while the field of public health has eagerly adopted new forms of interactive media as a platform for disseminating information and expanding their audience. Digital health, or “e-health,” is one of the fastest growing health industries, with \$13.4 billion in investments between 2010 and 2015.⁶⁶⁸ Digital health technologies are quickly moving beyond a niche market of “quantified self” enthusiasts to be incorporated into health insurance plans, workplace wellness programs, and even schools. As an increasingly privatized system of health care has transferred responsibility for preventive health to individuals and families, insurance providers and public health agencies alike have embraced digital platforms and mobile technologies for their potential to reach what the U.S. Department of Health and Human Services terms “culturally diverse and hard-to-reach populations.”⁶⁶⁹

⁶⁶⁵ Henry Jenkins, Sam Ford, and Joshua Green, *Spreadable Media: Creating Value and Meaning in a Networked Culture* (NYU Press, 2013).

⁶⁶⁶ Mark Andrejevic, *ISpy: Surveillance and Power in the Interactive Era* (University Press of Kansas, 2009), 2.

⁶⁶⁷ Miah and Rich, 53.

⁶⁶⁸ Aditi Pai, “Mercom: Healthcare IT funding reached \$4.6B in 2015,” *MobilHealthNews*, January 14, 2016, <http://mobihealthnews.com/content/mercom-healthcare-it-funding-reached-46b-2015>

⁶⁶⁹ “Health Communication and Health Information Technology,” U.S. Department of Health and Human Services, accessed January 10, 2015, <https://www.healthypeople.gov/2020/topics-objectives/topic/health-communication-and-health-information-technology>

As an example of one such recent initiative, in 2011 Let's Move! worked with the USDA to replace the food pyramid with MyPlate, a new platform for disseminating nutrition guidelines "to help consumers make better food choices."⁶⁷⁰ MyPlate involves an interactive website that focuses on "key behaviors" such as portion control, eating more fruits and vegetables, and reducing consumption of sugar and sodium.⁶⁷¹ In addition to daily food plans and health information, the site offers online tools for tracking diet and exercise and calculating BMI. MyPlate illustrates how interactive media and digital technologies have aided the expansion and intensification of neoliberal discourses of risk and responsibility that position the citizen-consumer as responsible for safeguarding her family's health. This website not only functions to provide nutrition information but also encourages users to use the interactive *SuperTracker* to "plan, analyze, and track your diet and physical activity."⁶⁷² Offering many of the same features as popular commercial sites such as Myfitnesspal.com and LoseIt!, *SuperTracker* allows users to build a customized profile and set their own calorie and fitness goals.⁶⁷³ "Find out what and how much to eat; track foods, physical activities, and weight; and personalize with goal setting, virtual coaching, and journaling."⁶⁷⁴ As a technique of what Nikolas Rose terms "biological citizenship," these digital platforms not only help the "active biological citizen" to inform herself about potential health risks, but also to "take appropriate steps, such as adjusting diet, lifestyle, and habits in the name of the minimization of illness and

⁶⁷⁰ "Getting started with MyPlate," *Choose My Plate*, Accessed July 14, 2013, <http://www.choosemyplate.gov/downloads/GettingStartedWithMyPlate.pdf>.

⁶⁷¹ Ibid.

⁶⁷² "SuperTracker," *Choose My Plate*, Accessed July 14, 2013, <http://www.choosemyplate.gov/supertracker-tools.html>.

⁶⁷³ Ibid.

the maximization of health.”⁶⁷⁵ Virtual space provides a unique platform for newly interactive techniques through which individuals are not only targeted with information about health, but also provided with tools (such as online BMI calculators) through which to monitor their own health “risks.” In this sense we can understand new media as “the latest medium through which to regulate populations by informing them how they are to monitor both their own and others' bodies through constant introspection and surveillance.”⁶⁷⁶

As part of a larger shift to methods of risk profiling within the field of public health, new media campaigns have increasingly sought to target specific populations, evidenced by the introduction in 2012 of MiPlato, a Spanish version of MyPlate geared toward the “unique challenges” facing the Hispanic community. Obama enumerated those challenges in a speech to the National Council of La Raza in July 2013, where she emphasized that nearly 40 percent of Hispanic children in this country are overweight or obese. While acknowledging that safety is a larger barrier to kids being physically active for Latinos than for whites, Obama focused her speech on the importance of food as a cultural tradition.⁶⁷⁷ That’s where it “gets complicated,” where it “gets personal and emotional,” Obama told her audience, because “food is love.” But this cultural tradition needed to change, Obama warned, because “the truth is that we are loving ourselves and

⁶⁷⁴ Ibid.

⁶⁷⁵ Nikolas Rose, *The Politics of Life Itself: Biomedicine, Power, and Subjectivity in the Twenty-First Century* (Princeton University Press, 2008), 147.

⁶⁷⁶ Miah and Rich, 52.

⁶⁷⁷ “Remarks by the First Lady to the National Council of La Raza,” The White House Office of the First Lady, press release, July 23, 2013, <http://www.whitehouse.gov/the-press-office/2013/07/23/remarks-first-lady-national-council-la-raza>.

our kids to death.”⁶⁷⁸ This rather severe warning clearly situated responsibility for child obesity in the sphere of culture, erasing economic or other structural factors that might be involved. Rather, higher rates of obesity among Hispanic children are the product of affective excess rooted in ignorant “behaviors” and dangerous “cultural traditions.” Latina mothers are loving their children too much, in the wrong ways, and this dangerous emotionality must be controlled through rational economic decision-making. Even as Obama acknowledged that corporations spend millions on food, beverage, and restaurant advertisements targeting Latino media markets—many of them for unhealthy products—her speech focused on motivating families to become responsible consumers: “ultimately, we all have the power to decide whether or not to actually buy those foods.”⁶⁷⁹ By focusing on individual “choice,” Obama mobilized a discourse of consumer citizenship, in which problematic cultural practices can be overcome by responsible action in the neoliberal marketplace.

Even as it promises to incorporate marginalized bodies into a postracial vision of national health, Michelle Obama’s Let’s Move! initiative reinforces cultural associations among obesity, poverty, and racialized populations. Obama characterizes the obesity crisis as both universal and particular: “Today, nearly one in three children in America are overweight or obese. The numbers are even higher in African American and Hispanic communities, where nearly 40 percent of the children are overweight or obese.”⁶⁸⁰

Although Obama speaks to the very real need to address health disparities among specific populations, this racialization of obesity participates in a larger narrative that erases the

⁶⁷⁸ Ibid.

⁶⁷⁹ Ibid.

systemic conditions of racial inequality, focusing on the need to educate individuals to make “healthy choices” while failing to take into account the structural conditions that constrain such choices.

In a 2010 speech to the National Association for the Advancement of Colored People (NAACP), Obama noted that “the African American community is being hit even harder by this issue,” as black children are significantly more likely to be obese than white children.⁶⁸¹ Obama told her audience, “We are living today in a time where we’re decades beyond slavery, we are decades beyond Jim Crow; when one of the greatest risks to our children’s future is their own health.”⁶⁸² While acknowledging the history of inequality that the NAACP has fought against, Obama situates this struggle squarely in the past, paying tribute to a triumphalist vision of a postracial society at the same time that she asserts racial inequalities in health outcomes. This rhetorical move evacuates the possibility of ongoing systemic racism (we are “beyond” slavery and Jim Crow), suggesting that lingering racial health disparities must be a matter of *behavior*. We are soon informed that it is “bad habits and unhealthy choices” that are responsible for poor health of African American children, whose “lifestyle” is to blame.⁶⁸³

Within this logic, racial health disparities have nothing to do with structural issues, and instead are caused by individual choices to lead unhealthy lives. In the face of this problem, Obama asks parents to “step up” and to take responsibility for making lifestyle changes. Couched in the language of motherhood, Obama’s appeal is personal,

⁶⁸⁰ “Learn the Facts.”

⁶⁸¹ “Remarks by the First Lady to the NAACP.”

⁶⁸² Ibid.

⁶⁸³ Ibid.

emotional, and affectively charged. Obama speaks “as a mother who believes that we owe it to our kids to prepare them for the challenges that we know lie ahead.” “This isn’t about how our kids look,” Obama says. It’s about “how our kids *feel*. It’s about their health and the health of our nation and the health of our economy.”⁶⁸⁴ By linking national security to the emotional health of future generations, Obama mobilizes an affective appeal in which “we owe it to our kids” to fight obesity. Noting that parents teach their children “healthy habits not just by what we say but by how we live,” Obama called on her audience members to set an example in their families and communities: “let’s be clear, this isn’t just about changing what our kids are eating and the lifestyles they’re leading— it’s also about changing our own habits as well.”⁶⁸⁵

Measures of Fitness: Topologies of Race and Risk

While MyPlate and MiPlato are targeted primarily toward nutritional decision-making at home, Obama recently launched a new interactive platform designed to increase children’s physical activity in schools. In February 2013 she announced Let’s Move! Active Schools, a new initiative affiliated with Let’s Move! that provides funding and support to individual schools while calling on parents, teachers, and community members to “build support for active lifestyles.”⁶⁸⁶ Let’s Move! Active Schools aims to reach fifty thousand schools in the next five years by offering a six-step program that

⁶⁸⁴ Ibid, emphasis added.

⁶⁸⁵ Ibid.

⁶⁸⁶ “First Lady Michelle Obama Announces Unprecedented Collaboration to Bring Physical Activity Back to Schools,” The White House Office of the First Lady, press release, February 28, 2013, <http://www.whitehouse.gov/the-press-office/2013/02/28/first-lady-michelle-obama-announces-unprecedented-collaboration-bring-ph>.

mobilizes teachers, administrators, staff, and parents to become “school champions” for their communities in order to “once again make being active a way of life for our kids.”⁶⁸⁷

Central to this effort is the implementation of FitnessGram, a software and database platform that not only tracks body composition, aerobic capacity, and “health-related fitness levels,” but aims to inspire long-term healthy behaviors by teaching students to monitor their own activity levels. As a replacement for the older Presidential Youth Fitness Test dating back to 1966, FitnessGram will be implemented in 90 percent of U.S. schools by 2018 with ten million dollars in funding from General Mills.⁶⁸⁸

Although the program has come under attack for its practice of sending home report cards with information about students’ body mass index (dubbed “fat letters”), FitnessGram represents a growing trend toward using new media and digital technology to promote health and fitness at ever-earlier ages.⁶⁸⁹

Originally designed in 1982 by nonprofit health research organization The Cooper Institute as a mainframe database designed to produce physical fitness “report cards” for physical education classes, FitnessGram initially functioned as little more than a platform for recording data based on physical education assessment similar to that of the Presidential Youth Fitness Test. Students performed exercises during gym class to measure cardiovascular fitness, muscle strength, muscular endurance, flexibility, and

⁶⁸⁷ Ibid.

⁶⁸⁸ “Accomplishments,” Let’s Move!, Accessed September 8, 2014, <http://www.letsmove.gov/accomplishments/>.

⁶⁸⁹ Katherine Bindley, “‘Fat Letters’ Sent Home To Students Spark Controversy In Massachusetts,” *Huffington Post*, February 27, 2013, http://www.huffingtonpost.com/2013/02/27/fat-letters-massachusetts_n_2775004.html.

body composition, and teachers entered the data into a mainframe database to produce an individualized report containing “objective, personalized feedback and positive reinforcement.”⁶⁹⁰ While physical assessment during gym class remains central to FitnessGram, the platform has evolved to become much more than simply a report card. Designed to “help individuals learn to plan lifelong physical activity programs,” in its current form, FitnessGram not only measures students’ fitness levels, but also actively involves students in the ongoing monitoring and evaluating of their own health.⁶⁹¹

Touting FitnessGram as an inclusive means of promoting health among all children, the program’s official rhetoric appears race- and class- neutral on the surface, but its media representations clearly target specific populations. For instance, a 2011 promotional video focuses its narrative on an African American single mother, who becomes the main spokesperson for the power of FitnessGram to help change the lifestyles of children at school, and to transform their families as well. By representing parental ignorance as the source of child obesity, this video participates in a larger cultural narrative suggesting that working-class women of color lack proper information about health and fitness. Erasing larger economic, social, and political factors, this narrative instead mobilizes racialized and classed tropes of cultural deficiency to depict obesity as the result of poor parenting—poor in the sense of both economic hardship and lack of knowledge about proper child-rearing.

