Editors' Introduction: Critical Health Education in Critical Times: Pedagogy, Praxis, & Possibilities

Shannon Leigh Jette & Carolyn Pluim

Abstract

This issue explores various international facets of the field of critical health education—a field located at the intersections of critical sociology, sport and physical education, media studies, body studies, and critical obesity research. In diverse ways the articles in this issue explore the operation of power in health education and physical education, reveal the marginalization of bodies, and identify strategies to promote social justice. It is our aim that these contributions to the field of critical health education will advance important narratives on how social and contextual forces influence the ways health is constructed, rationalized, problematized. and/or experienced by individuals in society.

Keywords: *critical studies; young people; schools; health and physical education*

The field of critical health education is a robustly growing area of interest and examination that brings together an eclectic group of international and interdisciplinary scholars. The field is located at the intersection critical sociology, sport and physical education, media studies, body studies, and critical obesity research. Recognizing the tremendous impact of educational institutions in constructing and disseminating health related knowledge, much of the scholarship explores the logics, tensions, and contradictions inherent in health messages, values, and imperatives (see Fitzpatrick & Allen, 2019; Leahy, O'Flynn, & Wright, 2013). The work interrogates assumptions around what gets constituted as (un)healthy, beautiful, ugly, (un)fit, and/or (ab)normal, and the impact such ideas have upon individuals and groups of individuals (Powell & Fitzpatrick, 2015). Also central to this field are explorations of the operation of power in health education, with a focus on how particular bodies are often marginalized with the corollary goal of identifying strategies that promote social justice. Our primary goal in creating this issue, then, was to bring together a group of scholars working in diverse contexts who are critically addressing these important issues.

In what follows, we present the seven contributions to this special issue on critical health education. Before elaborating upon the contributions, we briefly discuss an important commonality across the submissions: all of the pieces (some explicitly and others implicitly) critique the ideology of healthism which informs many school-based health programs and policies (see Evans, Rich, Davies, & Allwood, 2008). Healthism, a term coined by Crawford (1980), promotes the idea that involvement in health promoting activities is a moral obligation. According to Petersen (1997), it is a manifestation of the "individual as enterprise" (p. 197) mindset characteristic of neoliberal governance, whereby the subject of health care is viewed as a client or consumer of health products, and entreated to lessen his/her dependence on public health care via a self-imposed, disciplinary regime of risk management that entails a range of lifestyle behaviors and "choices" (Lupton, 1995; Rose, 2001). Each of the contributions is, at some level, responding to the presence of healthism in health education, whether through the critique of

school curriculum that (over)emphasizes personal responsibility for health and promotes simplistic understandings of health, or through explorations of how to challenge healthist ideology in the classroom (e.g., calls for an obesity counter-paradigm; de-centering 'expert' knowledge via methods that privilege experiential learning). The seven articles presented in this special issue thus answer our call for research that explores the operation of power and inequity in health education, with the corollary goal of identifying strategies that promote social justice.

With this broad overview, it is our pleasure to introduce the authors and their contributions in more depth. While the majority are North American in scope (two from Canada and three from the United States), there are also contributions from the United Kingdom (UK) and the Netherlands. The contributions certainly could have been organized in a variety of ways given the numerous commonalities running through the manuscripts, but we have identified three strands of inquiry to constitute their grouping in this special issue: critical examinations of the dominant obesity discourse in school curriculum; explorations of methodological approaches to decenter 'expert' knowledge in favor of local knowledge(s) and experience in health education curriculum; and kinesthetic approaches to critical health education.

