CRITICAL HEALTH EDUCATION

IN CRITICAL TIMES: PEDAGOGY, PRAXIS, AND POSSIBILITIES

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Aim and Scope: *Thresholds in Education*, now an open access online scholarly journal, is dedicated to the philosophical exploration of programmatic, pedagogical, and curricular renovation as well as new education inquires, theories, and viewpoints. *Thresholds* is a space for authors to engage the philosophical method not only to provide constructive critique of extant policy and practice in education but also to explore fresh ideas and viewpoints that will lay the foundation for innovative and critically oriented schools of the future.

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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.

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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 colleagues 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.

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Health Discourses in Formal Education: Why a Counter-Paradigm is Essential in the Quest for Social Justice

Krishna Bhagat & Michelle Teegarden

Abstract

Fueled by the dominant obesity discourse, public health officials worldwide have been giving increasing attention, making behavioral recommendations, and initiating interventions for reducing obesity. However, there is mounting evidence that brings into question the safety and efficacy of these efforts. Critical obesity scholars bring to light the uncertainties, complexities, and contradictions in the scientific literature about obesity. Acknowledging that the outcomes of propagating the dominant obesity discourse are connected to weight-stigma and poor health, we use critical obesity scholarship as a catalyst for calling attention to the responsibility that formal education has in offering a counter-paradigm to the dominant obesity discourse. We begin by describing how educational institutions often act to reinforce specific, narrow knowledge regarding health and bodies. Second, we argue why delivering a counter-paradigm regarding health and bodies within institutional settings is a necessary component of social justice. Third, we offer suggestions for how to begin conducting a counter-paradigm at different levels of the educational setting. Finally, we provide personal examples of how various institutional forces have shaped our own (Krishna and Michelle's) perceptions of health and bodies.

Keywords: *dominant obesity discourse; critical obesity scholarship; weight-stigma; formal education; social justice*

Introduction

Since the 2003 World Health Organization declaration that almost all countries are experiencing an obesity epidemic, public health officials worldwide are seeking ways to reduce obesity rates, with behavioral recommendations and interventions constituting the bulk of the reduction strategies (Shelley, O'Hara & Gregg, 2010). Despite the widespread efforts to fight the "obesity epidemic," there is growing evidence which brings into question the accuracy, ethics, effectiveness, and safety of these initiatives. Though obesity *is* associated with increased risk for diseases, causation is less well established; studies that argue a direct effect of overweight and obesity on health do not always control for personal, behavioral, and social factors that help explain the links between Body Mass Index (BMI) and health outcomes (e.g., Bacon & Aphramor, 2011; Rail, 2012; Tylka et al., 2014). Moreover, though short-term weight loss interventions do result in improved health measures, it cannot be concluded that these improvements are due to the weight loss itself or rather the behavioral modification that comes with it

(e.g., Heran et al., 2011). In fact, there is evidence that weight loss efforts can be damaging to health (e.g., Hunger & Tomiyama, 2014; Vartanian & Smyth, 2013). In reality, many health indicators thought to be weight-related can be improved through participating in healthier behaviors, such as increasing physical activity or improving diet, regardless of whether weight is lost (e.g., Bacon & Aphramor, 2011; Gaesser, 2007).

The panic about an epidemic of obesity as well as the behavioral interventions being implemented are being questioned by "critical obesity scholars." Critical obesity scholars perform a careful analysis of historical, scientific, and social factors which have fueled this fight against obesity over the last few decades. They do not question that the scientists and medical professionals who warn against or try to prevent obesity are doing so with ill intentions, but rather aim to bring to light the uncertainties, complexities, and contradictions in the scientific literature about obesity (Lupton, 2012). Specifically, critical obesity scholars question the validity, relevance, and safety of the "dominant obesity discourse" (Evans & Rich, 2011; Rail, 2012; Saguy & Gruys, 2010) which rests on the assumption that weight and disease are related in a linear fashion and emphasizes personal responsibility for "healthy lifestyle choices" and the maintenance of "healthy weights" (Tylka et al., 2014). Accordingly, these scholars critique the disciplinary practices for protecting individuals from the "risks" of obesity that have been encouraged through the web, television, radio, film, billboards, clinical settings, and even schools (Wright, 2009). Tylka et al. (2014) argue that knowing the associated outcomes of propagating the dominant obesity discourse are connected to further stigmatization and poor health, this discourse can no longer be used as a pathway to wellness.

