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***Let's Move!* Campaign: A Social Discourse in Relation to Family Communication**

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Let's Move! Campaign:

A Social Discourse in Relation to Family Communication

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The *Let's Move!* campaign seeks to lower children and adolescent obesity rates by implementing healthier food choices and exercise programming in schools and businesses across the nation. *The Let's Move!* campaign is an example of the nutritional education social discourse. This campaign was created by Michelle Obama in 2010 to combat childhood obesity. President Barack Obama signed a Presidential Memorandum for the Task Force on Childhood Obesity to analyze every program and policy relating to kids' nutrition (Let's Move, 2014). The objective was to organize a national plan to get the most out of federal resources and set standards toward lowering obesity in children.

A few important points of Michelle Obama's objectives were to create a healthy start for children and to empower parents and caregivers (Let's Move, 2014). "Last year the Centers for Disease Control said the prevalence of obesity dropped 43% among young child – aged 2-4 – between 2004 and 2012. But experts say the drop in early childhood obesity is a promising sign since it suggests kids may be learning healthy habits earlier." (Liptak, 2015). The campaign works to engage parents and their young children in a discussion to decrease childhood obesity. The campaign was implemented in schools and sought to reduce the amount of unhealthy foods available in schools and increase nutrition dense foods, in addition to increasing physical activity and providing advice for healthy eating and exercise. Nutrition consists of diet and exercise as both are crucial to overall health. Therefore, the *Let's Move!* campaign consists of two fundamental parts: healthy eating and physical activity.

This campaign and the outcomes are directed to families with school aged children. However, another centralized subsection of this audience is the parental figures in families. The

Let's Move! campaign is exemplary discourse of conversations that occur among family members. A criticism of the *Let's Move* campaign is that it, “enforces a nanny state mentality that touches families at a deeply personal level—asking parents to change daily routines and long-held ideas about food—in the hopes of slowing the decades-long increase in childhood obesity rates.” (Liptak, 2015). In applying the systems approach, relational dialectics, and analyzing familial roles and conflict the *Let's Move!* Campaign is a social discourse that promotes nutritional communication in families.

Systems Approach

One way to describe and explain the actions and communication among family members is to view families as systems. The family is a system, each family member representing a component of the system. The *Let's Move!* campaign influences family life as various members of the family, or various components of the system, are encouraged to alter their lives with the suggestions given by the campaign. The systems approach to family communication defined by Galvin, Braithwaite, and Bylund (2015) proceeds, “a system is a set of components that interrelate with one another to form a whole. Due to their interconnections, if one component of the system changes, the others will change in response, which in turn affects every other family member” (p. 59). By this definition, if one member of the family does something then the whole family unit is affected.

Openness is an important element of the systems approach. Galvin, Braithwaite, Bylund (2015) recognize the importance of factors outside of the family by stating, “Human systems include individuals, families, communities, and cultures that form nested layers. Human systems need interchange with other people, ideas, and institutions in order to remain physically and psychologically functional” (p. 65). Since families need interaction with ‘other people, ideas, and

institutions,' this demonstrates the need for relations outside the family, for example, health campaigns like the *Let's Move!* which are implemented in schools across the nation. The family unit interacts with the 'outside' and has the potential to draw in outside suggestions and ideas just as the outside receives response from the family. This demonstrates how campaigns like the *Let's Move!* campaign can influence families.

A focus group study analyzed eating and physical activity habits in families and concluded several ideas for ways to improve healthy eating and physical activity. These ideas were generated by family members in the focus groups as individual members opened up about their experiences and positive ways to improve nutritional habits. The sharing of this information within the group and the tangible study in relation to the resulting dialogue is an example of family members soaking in information from the 'outside' and which affects the family. The five common themes of ways to improve healthy eating and physical activity that were identified by the focus group included having family meals and group activities, parent modeling, making healthy behaviors fun, engraining healthy behaviors into the family lifestyle, and having a community investment in family health (Berge, Arikian, Doherty, & Neumark-Sztainer, 2012). Routinely eating as a family on certain days or engaging in activities together, parents setting an example of how children should eat and act, cooking meals together or making a game competitive can encourage laughter and fun, creating a lifestyle that fosters health such as going for family hikes, and having healthy options in the community such as farmers' markets, playgrounds, and recreational parks are suggestions for ways of improving nutritional habits in families.

Another important element of families as systems is wholeness. The fundamental concept of wholeness is that the family should be viewed collectively as a unit as opposed to analyzing

the communication and roles of each family member. A study by Niermann, Kremers, Renner, B, and Woll (2015) sought to analyze the underlying mechanism of family influence on adolescents' health behavior considering individual's motivation as a mediator of the effect of a family (p.11). After looking at the relationships in regard to health promoting interventions, the study found that, "setting collective goals or sharing and comparing specific health behaviors such as snacking are strategies, which have been used by recent studios to enhance the presence of health issues in everyday family life." (Niermann, Kremers, Renner, B, and Woll, 2015, p. 13).