⁶⁹⁰ “History of FitnessGram,” FitnessGram, accessed January 10, 2015, <http://www.fitnessgram.net/history-development>.

⁶⁹¹ Michael P. Ernst et al., “Appropriate and Inappropriate Uses of FitnessGram: A Commentary,” *Journal of Physical Activity & Health* 3 (April 2, 2006): S91.

As many critics have noted, the rise in obesity over the past thirty years has corresponded to downward pressure on wages and an increase in temporary and part time labor, combined with the expansion of the fast food industry through government subsidies and urban development initiatives. With more families in poverty than ever before, access to healthy food and exercise are virtually inaccessible to all but an elite few.⁶⁹² Yet as food justice scholar Julie Guthman argues, attention to “obesogenic environments” that focus on access to organic food, fresh vegetables, and green space often privilege an elite, health-conscious “lifestyle” while failing to address larger issues of injustice within systems of food production and the implications of gentrification of poor neighborhoods.⁶⁹³ Even when environmental analyses of obesity target structural forces such as the fast food industry, they often portray poor people of color as either “dupes” of corporations or subjects lacking education in “proper practices of food, eating, and exercise.”⁶⁹⁴

Within the narrative of the film, poor parenting poses a danger to children’s futures and necessitates preemptive action, positioning FitnessGram as a much-needed solution to intervene in such “at-risk” communities. FitnessGram “solves” the mother’s ignorance, figured as the cause of her children’s lack of fitness: “It made us as parents actually look and take a step back and say our kids are not as physically fit as we thought they were.” And it inspires her to become an agent for positive change: “It made us . . .

⁶⁹² Lauren Berlant, “Slow Death (Sovereignty, Obesity, Lateral Agency),” *Critical Inquiry* 33, no. 4 (Summer 2007): 754–80.

⁶⁹³ Julie Guthman, *Weighing In: Obesity, Food Justice, and the Limits of Capitalism* (University of California Press, 2011).

⁶⁹⁴ Anna Kirkland, “The Environmental Account of Obesity: A Case for Feminist Skepticism,” *Signs* 36, no. 2 (January 1, 2011): 474.

see that we need to do more things to motivate them.”⁶⁹⁵ Over the course of the seven-minute video, footage of the mother walking and playing with her sons and other neighborhood kids outside is intercut with statistics about the dangers of child obesity, interviews with mainly white professionals about the benefits of FitnessGram, and montages of racially diverse groups of children exercising enthusiastically. Physical activity, we learn, not only boosts academic achievement and students’ self-confidence but also strengthens the family: “I’ve learned that it keeps our family more grounded, more solid.”⁶⁹⁶ Obliquely referencing the pathologization of the black family, the video implies that obesity originates within the home, suggesting that FitnessGram may hold the key to addressing this form of social “disorder.” By the end of the film, the mother has motivated other parents in her carpool group to get out and walk, redeeming her as a maternal subject while demonstrating the need for FitnessGram to “spark a change” within communities of color.

Within the representational logic of the video, race is linked not primarily to individual or group pathology but rather to a preemptive logic of risk profiling. In the absence of overt *racist* language or visual symbols (indeed, one can imagine this video lauded for “inclusive” politics and sympathetic portrayal of minority subjects), race operates here as a mechanism of *profiling*: while the diegesis of the film profiles this particular mother as a human interest story, this narrative framing enables a larger systemic profiling of specific racialized and classed populations for intervention by representing race as a marker of risk. Within the logic of the film, race stands in as a

⁶⁹⁵ *FitnessGram: A Healthier Generation*, The Cooper Institute, video, <http://www.youtube.com/watch?v=fcImd4sO0qo>

proxy for the likelihood of obesity and ill-health. Significantly, while the mother is on the heavy side, neither of her sons appears to be overweight. The film thus refrains from pathologizing fat kids themselves, instead preemptively focusing our attention on their *risk* for future ill-health, represented by their mother's apparent lack of fitness. Building on long-standing cultural associations between racialized fat bodies and ignorance, the video suggests that the mother's bodily state makes her unfit for the duties of parenting, which require education and vigilance about her children's health. Her sons appear "healthy" and active, yet as we learn, they are "not as physically fit" as she assumed. Interestingly, neither son is interviewed directly, appearing only in group shots. These boys are not the subjects of the film, except insofar as they represent a population in danger, emphasized by textual reminders such as "Nearly 1 in 3 young people are obese or overweight putting them at higher risk for serious, even life threatening health problems [*sic*]." ⁶⁹⁷ Instead, the camera lingers on the bulkier body of their mother, signaling a warning to the viewer about a potential future that may befall her children if not for the timely intervention of FitnessGram.

The cultural work of this video links discursive representations of race, class, and gender to epidemiological models of risk profiling. By connecting cultural tropes of black single motherhood to a generalizable threat of child obesity, the film mobilizes a politics of preemption in which the "affective reality of threat" comes to "stick" to particular bodies and populations as they are recoded as "risky" and "at risk." ⁶⁹⁸ Yet in order to

⁶⁹⁶ Ibid.

⁶⁹⁷ Ibid.

⁶⁹⁸ Brian Massumi, "The Future Birth of the Affective Fact: The Political Ontology of Threat," in *The Affect Theory Reader*, ed. Melissa Gregg and Gregory J. Seigworth (Duke University Press, 2010), 58.

understand how FitnessGram enables the systemic profiling of specific racialized and classed populations for intervention, we need to look beyond the representational frame of the film to examine how it fits into a larger media assemblage. FitnessGram is not only an interactive program for encouraging “healthy habits” and self-monitoring but also a platform for population surveillance and data mining. As its database functionality has evolved, FitnessGram has continually sought to make data more integrated and accessible in order to “facilitate the use of this data for large-scale tracking and surveillance projects.”⁶⁹⁹

One such study by the Built Environment and Health Research Group at Columbia University used New York City’s FitnessGram data in 2007-8 “to study how school and home neighborhood characteristics influence childhood obesity and fitness.”⁷⁰⁰ Finding that the odds of obesity were greater for boys than girls, for black and Hispanic students than whites, and for students receiving reduced-price school lunches than for those paying full price, the authors concluded that “individual sociodemographic characteristics and school-level sociodemographic composition are associated with obesity.”⁷⁰¹ This study demonstrates how in a “postracial” society, race returns in the form of a variable, or “demographic factor” that correlates with ill-health, or at least with *risk* for ill-health. By linking bodies and information to produce certain patterns of data (e.g., the correlation of body mass index with race and economic factors), such studies

⁶⁹⁹ Sharon A. Plowman et al., “The History of FitnessGram,” *Journal of Physical Activity & Health* 3 (April 2, 2006): S18.

⁷⁰⁰ Andrew Rundle and Kathryn Neckerman, “FitnessGram,” Built Environmental and Health Research Group, accessed July 9, 2013, <http://beh.columbia.edu/nyc-fitnessgram/>.

function to *produce* difference algorithmically by modeling data according to predetermined formulas. In other words, body mass index (BMI) thus maintains the appearance of neutrality even as it serves to identify and produce “at risk” populations based on race, class, and geography. As race itself is recoded as a risk factor, these studies lend new scientific legitimacy to biological understandings of race. For instance, a 2006 study of FitnessGram argued for the adoption of race-based BMI standards, pointing to evidence of differences in body fat between blacks and whites.⁷⁰² Even as overtly racist discourse has become unfashionable, research linking demographic factors to obesity provides new methods of naturalizing race. As FitnessGram data recodes the racialized body as information, race itself achieves a new liveliness as a body of data.

In this sense, the epidemiologization of obesity necessitates a shift from thinking race in a purely discursive register (i.e. as a matter of symbolic representation) toward thinking race in a mathematical register (i.e. as a metric). Race ceases to denote individual or even group *identity*, instead reemerging as a variable, a data set, or a risk factor. Within disciplinary institutions, racism functioned primarily through the threat of bodily contamination, calling for a reassertion of disciplinary measures to ensure “purity” and stabilize social hierarchies; within societies of control, racism operates topologically, as a seemingly neutral set of codes that instead of fixing bodies in space, modulates populations in time.

⁷⁰¹ Andrew Rundle et al., “Individual- and School-Level Sociodemographic Predictors of Obesity among New York City Public School Children,” *American Journal of Epidemiology* 176, no. 11 (December 1, 2012): 986.

⁷⁰² David A. Rowe and Matthew T. Mahar, “FitnessGram BMI Standards: Should They Be Race-Specific?,” *Journal of Physical Activity & Health* 3 (April 2, 2006): S58–S66.

As health sociologists have argued, the shift to a “risk society” has fundamentally reconfigured health policy and practice, which is now primarily focused on managing populations based on techniques of profiling borrowed from consumer marketing.⁷⁰³ Risk analysis has thus emerged as central to contemporary forms of biopolitical regulation: “All manner of interventions into bodies and lives and all kinds of exclusions and controls have been legitimized on the basis that a certain behavior, group or population presents a ‘risk to society.’”⁷⁰⁴ Rather than shaping subjects, health professionals are now in the business of administrating populations, who are profiled “in relation to factors such as their age, social class, occupation, gender, relationships, locality, lifestyle and consumption.”⁷⁰⁵ This system for profiling populations is “informed, and technically facilitated, by advances in the statistical calculation of risk, employing sophisticated techniques of epidemiology.”⁷⁰⁶ Epidemiological understandings of “risk” within biomedicine and public health were made possible by the widespread adoption of a new standardized metric to measure fatness (body mass index, or BMI), as well as the ability to compare population data using epidemiological techniques and advanced computer processing systems. Calculating risk required the collection and processing of huge amounts of data and longitudinal studies that make it possible to link risk to specific

⁷⁰³ Robert Castel, “From Dangerousness to Risk,” in *The Foucault Effect: Studies in Governmentality: With Two Lectures by and an Interview with Michel Foucault*, ed. Michel Foucault, Graham Burchell, and Colin Gordon (University of Chicago Press, 1991), 281. See also Deborah Lupton, *Risk* (Psychology Press, 1999); Alan Petersen and Deborah Lupton, *The New Public Health: Discourses, Knowledges, Strategies* (SAGE, 1996); Alan R. Petersen and Robin Bunton, eds., *Foucault, Health and Medicine* (London: Routledge, 1997).

⁷⁰⁴ Alan R. Petersen and Iain Wilkinson, *Health, Risk and Vulnerability* (London: Routledge, 2008), 7.

⁷⁰⁵ Robin Bunton, “Popular Health, Advanced Liberalism and Good Housekeeping Magazine.” In *Foucault, Health and Medicine*, ed. Alan R. Petersen and Robin Bunton. London: Routledge, 1997, 228.

“lifestyle” factors.⁷⁰⁷ The ability to perform large-scale data analysis and probability modeling central to modern epidemiology is intimately connected to the development of modern computer database programs, and it is perhaps no coincidence that it was not until the late 1980s and early 1990s, that the term “risk” itself began to proliferate in medical journals.⁷⁰⁸

Insofar as new modes of data production actively recode race (and other demographic “variables”) as risk factors for obesity, they mark a shift that Lury, Parisi, and Terranova describe as the “becoming-topological of culture.”⁷⁰⁹ Information communication technologies (ICTs) have become central to new ordering practices (“sorting, naming, numbering, comparing, listing, and calculating”), which are increasingly associated with topological forms such as “lists, models, networks, clouds, fractals and flows.”⁷¹⁰ While methods of data tracking and management are not new, digitization has enabled the ability to track data over time and compare data across multiple platforms, as “culture is increasingly organized in terms of its capacities for change.”⁷¹¹ Jussi Parikka and Tony Sampson use the term topology to address the ways in which network society comprises complex assemblages that are at once social, political, and technical. Rather than adhering to technological determinism, on the one

⁷⁰⁶ Alan Peterson, “Risk, Governance and the New Public Health,” in *Foucault, Health and Medicine*, ed. Alan R. Petersen and Robin Bunton (London: Routledge, 1997), 197.

⁷⁰⁷ Paulo Vaz and Fernanda Bruno, “Types of Self-Surveillance: From Abnormality to Individuals ‘at Risk,’” *Surveillance & Society* 1, no. 3 (2003): 286.