Critical Examinations of the Dominant Obesity Discourse

Childhood obesity is arguably the most prominent health issue in educational contexts since its identification as an epidemic in a number of industrialized countries in the late 1990s (Gard & Wright, 2005). It is not surprising, then, that three of the contributions to this critical health education special issue focus on obesity in schooling contexts (Bhagat & Teegarden; Dotto & Allain; Clark, Francombe-Webb, & Palmer). In doing so, they contribute to an international body of critical obesity scholarship in which researchers question the assumptions that inform how dominant ideas about obesity are interpreted, disseminated, and enacted in educational spaces (Burrows & Wright, 2004; Evans & Rich, 2011; Gard & Wright, 2005; McDermott, 2012; Vander Schee, 2009). These critical analyses of school-based obesity initiatives (and the above-listed contributions to this special issue) problematize the "dominant obesity discourse" which rests on simplistic assumptions about the relationship of health to body size, and emphasizes personal responsibility for healthy lifestyle choices (typically diet and exercise) and the maintenance of healthy weights (Rail, 2012). The dominant obesity discourse thus aligns with the ideology of healthism discussed above, and scholars have demonstrated how these framings of health and bodies inform the creation of seemingly objective school-based health policies that sanction strategies of surveillance and intervention that have potentially detrimental effects on the ways that young people understand and experience their bodies (Evans & Rich, 2011; Gard & Wright, 2005; Jette, Bhagat & Andrews, 2016; McDermott, 2012; Vander Schee, 2009).

In their commentary, Bhagat and Teegarden provide the reader with an excellent introduction to the terrain of obesity pedagogy in various educational contexts. They begin with a brief, international overview of several school-based obesity initiatives that have functioned as platforms for the "dominant obesity discourse," and follow with a compelling argument for the role that formal education must play in creating a counter-paradigm to the dominant obesity discourse as a necessary component of social justice. While acknowledging the challenges that emerge when attempting to overturn the traditional, linear model associating weight and health, they provide several suggestions for conducting a counter-paradigm in primary, secondary, and

tertiary school settings. They conclude with some thoughtful personal examples of how institutional structures, practices, and knowledges in the United States have shaped their own attitudes regarding, and experiences with, their health and bodies.

Next, Dotto and Allain utilize a disability theory lens to conduct a critical analysis of the 2018 health and physical education curriculum in Ontario (Grades 1-12), arguing that the focus on bodily control within the curriculum (informed by concerns about an obesity epidemic) results in the use of language and techniques that align with thinking in disordered eating and perpetuates a "potentially disabling understanding of the body." More specifically, they detail the pervasiveness of healthist ideology in the curriculum whereby health is equated with making "good" food choices and engaging in appropriate exercise in order to achieve bodily norms and, ultimately, a happy life. They identify various techniques of bodily self-evaluation promoted via the curriculum and argue that such a regime of self-surveillance functions to split the body apart from the mind, promoting disgust of the obese body while also encouraging activities that "seem to be a short step away from the scrutiny to which individuals with eating disorders subject their bodies" (i.e., managing calories in an attempt to control inner chaos). Their contribution adds to existing critical obesity scholarship by using a disability lens to explore how the curriculum's emphasis on bodily objectification, normalization, and control not only disables certain student bodies, but also aligns with eating-disordered pathologies.

The critical examination of obesity-related pedagogies continues in the contribution by Clark, Francombe-Webb, and Palmer. Drawing on data from two separate qualitative research projects focused on girls' participation in physical cultures and youth sport clubs in the UK, they seek to understand the implications of healthism and the dominant obesity discourse on young women's embodied subjectivities, particularly as they are enacted in school sports participation. Their analysis is grounded in an interest in how the material-discursive implications of healthism interact with postfeminist relations of "successful girlhood" whereby young women are pressed to engage in ongoing (endless) maintenance of the self through a combination of academic achievement and other extracurricular achievements (such as sports) and body projects (McRobbie, 2008). Their analysis demonstrates that health and achievement discourses formed powerful "body pedagogies" in relation to girls' engagement with sport, where sport as a health practice could both provide a motivational means of achieving "successful girlhood," while at the same time, fear of failure and fear of "fat" remained constant risks that generated ongoing anxiety around their attempts at "successful girlhood."