Family relationships are constantly in process and remain complex and/or contradicting. "The ongoing dialectical struggles of human beings keep a system in some level of flux; for example, parents and children are continually negotiating levels of independence during the adolescent years" (Galvin, Braithwaite, and Bylund, 2015, p. 64). The ongoing struggle of managing contradicting attitudes of family communication can be explained by relational dialectics.

Relational Dialectics

The effects from the *Let's Move!* campaign and similar campaigns can be explained through relational dialectics. Relational dialectics theory explains that, "families gain their meaning from the give-and-take interplay of multiple competing themes or perspectives..." (Galvin, Braihwaite, & Bylund, 2015, p. 71). This means that families are in a constant push-and-pull relationship between contradicting ideas. Some of the contradicting ideas that have proved to be prominent in families are the contradiction between autonomy and connection and the contradiction between predictability and novelty (Galvin, Braihwaite, & Bylund, 2015).

The struggle between autonomy and connection is described as the contradiction between independence and closeness within the family. Members want to be independent and make their own decision, however, they also want their decisions to be approved by their family members, which would create a sense of understanding and connection. One of the goals of the *Let's Move!* campaign is to bring families together for family meals. The campaign also encourages parents to make a menu for dinner each week to help encourage children to get involved in the cooking process. The *Let's Move!* campaign states that “research shows that families who eat together tend to eat more nutritious meals. Make eating together a priority and try to have family meals at least two to three times a week” (Let's Move!, 2014). They also urge families to be active, for example, plant a garden together as a family. Since the campaign started in 2010, more studies and research have been conducted on this topic.

A research study published in the journal of Applied Physiology, Nutrition & Metabolism, studied groups of adolescents in middle school and high school. They found that family meals lead to a lower body mass index (BMI) for adolescent females. However, they did not find the same research for males. They found that regular family meals helped the females create a feeling of closeness to their families. The study concluded that, “it is possible that females may generalize the positive emotions associated with healthy eating at the family table to other situations (e.g., when eating in a restaurant or a school cafeteria), which may result in healthier food choices” (Goldfiels, et al., 2011, p. 543). The study concludes that family meals are not the only way to help prevent obesity and lower the BMI of adolescents, but it is a good step in the right direction and brings families closer, while helping adolescents form better long term eating habits (Goldfiels, et al., 2011).

Steps one and two for parents of the *Let's Move!* campaign are to keep healthy snacks in reach, such as fruit and vegetables, and to be active together, such as going for a walk (Let's Move! , 2014). Other research and discussions have supported these steps and have found that parents as role models, promote healthy eating habits and physical activity with their children to help make a positive change in their habits. A study published in the *International Journal of Obesity*, “demonstrated significant associations between home environment measures (parental policies, role modeling and accessibility), healthy food intake score and ‘junk’ food intake score among preschoolers” (Ostbye, et al., 2013, p. 1319). The score being the amount of food they ate. Children strive for closeness and connection with their parents, which they receive by following their parents’ examples and rules. Ideally parents set a good example for their children, but they do not always follow their own standards or rules and veer off the healthy path. There is a dialectic struggle between parents and children because parents want their children to be healthy by eating fruits and vegetables during family meals, but children may not want to eat certain healthy foods and want to independently choose their own foods.

The dialectic of predictability and novelty is present in family communication in reference to the adoption of healthy habits. The struggle between predictability and novelty can be described as the, “struggle between constancy, ritual and familiarity as well as a competing need for excitement and change” (Galvin, Braihwaite, & Bylund, 2015, p. 72). A study conducted by the Department of Food and Nutrition at Umea University concluded that it is difficult to change eating habits. Food can be seen as part of a tradition and is embedded into everyday eating habits because some practices are considered the norm. The study found that “as indicated by participants, a dietary change often challenges the rules of what to eat, especially in contexts guided by customs and culture” (Rydén & Sydner, 2011, p. 587). Some families want to

keep their traditions because they are predictable and comfortable. The *Let's Move!* campaign and other social discourses similar to this campaign challenge the family as a whole to change. It is not just children who are affected by this campaign. The nutrition they learn in school must be implemented and supported at home to be fully effective. For some families, the *Let's Move!* campaign is new and exciting, but for some it is too much of a change that goes against tradition. "Dialectic struggles are often quite evident during times of change" (Galvin, Braithwaite, & Bylund, 2015, p. 73). Children and parents have to learn to adapt to changes in eating and exercise habits as the children bring the learned behaviors home from school. This change can cause dialectic struggles that can be prevalent as the family adapts to the new eating habits or exercise patterns of the children and family.

Family Roles and Conflict

As children are trying to help their parents understand the health benefits they are learning, it challenges hierarchical positions and power dynamics, which lead to conflict. Galvin, Braithwaite, and Bylund (2015) helps us understand that our parents are, "those persons you view as important and who provide you with models from which you develop role expectations" (168). If the parents decide that their family will eat fast food often, the children will see that eating unhealthy is acceptable. As the children learn to eat healthier, it becomes a conflict and disrupts the norm of the family. The question becomes, whose role is to take care of the family when it comes to being healthy. Of course, it is the parent's role, but the role reversal of the children can create conflict because a parent may deny or reject the things the children are claiming. This depends however, on the developing stages within the family. Families with young children are less effective towards their parents, whereas young adults who are at college will have a much better effect because they are more educated (Sibal, 2009).