⁷⁰⁸ John-Arne Skolbekken, “Unlimited Medicalization? Risk and the Pathologization of Normality,” in *Health, Risk and Vulnerability*, ed. Alan R. Petersen and Iain Wilkinson (London ; New York: Routledge, 2008).

⁷⁰⁹ Celia Lury, Luciana Parisi, and Tiziana Terranova, “Introduction: The Becoming Topological of Culture,” *Theory, Culture & Society* 29, no. 4–5 (July 1, 2012): 3–35.

⁷¹⁰ *Ibid.*, 4.

hand, or complete indeterminacy on the other, Parikka and Sampson explain that topology “encompasses the complex foldings of technological components with other aspects of social and cultural reality.”⁷¹² As FitnessGram data is incorporated into digital mapping technologies at the population level, it contributes to what Haggerty and Ericson term a “surveillant assemblage”: a nearly infinite range of surveillance techniques and systems mediated by new information technologies.⁷¹³ As a kind of “topological machine,” FitnessGram “engineers connections between things, generating continuities” among demographic factors such as race and risk for obesity.⁷¹⁴ Transforming the body “into pure information, such that it can be rendered more mobile and comparable,” FitnessGram creates new methods for tracking data over time, and comparing data across multiple platforms.⁷¹⁵ In this sense, “both the body and society are governed by data analyses and numerical profiling; interventions are made in a rationality of prevention at ever earlier stages.”⁷¹⁶

While studies of digital media have often focused on the immateriality of labor and production processes, Evelyn Ruppert insists that we need to understand ICTs as “part and parcel of the very relations that get materialized in data.”⁷¹⁷ According to

⁷¹¹ Ibid..

⁷¹² Jussi Parikka and Tony D. Sampson, *The Spam Book: On Viruses, Porn, and Other Anomalies from the Dark Side of Digital Culture* (Hampton Press, Incorporated, 2009), 5.

⁷¹³ Kevin D. Haggerty and Richard V. Ericson, “The Surveillant Assemblage,” *The British Journal of Sociology* 51, no. 4 (December 2000): 613.

⁷¹⁴ Matthew Fuller and Andrew Goffey, “Digital Infrastructures and the Machinery of Topological Abstraction,” *Theory, Culture & Society* 29, no. 4–5 (July 1, 2012): 326.

⁷¹⁵ Haggerty and Ericson, 613.

⁷¹⁶ Susanne Bauer and Jan Eric Olsén, “Observing the Others, Watching Over Oneself: Themes of Medical Surveillance in Post-Panoptic Society,” *Surveillance & Society* 6, no. 2 (February 27, 2009): 116.

⁷¹⁷ Evelyn Ruppert, “The Governmental Topologies of Database Devices,” *Theory, Culture & Society* 29, no. 4–5 (July 1, 2012): 125.

Ruppert, “rather than occupying a ‘space of flows’ or a virtual informationalized world,” data itself cannot be abstracted from the material processes that produce it.⁷¹⁸ These processes involve the participation of both human and nonhuman entities, mediated through systems of technical, social, and cultural interaction. As we will see, a shift to topology cannot be understood as a move toward *disembodiment*. Rather, FitnessGram data is produced by and through the very physical work of bodies themselves, even as these bodies become newly intimate with media interfaces in the process of self-monitoring.

Better Than Normal: Interactivity and Optimization

FitnessGram works at the population level to construct certain “at-risk” groups through data mapping and digital profiling, but also operates at the level of the individual to invest the body with new techniques of risk assessment and self-monitoring. Yet unlike traditional forms of physical education modeled on military techniques for creating what Michel Foucault calls “docile bodies,” the adoption of FitnessGram represents a significant reconfiguration of disciplinary power.⁷¹⁹ Rather than operating through hierarchized observation and spatial enclosure, as in the classic example of the panopticon, FitnessGram implements continuous forms of self-surveillance mediated by a digital interface. While older modes of health assessment provided testing data to parents and teachers, FitnessGram enlists the student herself in data input and even analysis. Its interactive platform ActivityGram asks students to record and classify their daily physical

⁷¹⁸ Ibid.

⁷¹⁹ Michel Foucault, *Discipline and Punish: The Birth of the Prison* (New York: Vintage Books, 1977).

activity according to type, duration, and intensity. As “a behaviorally-based physical activity assessment and goal-setting tool,” ActivityGram also allows students to “monitor changes in fitness level over time,” and “set short- and long-term fitness goals.”⁷²⁰ The latest version of FitnessGram integrates NutriGram, an online tool that gathers information about students’ “nutrition knowledge and behaviors” in order to build customized profiles and educate students and their families to make “healthy choices.”⁷²¹ By encouraging students to set their own goals and track their activity on an ongoing basis, FitnessGram becomes a platform for continuous interactive self-surveillance. As a physical education teacher in Colorado explained, through the program students are “learning a life skill for when they leave here. They’re learning to self-monitor.”⁷²²

From its initial design as a physical education “report card,” FitnessGram has evolved into a comprehensive health promotion program that aims to make health and fitness a “lifelong process.” FitnessGram is not simply a tool for schools to monitor students’ health but promises to help “individuals learn how to self-administer tests, interpret results, and build fitness profiles to be used in planning a personalized, lifetime fitness program.”⁷²³ Since 2004, FitnessGram has promoted its “HELP philosophy,” which holds that “*Health* comes from regular physical activity and the development of health-related physical fitness is for *Everyone* for a *Lifetime* and it should be designed to

⁷²⁰ “FitnessGram Philosophy,” FitnessGram, Accessed September 3, 2014, <http://www.fitnessgram.net/program-overview/fitnessgram-philosophy->

⁷²¹ *NutriGram: Completing the Equation*, The Cooper Institute, 2011, video, 6:30 minutes, <http://www.youtube.com/watch?v=qpjnRoH-6Dg>

⁷²² Rebecca Jones, “Schools Track Student Fitness with Fitnessgram,” *EdNews Colorado*, May 17, 2010, http://www.ednewscolorado.org/news/top_news/schools-moving-to-track-student-fitness-with-fitnessgram.

⁷²³ Ernst et al, S91.

meet *Personal* needs.”⁷²⁴ FitnessGram “emphasizes rewarding fitness behavior (the process)” through a number of programs that “recognize participants for completion of exercise logs, achievement of specific goals, fulfillment of contractual agreements, and completion of the test assessment plus physical activities at home, in school, or the community.”⁷²⁵

Whereas the Presidential Youth Fitness Test rewarded only the most athletic, FitnessGram shifts the focus from athletic performance to helping *all* students build positive attitudes toward fitness inside and outside the gym: “Ultimately, the goal of FitnessGram is not only to encourage children to be more physically active, but to encourage them to value physical activity.”⁷²⁶ Rather than receiving awards for performance in gym class, students are rewarded for integrating healthy behaviors into their everyday lives, extending the field of physical education beyond the walls of the school. FitnessGram explains, “While not everyone can be an elite athlete, most people can achieve healthy levels of fitness by performing the recommended amounts of physical activity.”⁷²⁷ Especially designed to reach “at risk” populations, “FitnessGram is more in tune with students who are overweight, who don’t perform well. There’s still encouragement for those students.”⁷²⁸ According to Michelle Obama, “One of the reasons I’m excited about the new program is because kids won’t be measured on how fast they

⁷²⁴ Plowman et al, S13; original emphasis.

⁷²⁵ Ibid., S13-14.

⁷²⁶ “FitnessGram 10 Program Overview: More than an Assessment,” FitnessGram, Accessed September 3, 2014, <http://www.fitnessgram.net/program-overview/more-than-an-assessment>.

⁷²⁷ “Frequently Asked Questions for Parents,” FitnessGram, accessed September 3, 2014, <http://www.fitnessgram.net/faqs/parents-faqenglish>.

⁷²⁸ Jones.

can run compared to their classmates, it'll be based on what they can do and what their own goal is.”⁷²⁹

By allowing individuals to set their own goals, which are continually adjusted based on ongoing assessment of performance over time, FitnessGram enables a more flexible, personalized technologization of the self, oriented toward new practices of risk management. As a comprehensive health program, FitnessGram provides “an excellent opportunity to teach youth (and their parents) about the health benefits of exercise and about self-management skills such as self-assessment, self-monitoring, goal setting, and program planning.”⁷³⁰ Providing a clear indication of whether students meet their designated “Healthy Fitness Zone” for each assessment category, FitnessGram reports are designed to help students develop personalized plans and set goals to lower their health risk, providing recommendations for how to improve their scores in specific areas. Whereas the Presidential Youth Fitness Test worked as a normalizing metric, ranking each student in comparison with a larger population norm, FitnessGram eschews population-based statistics and rankings, instead calculating levels of fitness according to a metric of individual health *risk*. Students are assessed based on “objective criterion-based standards” that designate a “Healthy Fitness Zone” for categories of aerobic capacity, body composition, muscular strength, muscular endurance and flexibility. Students who fall below the Healthy Fitness Zone for their age and gender are designated

⁷²⁹ “President’s Council On Fitness, Sports and Nutrition Announces New Fitness Program Aimed at Helping Kids Stay Active,” President’s Council On Fitness, Sports and Nutrition, press release, September 10, 2012, <http://fitness.gov/news-highlights/press-releases/pr-10-sep-2012.html>.

⁷³⁰ Ernst et al, S95.

as “Needs Improvement,” a category indicating a “potential for future health risks.”⁷³¹ In 2010 FitnessGram introduced a more precise distinction of risk in relation to the categories of aerobic capacity and body composition. While the “Needs Improvement” designation indicates a “*possible, not probable*” future health risk, a new “Needs Improvement – Health Risk” category signifies “more probable risk” and the “*clear potential for future health problems.*”⁷³² Introducing these measures of risk not only expands the target population (more bodies in need of intervention) but also extends the anticipatory logic of preemptive action: “while the effect of low fitness may not influence health until later in adulthood, it is important to identify potential risks early on so that adjustments can be made to improve those levels.”⁷³³ Indeed, students in the “Needs Improvement” category are encouraged to increase activity and eat “a healthy, controlled diet” in order to “delay or reverse this potential risk,” while students tracking in the “Health Risk” category are subject to more urgent warnings and suggestions for behavior modifications.⁷³⁴

Here, risk assessment becomes a matter of ongoing surveillance and modulation; it must be constantly assessed in order to be reduced but cannot be removed altogether. Health therefore emerges as a continuum, meaning that while risk can never entirely be avoided, it is also possible to continually strive to achieve greater health. In 2010 the upper limits for Healthy Fitness Zone standards on most measures of physical assessment were eliminated. While the upper limits were established at a time when the surgeon

⁷³¹ “Healthy Fitness Zone Standards Overview,” The Cooper Institute, accessed September 3, 2014, <http://www.cooperinstitute.org/healthyfitnesszone>.

⁷³² Ibid, original emphasis.

⁷³³ “Frequently Asked Questions for Parents.”

general advocated “moderate levels of activity and fitness,” they were removed in accordance with new U.S. Physical Activity Guidelines, which “clearly emphasize and encourage higher levels of fitness for greater health benefit.”⁷³⁵ Therefore, students already near the maximum number of pull-ups for their age group, for instance, are encouraged to push themselves further. According to the physical education coordinator for Denver Public Schools, “If they’re already in their healthy fitness zone, they’re asking themselves how they can improve. When they look at that printout, and see their scores, it encourages them.”⁷³⁶

Operating according to a logic of optimization rather than normalization, FitnessGram’s use of “criterion-referenced standards” speaks to concerns that population norms can change over time, and therefore measurements based on a population norm may not in fact promote health, if the entire population is “unhealthy.” Rather than establishing *normal* standards of health, FitnessGram promotes “*optimal* health and function throughout life.”⁷³⁷ Through the development of ever more precise algorithms to monitor and capacitate, the evolving functionality of the program positions the body as infinitely open to improvement, enabling the ongoing modulation of bodies over time through a series of digital feedback loops.

FitnessGram illustrates how neoliberal forms of control work precisely through strategies of optimization and capacity-building even as these very techniques are imbricated in more flexible modes of ongoing monitoring and regulation. Unlike

⁷³⁴ “Healthy Fitness Zone Standards Overview.”