Methodological Approaches to Decenter "Expert" Knowledge

The next two contributions highlight the use of qualitative methodological approaches to decenter "expert" knowledge in favor of local knowledge(s) and experience in health education curriculum. The power relations inherent in "expert" knowledge—how it is constructed, who produces it, and how it is disseminated to discipline individual bodies and regulate population health—has been a central focus of critical health scholars (see, for instance, Lupton, 1995; Petersen & Lupton, 1996). Indeed, much of the critical obesity scholarship discussed above is grounded in critical analyses of the construction of expert knowledge (by obesity scientists) that has informs and justifies the recommendation of normalizing practices (mainly diet and exercise to achieve weight loss) that are then disseminated via a cadre of body and health experts (e.g., medical practitioners, fitness instructors, physical education teachers) to the public (see Wright & Harwood, 2009). Decentering of the "expert" is also a central tenet of critical

pedagogy scholarship and praxis, as illustrated by Freire's (1970) pedagogical intervention that (re)positioned student and teacher as co-intentional creators of reality who work together to understand and transform oppressive structures, as opposed to the traditional, hierarchical model where teachers interpret an external reality and deposit this knowledge in their students (as per the 'banking' concept of education).

The first contribution in this section is from Wasyliw and colleagues who share insights from a narrative inquiry into the viewpoints and experiences of two Mohawk knowledge holders from the Kahnawá:k[1] Mohawk First Nation. In explaining their choice of narrative inquiry, the authors point to its grounding in the work of American philosopher and progressive educational theorist, John Dewey, who conceptualized human experience as a continuous and interactive process in which all knowledge resides. The primacy given to what an individual experiences (e.g., what they feel, hear, taste) as their knowledge base for reality aligns with the decolonizing project of decentering Western, scientific ways of knowing about health and bodies (Hodge, Limb, & Cross, 2009; Smith, 2012). The project was guided by the question of how Indigenous knowledges might be more ethically, and authentically, incorporated into Physical Health Education Teacher Education (PHETE) in Canada in a way that respects the importance of Indigenous peoples, pedagogies, and histories, and thus counters tokenistic efforts that are typically in place. A central "take-away" from their project is that, given the diverse, complex, and locally-rooted nature of Mohawk voices and viewpoints, PHETE programming that seeks to sincerely and respectfully integrate Indigenous content must build meaningful and sustained relationships with local Mohawk peoples whose knowledges "cannot be commoditized or simply replicated by non-Indigenous pedagogues within prefabricated course modules." Acknowledging that this call for specific, local, meaningful knowledge transfer is largely antithetical to the development and application of scalable modules for province-wide curricula privileged in PHETE models, they conclude by sharing recommendations for conceptualizing PHETE as a sustained, collaborative *relationship* with Mohawk peoples.

In the next contribution, Abma and Schrijver reflect on their experience conducting a participatory arts based research project with students living in a high need, low resource neighborhood in the Netherlands. Grounded in the values of autonomy, equality, dialogue, and social justice, their project (KLIK) used a variety of arts-based methods (e.g., photovoice, game-playing, mind-maps, drawings) to help the children "actively inquire and experience their own bodies, habits, and lives." The project was created as an alternative to curriculum informed by the dominant obesity discourse (outlined above) and by adults determining the needs of the children as per what Freire (1970) termed the "banking" model of education. Because their arts-based program was created with the goal of allowing the children to be subjects of power in health education as opposed to objects, the authors were disturbed by some instances in which they found themselves exerting their privileged positions and normative assumptions about what is best and "healthy" for the children. Thus, after outlining the details of the KLIK program, they share and then reflect upon three stories that capture challenges they encountered as participants resisted some of the program activities. They provide valuable insight about how to work with (as opposed to against) this resistance so as to keep with the values and principles of participatory arts based research.