In a study conducted among young adults, Sibal (2009) was able to identify similar communication patterns between the parents and their children that affected their roles. This study showed how young adults communicated with parents about health related problems that they were facing. Knowing that health related problems can generate from lack of nutrition and physical activity, one main thing that helps parents see that changes in their health are possible when children themselves becomes role models. As children learn to become active and eat healthy, ideally parents respond in a similar manner. If a child decides to train for a marathon, the parents will be influenced and either encourage them or physically engage with their children. If a child decides to eat healthier and refuses to eat fast food in the house, then maybe the parent will take note and alter their eating habits. However, the results from a questionnaire concluded in study by Sibal (2009), 65.5% of parents decided to do nothing about their health when confronted by their children (p. 31). Whether they understood that their children worried about their health and did not want to change, or reject the idea of change, parents still chose not to act on their health. This demonstrates the difficulty for children to assume the caretaker role or educator role, when parents are rejecting change. Even young adults have a hard time convincing their parents to change their health habits. If parents aren't willing to make the change, the children may feel like they don't have an active role in the family.

It becomes harder for children who want to assume the caretaker or educator role when parents are obese. In a study by Lytle (2011), "Adults who are overweight may feel hypocritical or ill equipped to advise their child to practice healthy behaviors related to weight" (p. 362). Since some of parents' roles are to provide basic needs, and to nurture their children, an obese family will have a difficult time listening to their children. A child who is trying to switch roles and become the provider and nurturer, may be challenged when a parent may feels that the role

shouldn't be a concern of the child. "When complementary or significant others have different expectations of another's role performance, conflict results" (Galvin, Braithwaite, and Bylund, 2015, pg. 172). A child who knows that eating healthier can benefit their family will challenge the existing habits which may start an argument with their parents. Conflict arises as children want their parents to live a healthier life, but the parents choose to believe that there is nothing wrong with their lifestyle and the children are not in a position of power to influence them. In the end, it causes chains of conflict as to which person holds the role of provider and caretaker.

Recommendations

With obesity being one of the major problems facing children today, the *Let's Move!* campaign is successfully aiding in the fight against childhood obesity, and helping families communicate about nutrition. Obesity affects 17% of all children in the United States (Liptak, 2015). The *Let's Move!* campaign aims to lower this statistic by urging children to eat healthy and promotes physical activity in schools and within the family. The focus group study by Berge, Arikian, Doherty, and Neumark-Sztainer (2012) concluded three common themes that related to challenges faced in the effort to eat healthy and be physically active that were shared among individual family members of the focus group. These themes included the access to healthy foods and physical activities, time constraints, and the stage of youth development (Berge, Arikian, Doherty, & Neumark-Sztainer, 2012). Although these obstacles challenge families, the roles of members, and potentially create conflict, there are ways to overcome these challenges. The focus study addressed these issues and gave recommendations to improve healthy eating and physical exercise. The five common themes of ways to improve healthy eating and physical activity that were identified by the focus group included having family meals and group activities, parent modeling, making healthy behaviors fun, engraining healthy behaviors into the

family lifestyle, and having a community investment in family health (Berge, Arikian, Doherty, & Neumark-Sztainer, 2012).

The Let's Move campaign and other social discourses influence the ideas and traditions that are transmitted across generations in family culture. Eating together and engaging in group exercise creates a ritual within the family that is passed along to future generations. Research shows that when families share meals together, children are more likely to eat what their parents eat and if their parents are eating healthy the children will also eat healthy (Goldfiels, et al., 2011). This recommendation leads to parent modeling as parents are role models to their children and lead by setting a positive, healthy example. The recommendation of making healthy behaviors fun promotes closeness from the relational dialectics approach. An example of fun healthy behavior that promotes closeness is running a 5K together or planting a garden together. The recommendation of engraining healthy behaviors into the family lifestyle as children progress through developmental stages, they bring the healthy lifestyle that was developed in their own immediate families into their own families that they create. Having a community investment in family health encompasses the openness component of the systems approach fosters a reciprocal relationship among family members and the community (Galvin, Braihwaite, & Bylund, 2015).

Conclusion

The *Let's Move!* campaign is a social discourse for nutritional education that impacts families and the ways they communicate. Families are affected by the outside in terms of the systems approach concept of openness as the entire family is impacted due to the wholeness component. Family members experience dialectic struggles as some family members desire to be autonomous and others want to be connected. Another dialectic struggle presented by relational

dialectics is the dialectic of predictability and novelty. This dialectic stresses the importance of repetition and the contradicting idea of newness. The roles of family members are established to hierarchical manner to maintain order and enhance functioning. However, conflict arises when the familial roles are disputed and the hierarchical order is threatened. Overall, in applying the systems approach, relational dialectics, and analyzing familial roles and conflict the *Let's Move!* campaign is a social discourse that promotes nutritional communication in families.

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