⁷³⁵ “Healthy Fitness Zone Standards FAQ,” FitnessGram, 2010, <http://healthyschools.ocde.us/Assets/Healthy+Schools/Fitnessgram+Healthy+Fitness+Zone.pdf>.

⁷³⁶ Jones.

traditional public health approaches, FitnessGram does not simply impose new forms of virtual self-discipline. Rather than punish or stigmatize, it offers rewards and positive encouragement, mobilizing desires for personal fulfillment “through the promise of a longer life and continuing consumption.”⁷³⁸ Whereas earlier forms of physical education focused on ensuring obedience or compliance, FitnessGram explicitly departs from a disciplinary mode of regulating bodies, instead aspiring to make physical fitness rewarding in and of itself. A central tenet of FitnessGram’s philosophy is an “emphasis on promoting enjoyment and intrinsic motivation for physical activity for all youth.”⁷³⁹ Unlike previous approaches to physical fitness, FitnessGram aims to mobilize the desires of children, rather than repress them. As one study noted, “A program that fosters enjoyment and feelings of competence is recommended as an alternative to a program that focuses on ‘getting kids fit.’”⁷⁴⁰ According to FitnessGram, by “experiencing success in physical activity, and learning how it feels to be more physically fit,” students are likely to adopt “positive attitudes about physical activity” that will help them stay fit for life.⁷⁴¹

As an affective interface that works to connect bodies, information, and desire, FitnessGram, like other digital health technologies, aims to mobilize the interest of the user, drawing her into what Jodi Dean calls “intensive and extensive networks of

⁷³⁷ “FitnessGram Philosophy,” emphasis added.

⁷³⁸ Vaz and Bruno, 284.

⁷³⁹ Ernst et al, S99.

⁷⁴⁰ Ibid., S94.

⁷⁴¹ “FitnessGram Philosophy.”

enjoyment, production, and surveillance.”⁷⁴² For instance, media consumers are now increasingly involved in the process of production through blogging or market research, or as participants in reality television shows. Within this system, production and circulation become indistinguishable, as “the very performance of affective or immaterial labor is already an exchange in which value is, all at once, produced, realized, and consumed.”⁷⁴³ These forms of affective labor create “immaterial products, such as knowledge, information, communication, a relationship, or an emotional response.”⁷⁴⁴ As Valerie Walkerdine points out, attention to regulative discourses cannot fully account for the “dynamics of affective relations” that constitute bodily knowledge beyond the subject.⁷⁴⁵ Studies of anti-obesity programs have demonstrated how health promotion efforts have consistently sought to mobilize affects like shame, disgust, and fear as a way to shape behavior, yet less attention has been paid to the role of “pleasure as a significant affective dimension of wellbeing.”⁷⁴⁶ In order to understand how health itself becomes an object of personal fulfillment, we need to examine how interactive technologies “work” through the circulation of specific affective economies.

⁷⁴² Jodi Dean, *Blog Theory: Feedback and Capture in the Circuits of Drive* (Cambridge, UK ; Malden, MA: Polity, 2010), 3-4.

⁷⁴³ Steven Shaviro, *Post Cinematic Affect* (O Books, 2010), 48.

⁷⁴⁴ Michael Hardt and Antonio Negri, *Multitude: War and Democracy in the Age of Empire* (Penguin, 2004), 108.

⁷⁴⁵ Valerie Walkerdine, “Biopedagogies and beyond,” in *Biopolitics and the “Obesity Epidemic” Governing Bodies*, ed. Jan Wright and Valerie Harwood (New York: Routledge, 2009), 205.

⁷⁴⁶ Simone Fullagar, “Governing Healthy Family Lifestyles through Discourses of Risk and Responsibility,” in *Biopolitics and the “Obesity Epidemic” Governing Bodies*, ed. Jan Wright and Valerie Harwood (New York: Routledge, 2009), 109. See also Deana Leahy, “Disgusting Pedagogies,” in *Biopolitics and the “Obesity Epidemic” Governing Bodies*, ed. Jan Wright and Valerie Harwood (New York: Routledge, 2009), 172–82.

Affective Interfaces: New Media and the Technologization of the Self

While FitnessGram has only just begun to develop mobile capabilities, a number of other health initiatives have recently made use of activity tracking devices to address child obesity. These mobile fitness trackers consist of devices that are worn on the body and relay information about physical activity to a corresponding website or mobile app where users can monitor their own data. While forms of activity tracking such as pedometers have been featured in anti-obesity campaigns for several years, more recently digital health companies are beginning to integrate new technology and social media to help track kids' activity on an ongoing basis. In 2010, HopeLab, a nonprofit dedicated to "harnessing the power of technology and play to improve health," launched Zamzee, "a game that gets kids moving." While HopeLab had previously released games designed for cancer patients, Zamzee was created with support from the Robert Wood Johnson Foundation as part of an anti-obesity initiative aimed at youth ages 9-15. Conceived by health researchers, Zamzee was designed and created in partnership with a number of private design and production firms, and is marketed to schools and community programs, as well as the general public. A combination mobile fitness tracking device and interactive website, Zamzee targets "sedentary children, many of whom are in at-risk communities suffering from alarming rates of obesity and diabetes," motivating them to be active by awarding points for physical activity monitored by a clip-on accelerometer.⁷⁴⁷ Designed "to make activity rewarding and fun," Zamzee provides users with access to an interactive website where they can personalize their avatar, track their

points, and earn rewards through online activities and paid challenges (funded by parents).⁷⁴⁸ Zamzee also incorporates a social networking aspect, allowing users to interact online with friends and classmates. Building on evidence that positive social reinforcement is one of the best ways to achieve behavior modification, Zamzee's interactive features combine "extrinsic rewards to initiative behavior and intrinsic rewards to sustain behavior change."⁷⁴⁹ Like FitnessGram, these apps work affectively to produce feelings of success and achievement even as they create new strategies of self-monitoring and behavior modification. According to one testimonial from a twelve-year-old, "When I got the Zamzee, I started doing physical activity because I want to, not because I have to. It made me feel better."⁷⁵⁰

Zamzee illustrates a larger trend toward "gamification" that has brought public health and the digital tech sector together in the common purpose of solving childhood obesity. In March 2010 Obama sponsored the Apps for Healthy Kids competition as part of her Let's Move! campaign, offering a \$60,000 prize pool as an incentive for the development of "fun and engaging software tools and games that drive children to eat better and be more physically active."⁷⁵¹ According to Agriculture Secretary Tom Vilsack, the competition helped "to harness the combined creativity of game developers,

⁷⁴⁷ James Temple, "Jury out on Zamzee, Other Forms of 'Gamification,'" *SFGate*, February 26, 2012, <http://www.sfgate.com/technology/dotcommentary/article/Jury-out-on-Zamzee-other-forms-of-gamification-3361081.php#src=fb>.

⁷⁴⁸ Zamzee, accessed March 10, 2013, <https://www.zamzee.com/>.

⁷⁴⁹ "Zamzee Research Results," HopeLab, accessed March 10, 2013, <http://www.hopelab.org/innovative-solutions/zamzee/zamzee-research-results/>

⁷⁵⁰ "Zamzee Mobile Health Presentation."

⁷⁵¹ Mike Snider, "Winners in First Lady's Apps for Healthy Kids Competition," *USA Today*, September 30, 2010, <http://content.usatoday.com/communities/gamehunters/post/2010/09/winners-in-first-ladys-apps-for-healthy-kids-competition-/1>.

local youth and adults to work collaboratively to produce fun, innovative games and tools that promote healthy lifestyles.”⁷⁵² In 2012, Obama launched the Active Schools Acceleration Project (ASAP), an effort to foster innovation in physical activity for kids in schools through technology. Noting that television and the internet “can sometimes be an impediment to physical activity,” Obama called on America’s innovators to “harness the power of technology to get our kids up and active.”⁷⁵³ Funded by 13 health insurance companies in conjunction with health nonprofit ChildObesity180, ASAP held an Innovation Competition “to identify and reward the most creative, impactful, and scalable school-based programs and technological innovations that promote physical activity for children.”⁷⁵⁴ One of the competition winners was a small digital tech start-up based in North Carolina that has designed its own activity tracking device and social media site called Sqord.

Like Zamzee, Sqord offers an interactive website, with a customizable avatar, the chance to earn points and online rewards, and social networking features. Described as “one part social media, one part game platform, and one part fitness tracker,” Sqord tells kids, “We think being active is supposed to be fun, and want to inspire life-long habits that get you up, get you moving, and let you take back play for the rest of your life.”⁷⁵⁵ Sqord’s approach centers around “a fun social platform that inspires, tracks, and rewards your everyday physical activity in your own local, family, and online communities.”

⁷⁵² Ibid.

⁷⁵³ “First Lady Announces ASAP Innovation Competition,” *Active Schools*, Jan 27, 2012, video, http://www.youtube.com/watch?v=uwxI5Grq2uQ_

⁷⁵⁴ “About ASAP,” *Active Schools Acceleration Project*, Accessed January 10, 2015, <http://www.activeschoolsasap.org/about/asap>.

⁷⁵⁵ Sqord.com, 2012, Accessed March 10, 2013, <http://www.sqord.com/>.

Whereas Zamzee was designed as a “game that gets kids moving,” Sqord focuses on bringing elements of gaming into kids’ everyday lives. With a mission of “making healthy, active play more fun for kids,” Sqord promises kids the ability to earn points and win competitions “simply by doing what you do.”⁷⁵⁶ “There are no rules to learn, or routines to follow,” Sqord promises, telling kids to “Go have fun.”⁷⁵⁷ Rather than rewarding kids for specific forms of physical activity, Sqord is designed to measure any and all kinds of activity: even taking out the trash and walking the dog. Shifting the focus away from traditional forms of physical fitness, Sqord instead emphasizes fun: “the cool thing is you don’t have to be a soccer star or the fastest runner. When you’re wearing this band, all you have to do is play.”⁷⁵⁸ Whereas Zamzee is designed to work with existing forms of physical education, Sqord shifts the field of action outside of the gym or playground, making everyday living into a game.

By linking health promotion directly to kids’ desire for play as a social, competitive, and rewarding activity, these platforms incentivize fitness as a means to personal enjoyment and well-being. Rather than simply making health and fitness more entertaining, these platforms are beginning to eradicate the distinctions between work and play. As Galloway puts it, “labor itself is now play, just as play becomes more and more laborious.”⁷⁵⁹ Launched in 2013, GeoPalz’s iBitz illustrates this blending of work and play. Described as “an ‘always on,’ physical activity based device and game,” this device uses Bluetooth technology to sync wirelessly with a smartphone app. The iBitz is

⁷⁵⁶ Ibid.

⁷⁵⁷ Ibid.

⁷⁵⁸ Michelle Mullen, “Turning the Tables with Kids and Fitness,” *WSCH6.com*, December 26, 2012, <http://www.wsch6.com/news/watercooler/article/225886/108/Turning-the-tables-with-kids-and-fitness>.

“specifically designed to simplify the process of getting active with the entire family,” allowing parents to monitor their kids’ activity as well as their own.⁷⁶⁰ At \$34.99 for kids and \$49.99 for adults, the clip-on device and accompanying smartphone app is clearly marketed to the tech savvy upper middle class parent (the adult app also syncs with popular fitness devices such as the Nike+ FuelBand). This model has since been incorporated into other low-cost fitness trackers such as educational gaming company Leap Frog’s product LeapBand, a combination pedometer and gaming wristband released in 2014. Recommended for ages 4-7, the LeapBand currently retails at Toys R Us and Walmart for \$19.99.

What is unique about interactive devices such as the iBitz and LeapBand is that their mobile interfaces provide ongoing feedback in real time. Rather than encourage users to track their progress through rewards and social networking, these devices integrate healthy activity and behavior into a game interface that responds to real-life activity. LeapBand users pick a “customizable pet pal” such as “Incredible Unicorn” or “Lucky Sparkles” the dog who provides rewards and incentives to get active. Kids interact directly with their virtual friend, responding to its affective bodily states by feeding and exercising their pet, as well as playing games designed to make nutrition and fitness fun, such as “pet chef” and “pet boogie.” The iBitz app similarly connects kids to a tamagotchi-like virtual pet, “allowing kids to harness their ‘real life’ physical activity in order to drive the health of their ‘virtual pet’ through a smartphone app.”⁷⁶¹ Kids must be

⁷⁵⁹ Galloway, 29.