1. Pronounced [gahna' wa:ge] "the place on the rapids."

Kinesthetic Approaches to Critical Health Education

In the final two contributions to the special issue, both Perhamus and Crowley and colleaugues bring the "kinesthetic" into the frame, where "kinesthetic" refers broadly to an individual's awareness of bodily movement. In positioning their respective contributions, both sets of authors point out that attention to bodily movement and affective awareness is an underdeveloped element in much critical health research which, in the past few decades, has tended to focus on the discursive underpinnings of unequal power relations in the classroom (see also Davidson, 2004; Leahy and Malins, 2015). Through their respective contributions to the special issue, both Perhamus and Crowley and colleagues illustrate how an emphasis on kinesthetics in the classroom can provide health educators with the tools to challenge dominant health discourses and biopolitical agendas.

Perhamus's theoretically ambitious and empirically rich project foregrounds the visceral, contextual, and relational nature of "health." More specifically, she mobilizes the concept of kinesthetic circuitry to examine the sensory experience of affective exchanges between individuals. As she explains, kinesthetic circuitry or the "somatic transferences mobilized through human interaction" can be understood as the gut tension that forms in one individual in response to the palpable stress of another, or as the empathy that one person feels for another's embarrassment (as indicated by flushed cheeks). Drawing upon findings from a qualitative project conducted in an under-resourced, urban, public elementary school, she uses the lens of kinesthetic circuitry to elucidate the embodied, visceral, and contextual elements of school-based health promotion with a focus on how students, their adult caregivers, and school-based teachers, staff, and administration navigate the complexities of "health." Through her discussion of key findings (i.e., that the participants make sense of health kinesthetically, and that school-based health promotion takes the shape of crisis management), she highlights the tensions that emerge as the demands of a biopolitical health promotion agenda collide with the realities of an under-resourced community. She concludes that a deeper understanding of how children and adult educators kinesthetically experience and define "health" (and how power operates viscerally) can offer insight into how to resist decontextualized biopolitical definitions of "health," and support context-specific health assemblages that are present-oriented, prioritize physical and emotional safety, and based upon available resources.

Crowley and colleagues also focus on the kinesthetic in their contribution, but explore how bodily movement might inform the learning process which is typically linguistic and focused on the "mind." While acknowledging that the concept of embodiment (i.e., the inseparability of mind and body) has played an important role in critical education contexts for decades, the authors argue that scholarly engagements with classroom embodiment have tended to be theoretical in nature, with less attention to embodied pedagogy techniques, or what Davidson (2004) terms "enacted curricula" (p. 197). Crowley and colleagues then elaborate upon their experience introducing embodied learning techniques from the field of applied theatre to a kinesiology undergraduate class with the goal of using "bodily intelligence" to supplement students' cognitive understanding of health disparities, facilitate examination of sensitive topics such as racism, and build empathy across difference. After sharing relevant aspects of the facilitation process (i.e., what worked well, what did not, and changes made), and assessing the efficacy of their classroom intervention, especially in terms of using experiential learning to engender empathy, they identify insights for future research and practice using embodied pedagogy in critical health education contexts.

This issue is both important and timely as the world grapples with a global pandemic that increasingly influences how education is accessed, experienced, and performed. Questions around: what knowledge constitutes the construction of (un)healthy bodies; how individuals come to understand, experience, and engage with contemporary health imperatives; how scholars educators can "trouble" and disrupt policies and practices that contribute to marginalization and/or foster inequities; and how new forms of technology and the media hold the potential to transform experiences with one's health and their body, are all now up for greater interpretation and analysis. Thus, more than ever it is important for educators and scholars to approach their practice through a critical lens that enables them to ask key questions around issues of health, social location, race, gender, dis/ability, social justice and human rights. We applaud the scholars who have contributed to this issue for attending to these salient topics in their unique contexts. They have made contribution to the field of critical health education that will advance important narratives on how social and contextual forces influence the ways health is constructed, rationalized, problematized. and/or experienced by individuals in society.

References

Burrows, L., & Wright, J. (2004). The discursive production of childhood, identity and health. In J. Evans, B. Davies, & J. Wright (Eds.), *Body knowledge and control: Studies in the sociology of education and physical culture* (pp. 83–95). London: Routledge.

Crawford, R. (1980). Healthism and the medicalization of everyday life. *International Journal of Health Services*, 10, 365–388. doi:10.2190/3H2H-3XJN-3KAY-G9NY

Davidson, J. (2004). Embodied knowledge: Possibilities and constraints in arts education and curriculum. In L. Bresler (Ed.), *Knowing bodies, moving minds: Towards embodied teaching and learning* (Vol. 3) (pp. 197-212). Norwell, MA: Kluwer Academic Publishers Springer Science & Business Media.

Evans, J., Rich, E., Davies, B., & Allwood, R. (2008). *Education, eating disorders and obesity discourse: Fat fabrications*. London and New York, NY: Routledge

Freire, P. (1970). *Pedagogy of the oppressed*. Bloomsbury Publishing USA.

Fitzpatrick, K., & Allen, J. M. (2019). What does critical health education in schools look like? Two ethnographic narratives of critical practice. *Health Education Journal*, *78*(6) 647-661.

Gard, M., & Wright, J. (2005). *The obesity epidemic.* New York, NY: Routledge.

Hodge, D., Limb, G. and Cross, T. (2009) Moving from colonization toward balance and harmony: A Native American perspective on wellness, *Social Work*, 54, 3, 211–19.

Jette, S., Bhagat, K., & Andrews, D. L. (2016). Governing the child-citizen:'Let's Move!'as national biopedagogy. *Sport, Education and Society*, *21*(8), 1109-1126.

Leahy, D. & Malins, P. (2015). Biopedagogical assemblages: Exploring school drug education in action. *Cultural Studies—Critical Methodologies, 15*(5), 398-406. Doi: 10.1177/1532708615611721

Leahy, D., O'Flynn, G., & Wright, J. (2013). A critical 'critical inquiry' proposition in health and physical education. *Asia-Pacific Journal of Health, Sport and Physical Education*, *4*(2), 175-187.

Lupton, D. (1995). *The Imperative of Health: Public Health and the Regulated Body*. Thousand Oaks, CA: Sage.

McDermott, L. (2012). “Thrash yourself Thursday”: The production of the ‘healthy’ child through a fitness-based PE practice. *Sport, Education and Society*, 17, 405–429

McRobbie, A. (2008). Young women and consumer culture. An intervention. *Cultural Studies*, 22(5), 531-550.

Petersen, A. (1997). Risk, governance and the new public health. In A. Petersen & R. Bunton (Eds.), *Foucault, health, and medicine* (pp. 189–206). London and New York, NY: Routledge

Petersen, A., & Lupton, D. (1996). *The New Public Health: Health and Self in the Age of Risk.* London: Sage.

Powell, D., & Fitzpatrick, K. (2015). “Getting fit basically just means, like, nonfat”: children's lessons in fitness and fatness. *Sport, Education and Society*,*20*(4), 463-484.

Rail, G. (2012). The birth of the obesity clinic: Confessions of the flesh, biopedagogies, and physical culture. *Sociology of Sport Journal*, 29, 227–253.

Rose, N. (2001). The politics of life itself. *Theory, Culture and Society*, 18(6), 1–30. doi:10.1177/02632760122052020

Smith, L.T. (2012) *Decolonizing Methodologies: Research and Indigenous Peoples*, 2nd edn. London & New York: Zed books.

Vander Schee, C. (2009). Fruit, vegetables, fatness, and Foucault: Governing students and their Families through school health policy. *Journal of Education Policy*, 24, 557–574. doi:10.1080/02680930902823047

Wright, J. & Harwood, V. (2009). *Biopolitics and the “Obesity Epidemic”: Governing Bodies*. New York, NY: Routledge.