⁷⁶⁰ iBitz.com, Accessed March 10, 2013, <http://ibitz.com>.

⁷⁶¹ Emily Price, “Ibitz Uses Your Child’s Physical Activity To Power Games, Earn TV Privileges,” *Mashable*, January 8, 2013, <http://mashable.com/2013/01/08/ibitz/>.

physically active in order to keep their avatar alive: “The more the child is active with their iBitz the more power their app based character has.” Unlike the Zamzee or Sqord, iBitz relies on a mobile user interface that calls for constant interaction: kids “can interact with the game character by feeding it food, water and even putting it to sleep.”⁷⁶²

Through this user interface, the iBitz mobilizes a circuit of affective feedback designed to modify behavior in real time. Kids have constant access to their virtual avatar, which shows signs of liveliness and happiness when activity levels are high, and becomes listless and sleepy when goals are not met. In this sense, the iBitz ceases to function as a reward-based game, and comes to represent an ongoing process of self-monitoring, in which the boundaries between physical and virtual become indeterminate. The iBitz, even more so than Zamzee or Sqord, represents the interface effect of media “immediacy”: a fluid integration with our bodies and surroundings.⁷⁶³ In a newly intimate arrangement of bodies and data that sidesteps the (human) expert, kids learn to incorporate data directly into their modes of working on the body. In this sense, the data double becomes (re)incorporated: “information gleaned from body surveillance is not merely a 'data image,' an irrelevant or circumstantial collection of information, but indeed is constitutive of the body. There is no distinct line between the biological body and the 'virtual body.’”⁷⁶⁴ As Sqord puts it, “Be yourself, online and off.”⁷⁶⁵ Rich and Miah describe this new convergence of health education and entertainment as a form of “prosthetic surveillance,” in which the conjunction of real and virtual bodies offers new

⁷⁶² iBitz.com.

⁷⁶³ Farman, 7.

⁷⁶⁴ Kathryn Conrad, “Surveillance, Gender, and the Virtual Body in the Information Age,” *Surveillance & Society* 6, no. 4 (June 26, 2009): 381.

modes of regulation and monitoring: “biopower can be operationalized on physical bodies, but also on and through prosthetic bodies, which capture blurred spaces of the virtual and physical.”⁷⁶⁶ Creating “a cybernetic continuum that synchronizes ‘real’ and ‘virtual’ bodies,” technologies such as the iBitz provide new opportunities for surveillance, in the guise of “play.”⁷⁶⁷

Like video games, these interactive technologies incorporate a “feedback loop that allocates ‘rewards’ based on devoted self-monitoring.”⁷⁶⁸ By providing kids with an immediate feedback loop to get information about their own health, they are not only creating bodies of data (recorded within the digital interface) but also enabling new forms of ongoing monitoring and surveillance. In addition to providing parents and teachers access to monitor kids’ activity, the social networking platform enables kids to compete against and monitor one another, further extending the surveillant assemblage. Schools like the Greenfield Hebrew Academy in Atlanta, GA have not only integrated Zamzee into gym classes, but are teaching students how to analyze their own data as part of a statistics unit in math classes.⁷⁶⁹ The data produced by the students, in turn, is monitored and fed back into the larger surveillant assemblage: HopeLab sponsored a study that found kids using the interactive website features associated with Zamzee were 59 percent more active than kids who used only the tracking device.⁷⁷⁰

⁷⁶⁵ Sqord.com.

⁷⁶⁶ Rich and Miah, 175.

⁷⁶⁷ Brad Millington, “Amusing Ourselves to Life: New Media and the Politics of Interactivity,” Dissertation manuscript (Vancouver, B.C., 2011), 60.

⁷⁶⁸ Ibid, 72.

⁷⁶⁹ Temple.

⁷⁷⁰ “Zamzee Research Results.”

Zamzee was especially celebrated for increasing physical activity in “at-risk” groups. The study found that “overweight” children (with a BMI of 25 or greater) exercised 27 percent more and girls exercised 103 percent more when using Zamzee.⁷⁷¹ Given that compulsive exercise is closely linked to disordered eating, which could be considered an “epidemic” in its own right, especially among adolescent girls, it is curious that this statistic bears no interrogation or concern on the part of the research team or the company.⁷⁷² In fact, a Zamzee research presentation about its effectiveness includes this testimonial from a thirteen-year-old girl: “I got pretty obsessive—I would check the website 3 or 4 times a day.”⁷⁷³ Not only does this approach conflate “overweight” and unhealthiness, failing to account for the phenomenon of healthy fat bodies (or unhealthy thin ones), but it also valorizes “obsessive” behaviors that could very well manifest health issues of their own.

While the majority of health apps designed for kids focus on exercise, new headway has been made recently in diet trackers for children. For instance, tech startup KurboHealth was launched in 2013 as a “mobile/online health and weight management program” that allows kids to track their food and exercise through a mobile app on their smartphones.⁷⁷⁴ Designed for ages 8-18, Kurbo’s initial online assessment asks users to enter information about exercise and eating habits, current weight and height, plus answer questions about emotional well-being, such as “Do you feel bad about the way you look?” Users determined to be “at risk” are congratulated for taking “a great first step at

⁷⁷¹ Ibid.

⁷⁷² Richard Gordon, *Eating Disorders: Anatomy of a Social Epidemic* (Wiley, 2000).

⁷⁷³ “Zamzee Mobile Health Presentation.”

⁷⁷⁴ “FAQ,” Kurbo Health, accessed May 26, 2015, <https://kurbo.com/faq/>

getting healthy” by taking the quiz, and encouraged to sign up for Kurbo’s weekly health coaching plan where kids work one-on-one with a trained nutrition coach to “review progress and set goals.”⁷⁷⁵ The app itself is free to download for iOS and Android devices, and coaching sessions start at \$75 for the first month. While this Silicon Valley start up is clearly geared toward wealthy families, CEO Joanna Strober has reported that Kurbo intends to make its services “affordable to everyone” by partnering with insurance companies, who will include Kurbo in their health plans. Aiming to extend its services to “millions of kids and families worldwide,” Kurbo promises to help kids “make smarter decisions so you can live healthier and feel happier.”⁷⁷⁶

Despite this emphasis on health and happiness, however, Kurbo is primarily designed to promote weight loss, rather than health. For instance, its “traffic light system” of rating foods based on nutritional value consistently rates any food with high fat content as a “red light,” including cheese, peanut butter, and yogurt. Avocados are rated as a “yellow light,” along with complex carbohydrates such as brown rice, quinoa, and whole grain bread. “Green light” foods consist almost entirely of fruits and vegetables, along with nonfat milk and water. Based on caloric density, this system privileges weight loss over health. For instance, soy sauce is also a green light, despite being incredibly high in sodium, while olive oil is a red light, even though it contains mono- and polyunsaturated fats, which have been shown to help lower cholesterol and risk for heart disease.

⁷⁷⁵ “Assessment result,” Kurbo Health, accessed May 26, 2015, <https://kurbo.com/assessment-results.php?ssid=20150526122019276>.

⁷⁷⁶ Kurbo Health, accessed May 25, 2015, <http://kurbo.com>.

Although Kurbo bills itself as a “behavior modification program” rather than a diet, by focusing primarily on caloric density, this platform teaches teens that “healthy choices” are synonymous with reducing calories, rather than overall nutritional value. Within the logic of the program, health is entirely conflated with weight loss. Here, the “healthy” body is defined primarily by its ability to conform to an able-bodied ideal of thinness, rather than measures of physical or emotional well-being. As decades of feminist research on the diet industry and eating disorders has demonstrated, it can be a very dangerous thing indeed to fail to recognize the health risks of weight loss. While Kurbo’s FAQ assures concerned parents that users are at low risk for developing eating disorders because Kurbo does not advocate counting calories or food deprivation, food tracking in general could arguably be understood to participate in a larger culture of disordered eating. In a climate in which 80 percent of all ten-year-old girls report having been on a diet, Kurbo’s system for behavior modification may not be as “safe” as it claims to be.⁷⁷⁷

During the week in which I used the app I saw an immediate change in my attitude toward food: even though I was technically allotted 40 “red light” foods for the week, I became instantly preoccupied with seeing how few reds I could eat each day. The motivation for tracking behavior of any kind, after all, is less about gamified “rewards” or prizes and more about a sense of personal control and achievement, which was summed up by my virtual Kurbo coach who popped up on my phone one day to tell me, “I love controlling what I eat.” Despite the fact that control over food is at the heart of eating

⁷⁷⁷ “Children, Teens, Media, and Body Image,” Common Sense Media, January 21, 2015, <https://www.commonsensemedia.org/research/children-teens-media-and-body-image>.

disorders, Kurbo promises that taking control over eating habits will help kids “become healthier and more confident.” In response to concerns that the program might hurt children’s self-esteem, Kurbo counters that the app “increases self-confidence by providing kids with tools that help them manage their weight and take control of their choices.”⁷⁷⁸ A parent of an 11-year-old Kurbo user is quoted on the website as saying, “It empowered my daughter and she now feels more in control and better about her entire life.”⁷⁷⁹

As a social group with very little control over many aspects of their lives, kids and teenagers might well derive a sense of empowerment from tracking their own food. As one 13-year-old boy explained, “I like making my own choices and figuring out how to get the best results, without having to listen to my mom bug me about what I’m eating and whether I’m exercising.”⁷⁸⁰ Yet even as control over food may offer a limited form of empowerment, we need to question how tracking behavior impacts kids’ relationships to food, exercise, and their bodies. According to one 14-year-old girl, “You always think about it. It changes the way you’re thinking about food.”⁷⁸¹ We especially need to be cognizant of how gender influences the effects of health tracking apps, and mindful of the ways in which “control” can have quite different valences: mastery over one’s own choices, versus obsessive thinking about food, for instance, in the examples above. Moreover, by valorizing control over one’s body as a desirable form of self-mastery, this

⁷⁷⁸ “FAQ,” Kurbo Health.

⁷⁷⁹ “Success Stories,” Kurbo Health, accessed May 26, 2015, <https://kurbo.com/success-stories>.

⁷⁸⁰ “Kurbo Health Launches First Proven Program to Combat Childhood Obesity Using Mobile Tools,” press release, July 29, 2014, <http://www.prnewswire.com/news-releases/kurbo-health-launches-first-proven-program-to-combat-childhood-obesity-using-mobile-tools-269019371.html>

logic further entrenches a fantasy ideal of able-bodiedness that disavows human interdependence while positioning those who “can’t control themselves” as failed subjects.

Linking individual health and happiness to fatphobia and compulsory able-bodiedness, health tracking devices exemplify a rehabilitative model that holds individuals responsible for their own well-being even as they promise unlimited personal growth. Through its algorithmic risk assessment, Kurbo distributes all bodies along a continuum in which health is a matter of ongoing striving. No matter where an individual child is, Kurbo will work with her to create a customized plan to work toward an impossible ideal of compulsory able-bodiedness that is always just out of reach. Insofar as health tracking devices target children in general as a potentially risky population, the cultural work these technologies perform is less about reinscribing the division between the normate body and its pathologized others, and more about extending a calculus of risk over all bodies.

Conclusion

Within the logic of epidemic, all children are subject to a calculus of risk and are therefore targets of more subtle, yet pernicious, forms of control. This does not mean a universalizing of risk, however. Interactive platforms work topologically to recode race and other demographic “variables” as metrics of risk, facilitating new modes of data tracking and surveillance. Yet digital technologies also work affectively to promote

⁷⁸¹ Katy Steinmetz and John Kell, “Here’s What Happened When A Woman Tried a Children’s Weight Loss App,” *Time*, July 29, 2014, <http://time.com/3048707/the-kurbo-app-for-weight-loss/>.

“enjoyment and intrinsic motivation” on the part of the individual user, extending what Foucault called “technologies of the self” to a more flexible and far-reaching “technologization of the self” in which the physical body emerges as a site for the optimization of human capital.⁷⁸² Foucault defined “technologies of the self” as a set of practices an individual adopts with the aim of transforming themselves “in order to attain a certain state of happiness, purity, wisdom, perfection, or immortality.”⁷⁸³ This work on the self included a range of techniques applied to the body, the mind, or the soul, often involving a detailed regimen of exercise, food, drink, and even sleep. While Foucault saw liberatory potential in the aesthetic stylization of one’s life modeled on practices in ancient Greece, contemporary projects of self-transformation often dovetail a bit too comfortably with the imperatives of compulsory able-bodiedness within neoliberal consumer culture. Health tracking devices promise to help children “achieve their potential,” yet they also engage them in a never-ending project of self-improvement, contributing to the ableist fantasy of the body as a site of ongoing optimization and self-control. Through the development of ever more precise algorithms to monitor and capacitate, the evolving functionality of these technologies positions the body as infinitely open to improvement. Within this logic, even the normate body is “never healthy enough, and thus always in a debilitated state in relation to what one’s bodily capacity is imagined to be.”⁷⁸⁴

⁷⁸² Michel Foucault et al., *Technologies of the Self: A Seminar with Michel Foucault* (Amherst: University of Massachusetts Press, 1988); Brian Massumi, *Parables for the Virtual: Movement, Affect, Sensation* (Duke University Press, 2002).

⁷⁸³ Foucault et al., *Technologies of the Self*, 18.

⁷⁸⁴ Jasbir K. Puar, “Prognosis Time: Towards a Geopolitics of Affect, Debility and Capacity.” *Women & Performance: A Journal of Feminist Theory* 19 (July 2009): 167.

This chapter has demonstrated how the norming project of biopolitical public health regimes is being gradually augmented by more flexible, personalized mechanisms of control. Bodies are not only molded in gymnasiums but also modulated in real time through ever more precise measurements and calculations as the user becomes the primary producer and collector of information, engendering a new technologization of the self. The role of the expert is taken over by the algorithm: users gain customized reports, suggestions, and feedback in real time. Yet we must not imagine that new mechanisms of control have abandoned disciplinary power. Even as new strategies of interactive monitoring and surveillance aim to transform traditional techniques of physical education, technologies such as FitnessGram breathe new life into disciplinary institutions, demonstrating how mechanisms of control augment—rather than supplant—biopolitical apparatuses of discipline and regulation. At the same time, the incorporation of these platforms transforms public schools into sites for the management of risk and for the optimization of bodies, illustrating how disciplinary apparatuses become retooled toward new methods of control.

Importantly, this expansion of biopolitical governance has been accomplished through a concomitant development of new affective investments in health as a pleasurable, playful pursuit. Offering the promise of health through individual empowerment, digital technologies aim to make “healthy behavior” fun and rewarding in and of itself. In an interview, a white teenage girl explains, “The main thing I’ve learned from Kurbo is that it’s possible to feel good about yourself again.”⁷⁸⁵ Linking self-esteem

⁷⁸⁵ “New Weight Loss App for Kids,” CNN Parenting Today, April 18, 2015, video, https://www.youtube.com/watch?v=-x07_12NF9E.

and success to the adoption of a new set of health tracking practices, these apps teach children how to *feel* healthy.

Insofar as nutrition and fitness trackers seem to offer some users the possibility of greater physical and emotional health, what are the costs associated with these new technologies? While this mode of optimization claims to foster certain forms of life, it forecloses others. Not only do anti-obesity technologies seek to preemptively thwart a certain type of future (one involving fat adults, whether “healthy” or not); they also foreclose any vision of childhood that is not in service to a future healthy adulthood. We need to consider what happens when we impose the imperative of “health” on the queer temporalities of childhood. As Kathryn Bond Stockton has argued, all children possess a queer relationship to normative trajectories of growth, insofar as they are excluded from the rights and responsibilities of adulthood. Because they are not allowed to advance to adulthood “until we say it’s time,” children must “grow sideways” rather than up.⁷⁸⁶ Stockton’s notion of sideways growth challenges developmental teleologies, making room for unexpected and often queer modes of growing “to the side of cultural ideals.”⁷⁸⁷ Jack Halberstam argues that kids themselves are less “pre-adults figuring the future” but rather “anarchic beings who partake in strange and inconsistent temporal logics.”⁷⁸⁸ As Halberstam points out, “If you believe that children need training, you assume and allow for the fact that they are always already anarchic and rebellious, out of order and out of

⁷⁸⁶ Kathryn Bond Stockton, *The Queer Child, or Growing Sideways in the Twentieth Century* (Duke University Press, 2009), 6.

⁷⁸⁷ *Ibid.*, 13.

⁷⁸⁸ Judith Halberstam, *The Queer Art of Failure* (Duke University Press, 2011), 120.

time.”⁷⁸⁹ In this account, childhood represents the deferral of futurity, inhabiting the time of the not-yet. In contrast, the preemptive logic of Let’s Move! transforms childhood from a deferral to a perpetual anticipation of adulthood. As digital platforms provide ever earlier opportunities for intervention, what forms of “growing sideways” are literally and metaphorically foreclosed?

Cultural historian Amy Erdman Farrell warns that “The war against fat can become, too easily and too rapidly, a war against fat people.”⁷⁹⁰ Yet while important work in fat studies and the Health at Every Size movement is debunking the myth that fatness is synonymous with ill-health, developing tolerance of body size diversity may not necessarily resist the logic of preemptive health. In fact, FitnessGram has recently incorporated new rhetoric in which it “recognizes that physically fit and less-fit people come in all shapes and sizes.”⁷⁹¹ Assuring concerned parents and teachers that there is “no research evidence” indicating that body composition assessments “will make a child overly concerned about their body and lead to eating disorders,” FitnessGram suggests that in fact, testing “offers an opportunity for teachers to deal with the cultural obsessions with thinness and body image that prevail in our society” and recommends that teachers “set a tone of acceptance for different body types.”⁷⁹² Using the very language of fat positivity, FitnessGram demonstrates a tenacious flexibility to absorb and repurpose critiques to strengthen its own apparatus.

⁷⁸⁹ Ibid., 27.

⁷⁹⁰ Farrell, 11.

⁷⁹¹ “Frequently Asked Questions for Parents,” FitnessGram.

⁷⁹² Ibid.

As we have seen, the contemporary assault on obesity has involved a tactical shift away from pathologizing fatness toward a mode of preemptive health that deploys new technologies of risk management to expand the reach of control over all bodies, operating on virtual futures to modulate populations in time. Digital health apps illustrate how neoliberal forms of control work precisely through strategies of optimization and capacity building even as these very techniques are imbricated in more flexible modes of risk management. While the earliest health trackers for kids were developed in the nonprofit sector as a way to address racial and economic health disparities, recent years have seen a shift toward the adoption of health tracking platforms by private insurance companies. For example, Kurbo has recently begun marketing itself not only to individuals but to employers and insurance companies as a way to reduce health costs. In October of 2015 Zamzee was acquired by Welltok, Inc., a private corporation that markets “health optimization platforms” to health insurance providers. Rather than specifically targeting “risky” populations, Zamzee is now part of CaféWell, a comprehensive, personalized platform for “optimizing” consumer health.

Yet this neoliberal fantasy of the body as a site of ongoing optimization and self-control is grounded in a compulsory able-bodied ideal that disavows the very real forms of necropolitical violence that threaten the health of poor kids, kids of color, kids with disabilities, and queer kids. The construction of child obesity as the “biggest threat” to children’s health and well being negates the reality of police brutality, the school to prison pipeline, and queer and trans youth homelessness, among a variety of factors that much more directly endanger the lives of many children and their families. Instead of

addressing these larger necropolitical forces that put kids at risk, anti-obesity discourses offer an attractive vision of health and happiness as firmly within control of the individual. In this sense, fitness technologies aim not only to eliminate fat futures but also to territorialize the field of desire itself. In the face of this “new monster,” as Deleuze put it, “there is no need to fear or hope, but only to look for new weapons.”⁷⁹³

⁷⁹³ Gilles Deleuze, “Postscript on the Societies of Control,” *October* 59 (January 1, 1992): 4.

Epilogue

Unhealthy Feelings

Depression is another manifestation of forms of biopower that produce life and death not only by targeting populations for overt destruction, whether through incarceration, war, or poverty, but also more insidiously by making people feel small, worthless, hopeless.

- Ann Cvetkovitch⁷⁹⁴

Queerness is a structuring and educated mode of desiring that allows us to see and feel beyond the quagmire of the present.

- José Esteban Muñoz⁷⁹⁵

As I was in the final stages of completing this dissertation manuscript, I received news that one of my closest friends (and fellow graduate student in my cohort) was in the hospital in intensive care. I had no initial information as to what had happened, and hoped against hope that it had been an accident of some kind, or even a drug overdose. When I spoke with his brother on the telephone, the possibility that I did not want to admit to myself was suddenly inescapable. Even as I spoke the words I knew the answer. “Did he try to kill himself?” Pause. “Yes, I’m sorry to say he did.” Twenty-four hours after I got the call, he was gone. As I tried to find a way to live with the most heart-wrenching loss I had ever experienced, I was also forced to grapple with the implications of my own intellectual investments in critiquing health as an object of desire. Even after dedicating years to studying how mental and physical health have been historically constructed to reflect white supremacist, patriarchal, heterosexist, ableist norms, I had to face the difficult question: What does it mean to be against health when ill-health,

⁷⁹⁴ Ann Cvetkovitch, *Depression: A Public Feeling* (Duke University Press, 2012), 13.

⁷⁹⁵ José Esteban Muñoz, *Cruising Utopia: The Then and There of Queer Futurity* (NYU Press, 2009), 1.

including mental illness, literally kills people? In a world in which toxicity characterizes the very conditions of life for so many, is rejecting the normative premises of health a fundamentally privileged undertaking?

José Esteban Muñoz has critiqued queer theorists such as Leo Bersani and Lee Edelman for positioning queerness as antithetical to futurity. While Edelman argues that queer negativity holds the key to disrupting the incessant demands of reproductive futurism, the question remains: whose futures are at stake? “The present is not enough,” Muñoz writes. “It is impoverished and toxic for queers and other people who do not feel the privilege of majoritarian belonging, normative tastes, and ‘rational’ expectations.”⁷⁹⁶ Rather than handing over the future to “normative white reproductive futurity,” Muñoz insists on the power of queer utopia to interrupt the teleological demands of “straight time,” enabling us “to glimpse another time and place: a ‘not-yet’ where queer youths of color actually get to grow up.”⁷⁹⁷ This work of queer utopian imagining was central to the project my friend left unfinished. Inspired by the work of Muñoz, along with scholars such as Gloria Anzaldúa, Chela Sandoval, and Juana María Rodríguez, Jesús Estrada-Pérez’s research investigated gay Chicano art as a form of queer world-making. He documented how gay Chicano artists established their own queer utopian expressions of desire, sexuality, and belonging by “imagining alternative ways of being through art.”⁷⁹⁸ Rejecting the “here and now,” this form of cultural production was a way to “dream and enact new and better pleasures, other ways of being in the world, and ultimately new

⁷⁹⁶ Ibid., 27.

⁷⁹⁷ Ibid., 95-6.

⁷⁹⁸ Jesús Estrada-Pérez, *Esse Homo: Gay Chicano Art and the Politics of World Making*, unpublished manuscript.

worlds.”⁷⁹⁹ The world that Jesús left behind was one that could not sustain him. When the present becomes too toxic, the dream of a better world is not enough. But rather than abandoning the utopian project of dreaming in favor of a more pragmatic course of action, perhaps we need to engage with the promises of queer utopia, as well as its failures. In this epilogue I reflect on mental health in the academy as a small gesture toward imagining an alternative world, one that might make space not only for utopia, but for failure as well.

In her 2012 book *Depression: A Public Feeling*, Ann Cvetkovitch argues that we need to understand depression as a manifestation of social and economic conditions of precarity within neoliberal capitalism. As a form of what Lauren Berlant terms “slow death,” depression represents “an even less visible form of violence that takes the form of minds and lives gradually shrinking into despair and hopelessness.”⁸⁰⁰ Resisting the impulse to individualize and pathologize what is often considered a deeply personal malady, Cvetkovitch documents how academia in particular “breeds particular forms of panic and anxiety leading to what gets called depression” by reflecting on her own struggle with mental health issues as a graduate student and a junior faculty member.⁸⁰¹ Given the labor conditions that structure the process of academic writing and publishing in the humanities, in which institutionalized forms of feedback come mainly in the form of anonymous reader reports or impersonal rejection letters from journal editors, it is not

⁷⁹⁹ Muñoz, 1.

⁸⁰⁰ Cvetkovitch, 13.

⁸⁰¹ *Ibid.*, 18.

surprising that anxiety and even panic are chronic conditions among individuals whose careers, livelihood, and sense of self-worth rely on the mantra “publish or perish.”

Insofar as it fosters unhealthy attachments to unrealistic fantasies of landing a job within a market characterized by total labor insecurity, the academic labor market could be described as a particularly poignant example of what Lauren Berlant calls cruel optimism: a relation in which an object of desire is “an obstacle to your flourishing.”⁸⁰² In this case, the desire for an academic appointment itself leads one to participate in poorly compensated and contingent labor conditions (as a graduate instructor, adjunct, or Visiting Assistant Professor) that often compromise mental and physical health while jeopardizing support systems and sources of stability (e.g. family, friends, relationships, geographical location). The public perception of academia as an “ivory tower” in which a select few are privileged to find intellectual fulfillment in their jobs adds a sense of guilt to anxiety-stricken academics who aren’t able to achieve increasingly unrealistic productivity goals, especially those from poor or working-class backgrounds. At the same time, less than glamorous but time consuming tasks such as grading, administrative tasks, and committee work often shifts the bulk of responsibility for research and writing to breaks or sabbaticals, while the burden of unofficial advising and mentoring of students, many of whom are structurally unsupported by the larger university, is often unevenly carried by faculty and graduate students who are female, queer, and/or people of color.

Yet even as academia fosters conditions of precarity and instability that often produce mental health problems, most of us don’t die from them. Most of us find ways to manage them; we get support from friends or family or therapists or online meditation

videos. Some of us have the financial resources to escape the pressures of graduate school by going on vacation over breaks. Some of us have the cultural capital to receive fellowships rather than having to teach while also in coursework or writing our dissertations. Some of us have romantic partnerships that sustain us emotionally, and often financially. And even if we are struggling with major questions of our own self-worth, our intelligence, our ability to contribute something to the world – all the things that graduate school systematically forces us to doubt – even then, for many of us that is the central struggle we have to deal with during this moment in our lives. Depression and other forms of mental illness become much more dangerous when they intersect with the institutional violence of racism, classism, homophobia, and militarization. It is not coincidental that populations who experience disproportionate incidence of mental illness are often marginalized. By medicalizing and individualizing these so-called “disorders,” we obscure the intersections between systems of oppression and the forms of collective and individual trauma they generate. After all, mental illness alone didn’t kill my friend any more than racism killed him. Or homophobia. Or poverty. Or the carceral state. Or the U.S. immigration system. Or the systemic undervaluing of the labor of brown bodies. It is the complex and messy interconnections between all of these systems of power that we need to hold onto if we want to envision something different.

David Eng and David Kazanjian have argued that although the social and psychic experience of loss has often been associated with hopelessness and despair, the “creative, unpredictable, political aspects” of loss hold the potential for producing “a world of new

⁸⁰² Lauren Berlant, *Cruel Optimism* (Duke University Press, 2011), 1.

representations and alternative meanings.”⁸⁰³ Melancholia – an early psychiatric term for depression – has traditionally been defined as a pathological attachment to a lost object, a “mourning without end” that “results from the inability to resolve the grief and ambivalence precipitated by the loss of the loved object, place, or ideal.”⁸⁰⁴ Considered by Freud to be an “unhealthy” attachment, melancholia signifies an ongoing preoccupation with what has been lost; essentially a failure to get over it. Following Eng and Kazanjian’s suggestion to embrace “avowals of and attachments to loss,” I want to think about what it might mean to welcome so-called unhealthy feelings, rather than try to get over them or move beyond them. What might result if we allowed ourselves to “wallow” in sadness or depression?

As Cvetkovitch reminds us, perhaps we also need to let go of the fantasy that we can eradicate such unhealthy feelings: “It might instead be important to let depression linger, to explore the feeling of remaining or resting in sadness without insisting that it be transformed or reconceived.”⁸⁰⁵ In the face of the emotional self-management required by a system of hyper-accumulation of surplus value (including knowledge-production systems such as universities), perhaps creating space for affects that do not yield value is a worthy endeavor. Rather than attempting to convert depression into a “positive experience,” Cvetkovitch suggests that we need to “depathologize negative feelings” which might hold their own political potential.⁸⁰⁶ Similarly, other queer and feminist scholars such as Sara Ahmed and Heather Love have questioned the cultural and political

⁸⁰³ David L. Eng and David Kazanjian, *Loss: The Politics of Mourning* (University of California Press, 2003), 3; 5.

⁸⁰⁴ *Ibid.*, 3.

⁸⁰⁵ Cvetkovitch, 14.

desirability of what Love terms “compulsory happiness,” pointing out that figures such as the “feminist killjoy” and the “melancholic migrant” call attention to the ways in which happiness is overdetermined by a set of gendered and racialized scripts for “how to live well.”⁸⁰⁷ Rather than aspiring to happiness, these theorists ask us to reorient our social and political objectives away from the “forms of power and violence that are concealed under signs of happiness.”⁸⁰⁸ We need to ask: is it depression alone that makes someone suicidal, or is it an inability to conform to socioeconomic measures of productivity, normality, and happiness?

As the field of disability studies has so vitally demonstrated, much of the detrimental impact of so-called disabilities comes not from actual impairments to physical or mental functioning, but from the structurally disabling forces that prevent people from being able to, for example, navigate a curb with a wheelchair. While significant work is being done by advocates for universal design to address these structural issues, the concept of accessibility becomes a bit more tricky when dealing with mental health. As a teacher, I can make sure that my classroom accommodates a student who uses a wheelchair. But what if a student has an anxiety disorder or major depression that makes it just as hard for them to attend class as it would be for a student in a wheelchair if the building didn’t have an elevator? What accommodations exist for students dealing with major mental health problems? According to the Disability Resource Center at the University of Minnesota, such students should be allowed to miss

⁸⁰⁶ Ibid., 2.

⁸⁰⁷ Heather Love, “Compulsory Happiness and Queer Existence,” *New Formations*, no. 63 (December 22, 2007): 52-64; Sara Ahmed, *The Promise of Happiness* (Duke University Press, 2010), 59.

⁸⁰⁸ Ahmed, 69.

one to three class meetings with no penalty.⁸⁰⁹ At minimum, I can adjust my attendance policy. But this hardly addresses the larger issues at stake: after all, it is the student herself who will undoubtedly be penalized for missing class (in terms of both missing class material that might help her do better on assignments and exams, and also the rather more important issue of missing out on what some of us teachers hope is the educational value of our classes).

What this halfhearted attempt at “accommodation” fails to address is the way in which undergraduate education, graduate education, and the academy as a whole are structurally designed for a compulsory able-bodied student who only exists in the abstract. Of course, some students are able to approximate this ideal more easily than others. But the fact remains that our educational system requires students to entirely divorce their supposed aptitude for learning from their lived realities and emotional and physical experiences. While the rise of neoliberal multiculturalism has worked to manage certain forms of difference (namely, race, gender, and sexual orientation) through depoliticizing strategies of inclusion, higher education is structurally incapable of incorporating subjects with mental health conditions such as depression or trauma. As Margaret Price has argued, “academic discourse operates not just to omit, but to abhor mental disability – to reject it, to stifle and expel it.”⁸¹⁰ In order to survive in academia, one must learn to “pass,” which entails managing mental health privately, often secretly.

⁸⁰⁹ Several accommodation letters I received this semester advised that “modification of attendance requirements may be reasonable” such as “a modification of 1-3 additional absences.” No mention was made of how to accommodate students who miss class beyond modifying grading policies for attendance.

⁸¹⁰ Margaret Price, *Mad at School: Rhetorics of Mental Disability and Academic Life* (University of Michigan Press, 2011), 8. Price uses the term “mental disability” to refer to a range of “impairments of the mind” including but not limited to the category of what is often termed mental illness.

And unlike some other invisible disabilities, a combination of medicalization and personal effort is often expected to “cure” or overcome mental illness, reinforcing a model of individual pathology and distracting from the larger social and political issues that shape how we understand and experience so-called mental “disorders.”

While I support the idea of expanding the framework of disability to more fully incorporate mental health conditions, I also want to caution against entirely repudiating the framework of health and illness. As Susan Wendell has demonstrated, disability activism has sometimes created false dichotomies in an effort to separate itself from the pathologizing connotations of illness and disease.⁸¹¹ Rather than rejecting the label of “unhealthy,” I want to imagine what might happen if we were to embrace the condition of ill-health – not necessarily as a desirable state, but as a necessary one. After all, just as even nondisabled individuals are only temporarily able-bodied, we all experience differing degrees and states of health and illness. What if the work that we undertook (including learning, teaching, and other forms of academic labor such as writing, publishing, advising, et cetera) was itself assumed to be impacted by our health – not as a state of exception (as in, “I missed class because I was sick”) but as an ongoing and continually shifting process of negotiating various aspects of mental, emotional, and physical health? What if depression was understood to be a life-threatening condition, alongside cancer and AIDS? What if we were able to lift the stigma, for both our students and ourselves, of saying “I couldn’t finish this assignment/chapter/article because I was too depressed.” Too often, instead of allowing ourselves to be honest and ask for the

⁸¹¹ Susan Wendell, “Unhealthy Disabled: Treating Chronic Illnesses as Disabilities,” *Hypatia* 16, no. 4 (2001): 17–33.

accommodations we need, we create a web of excuses that themselves often exacerbate the very anxiety we are experiencing. Or, when we do ask for accommodations, our requests are often considered invalid. This has the effect of contributing to the lie we all participate in: the false ideal of compulsory able-bodiedness that none of us can ever hope to live up to. We expect it of our students, our colleagues, and especially of ourselves. It's our own slow death, and it's literally killing us.

If we “cannot not want” health, perhaps we can transform our vision for what it looks like. We can question the historical, cultural, and economic systems that valorize certain forms of life and foreclose others. We can refuse to accept models of physical or emotional health that privilege normative bodies and minds. We can reject the “here and now” in order to “dream and enact new and better pleasures, other ways of being in the world, and ultimately new worlds.”⁸¹² What would it look like if we stopped subscribing to an ableist model of what “health” looks – and feels – like? What if we stopped assuming that we should all be able to function “normally,” especially when “normal functioning” looks a lot like a white supremacist capitalist system that violently represses various forms of difference? What would it mean to create a world in which people living with mental illness, including depression, were given the resources with which to live the lives they choose to live? Those lives might not always look like “healthy” or “productive” lives, but if we resist the biopolitical imperative to measure the worth of life in terms of longevity or productivity, we might open up other spaces through which unexpected modes of living could not only survive, but flourish.

⁸¹² Muñoz, 1.

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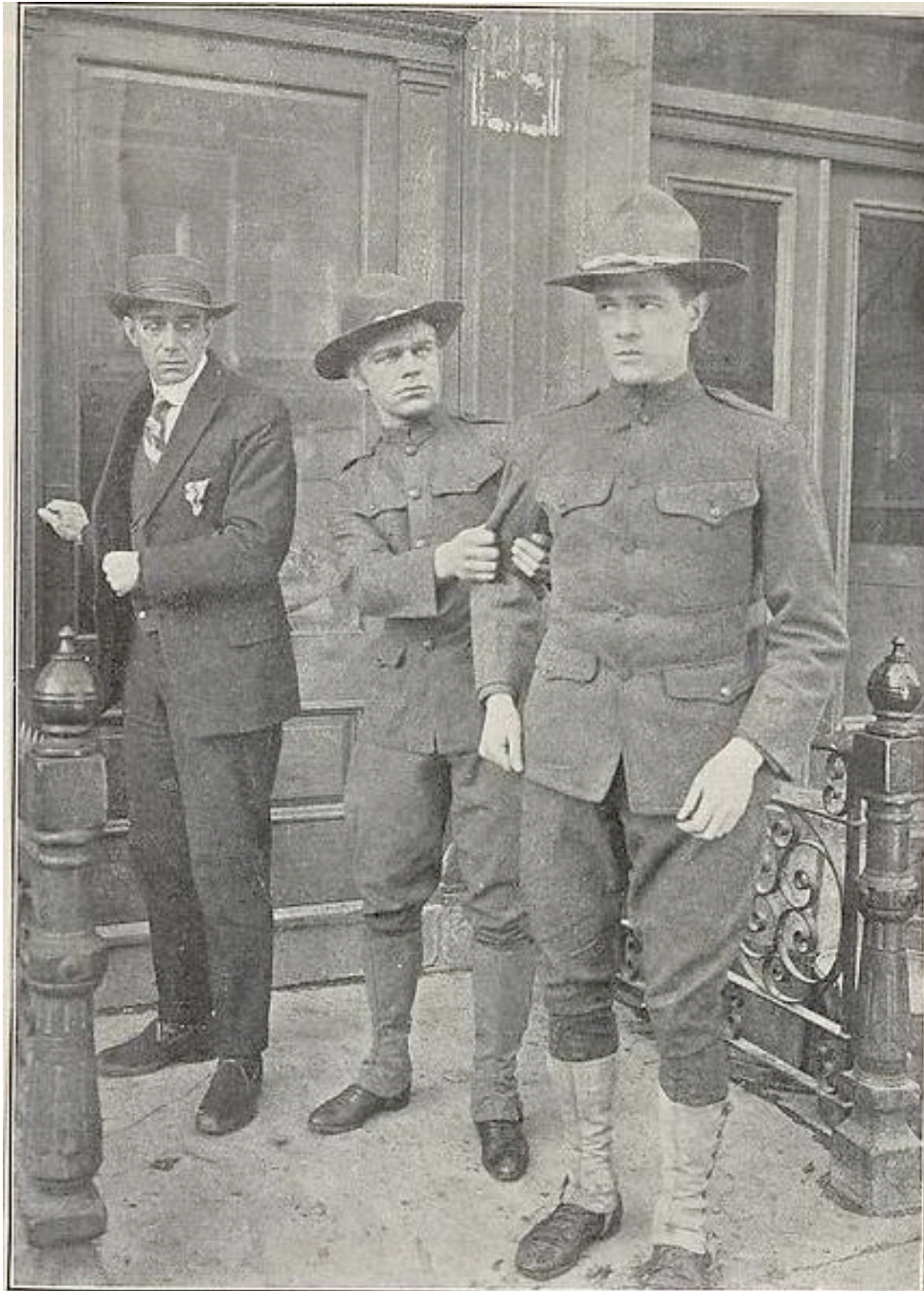
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Appendix

Fig. 1 Promotional still from *Fit to Fight*



From the film "Fit to Fight"
"KID MCCARTHY" TRIES TO GET "HANK" INTO A BAWDY HOUSE

Fig. 2 Promotional still from *Fit to Fight*



From the film "Fit to Fight"

BILLY IS CONGRATULATED ON HIS TRAINING RULES WHICH ARE "KEEP AWAY FROM LOOSE WOMEN AND LEAVE BOOZE ALONE"

Fig. 3 Promotional still from *The End of the Road*



Fig. 4 Promotional still from *The End of the Road*



DESERTED

Fig. 5 Screenshots from *The End of the Road*



Fig. 6 Screenshot from *The End of the Road*



Fig. 7 Promotional still from *The End of the Road*



Fig. 8 Studio portrait of Jack LaLanne, 1961



Fig. 9 Studio portrait of Jack and Elaine LaLanne



Fig. 10 Studio portrait of Jack LaLanne and his dog, Happy



Fig. 11 Screenshot from The Jack LaLanne Show, episode 1



Fig. 12 Screenshot from The Jack LaLanne Show, episode 4



Fig. 13 Photograph of Jack LaLanne and his television studio crew (published in LaLanne, *The Jack La Lanne Way to Vibrant Good Health*)



Fig. 14 Jack LaLanne posing for physique photographer Russ Warner

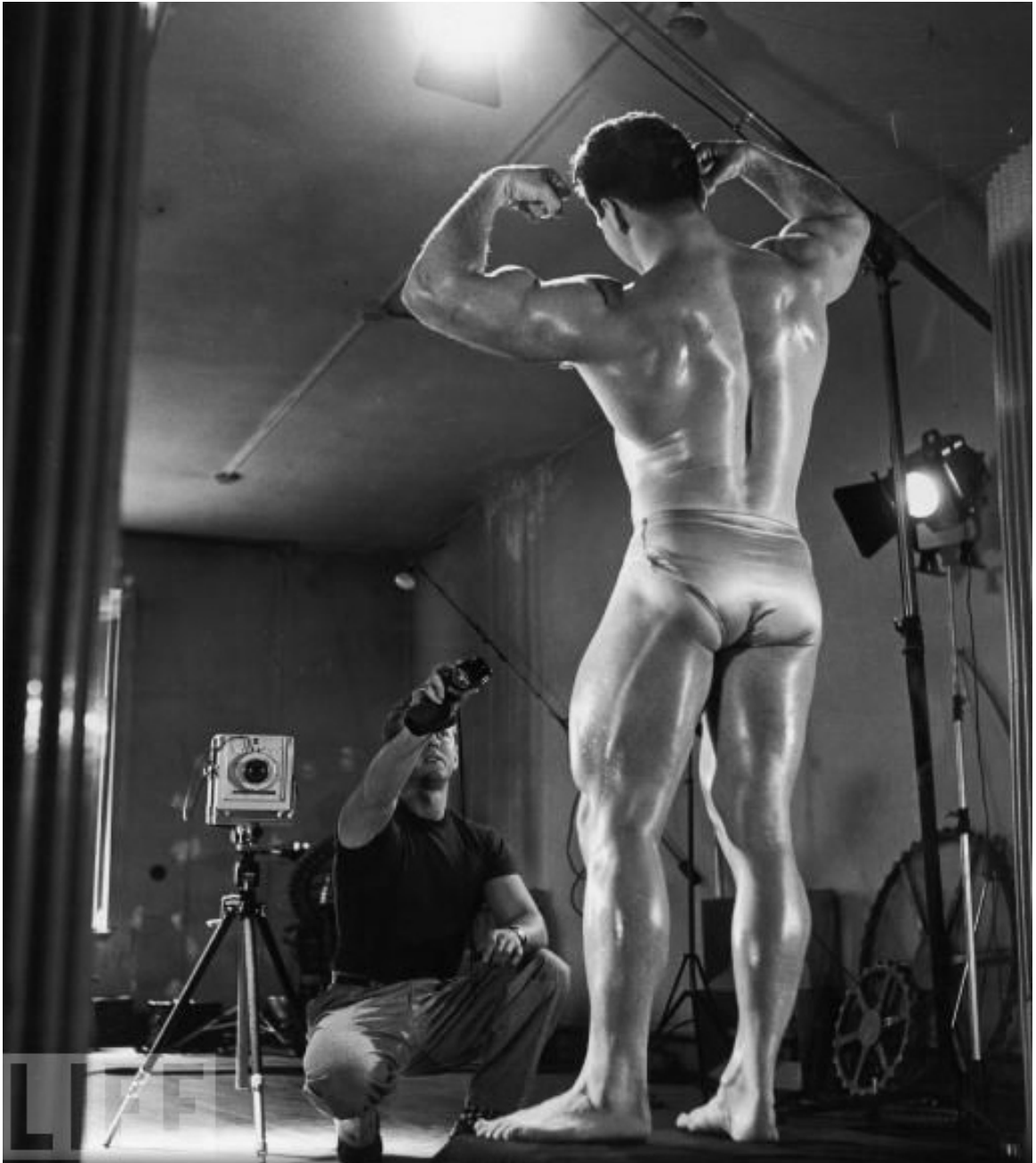


Fig. 15 Jack LaLanne posing with fellow bodybuilder Jack Thomas, 1954



Fig. 16 Jack LaLanne posing with fellow bodybuilder Jack Thomas, 1954



Fig. 17 *Strength and Health* magazine cover, July 1954

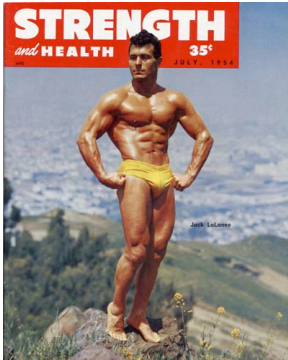


Fig. 18 *Vim* magazine cover, June 1940



Fig. 19 *Muscle Power* magazine cover, June 1947



Fig. 20 Jack LaLanne at Muscle Beach



Fig. 21 LaLanne's *Set-O-Matic Exercises For Him* pamphlet

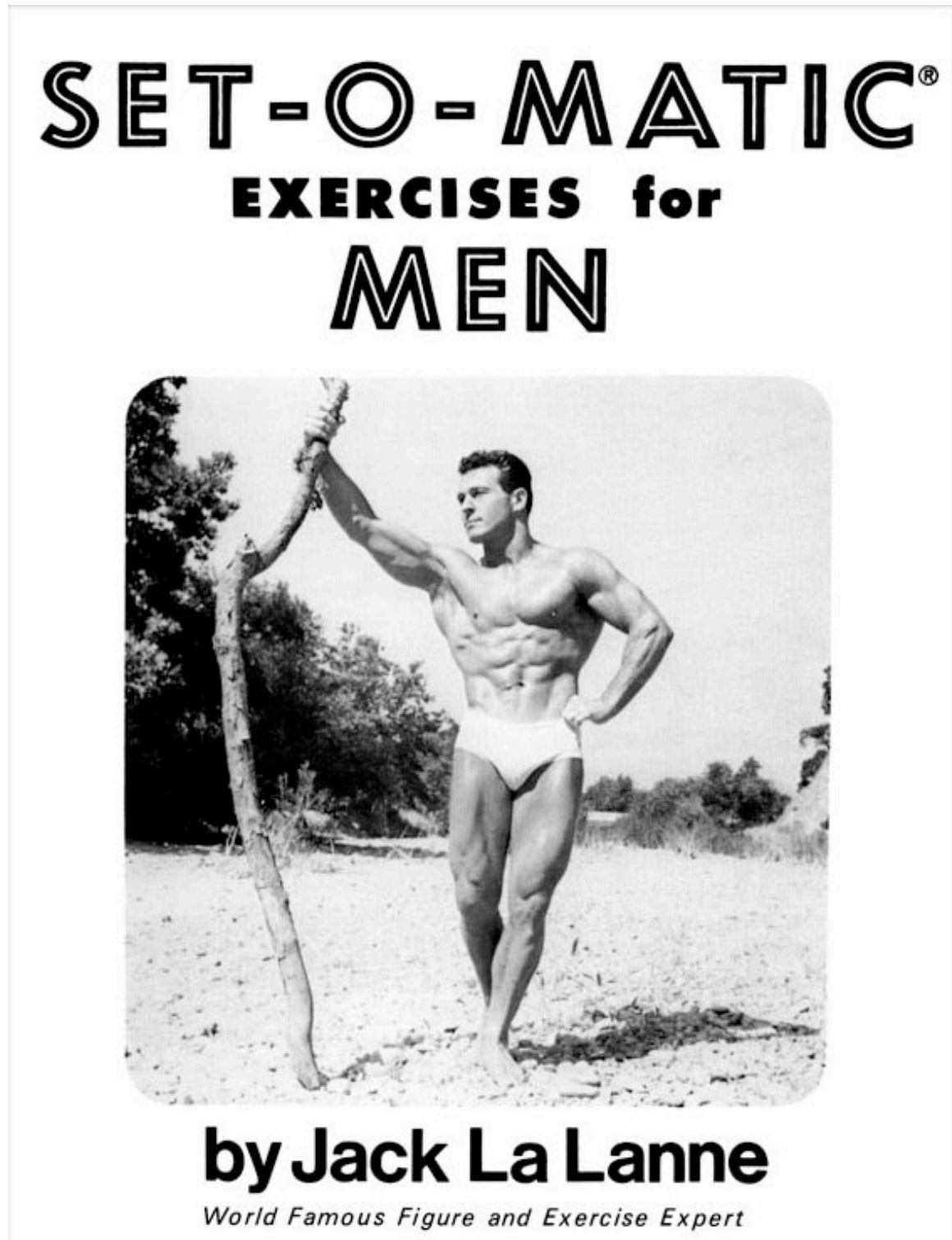


Fig. 22 Photographs of LaLanne from age 17 to 46 (published in LaLanne, *The Jack LaLanne Way to Vibrant Good Health*)