In the following commentary, we use critical obesity scholarship as a springboard for emphasizing the responsibility that formal education—regardless of discipline—specifically has in creating a counter-paradigm to the dominant obesity discourse. First, we illustrate the ways in which various educational settings have functioned and continue to act as powerful and effective platforms for producing and propagating limited knowledges regarding health and bodies. Next, we present the case for how and why delivering a counter-paradigm regarding health and bodies within institutional settings is a necessary component of social justice. Acknowledging the challenges that could arise when delivering ideas regarding health and bodies which do not conform to the traditional, linear model between weight and health, we provide several examples and suggestions for conducting a counter-paradigm in our primary, secondary, and tertiary school settings. Finally, we (Krishna and Michelle) offer some personal examples of how institutional structures, practices, and knowledges have shaped our attitudes regarding, and experiences with, our own health and bodies.

Formal Education as Powerful Site for the Reproduction of the Dominant Obesity Discourse

Formal education is assigned an active and vital role in shaping young minds, particularly with regards to how students interpret, internalize, and spread ideas related to health and bodies (Harwood, 2009; Shilling, 2010). Students are often educated with the perspective that obesity is a disease (Ward, Beausoleil, & Heath, 2016) and moreover, that it is a problem of individual behavior that can be fixed through a focus on healthy lifestyles that achieve a balance between calories in and calories out (Shea & Beausoleil, 2012).

Health and physical education curricula in the primary and secondary (K-12) education settings have long been responsible for addressing the "obesity" epidemic among children in

many western countries (Petherick & Beausoleil, 2015). For instance, weight control specifically underlines the framework for the Health and Physical Education (HPE) curriculum in New Zealand, which aims to regulate students' exercise and eating habits as a means for public health intervention (Pringle & Pringle, 2012). The government in the province of Alberta, Canada also represents its daily physical activity initiative as a strategy *specifically* designed to combat the rising rates of childhood obesity, as opposed to emphasizing the other potential benefits of activity, such as bodily competence, confidence, and pleasure (McDermott, 2012). Likewise, the United States Department of Health and Human Services describes statistics related to overweight as "alarming" and positions the issue as a national priority. In response, there have been a multitude of educational policies to reduce national overweight and obesity in the U.S., such as measuring students' BMI and sending this information home to parents (Vander Schee, 2009). For years, former First Lady, Michelle Obama's Let's Move! Initiative—arguably the most public face of the anti-obesity agenda in the United States—focused on schools as the primary site for the obesity reduction (Jette, Bhagat, & Andrews, 2016).

In higher education—especially within professional health programs, but also in other coursework—students are expected to possess knowledge of the health risks, potential outcomes, and strategies to prevent and treat "obesity" (Rothblum, 2016). It is therefore assumed that obesity is something to be fixed and fought, as opposed to a label—and a judgment—that itself could lead to discrimination and poor health outcomes. This critical oversight, intentional or not, is reinforced through formal instruction. For example, Royce (2016) remarks on how university professors often acknowledge the role of race, class, gender, age, and sexuality in impacting the quality of medical services, but that body size is not readily mentioned as a determinant during classroom discussions. Often, college students take up the dominant obesity discourse on their *own* terms even when this has not been formally directed of them. For instance, Guthman (2009), a college professor and critical obesity scholar, noticed that many of the students who come to study food and agriculture at her university wanted to do internships with low-income people *because* of what they perceived as an obesity epidemic in this population, rather than with the aim to address health equities or other social determinants of health.

Thus, schools, purposed as a safe environment for the growth of new ideas, also act to reproduce the dominant obesity discourse by analyzing, surveying, and scrutinizing health behavior and weight (Petherick & Beausoleil, 2015). Through these discourses, students develop specific understandings about their own and others' bodies, and these understandings are neither politically or morally neutral. They are explicitly linked to and serve to reinforce ideas about what a healthy and "correct" body is and the "right" behaviors and attitudes necessary to achieve such a body. When the dominant obesity discourse is the *only* health and weight-related discourse that students interact with and are exposed to, it can restrict their ability to understand the complexities of obesity and hinder them from exploring, engaging with, or promoting health related practices that contradict this approach (Ward, Beausoleil, & Heath, 2016).

Confronting the Dominant Discourse as an Issue of Social Justice

In the decades since the rise of the obesity epidemic, "weight stigma," which is the social rejection and devaluation of those who do not comply with prevailing social norms of adequate body weight and shape, has spread and deepened globally (Tomiyama et al., 2018). This trend results in false and negative stereotypes of larger bodies. For example, individuals considered

fat are less likely to be hired and receive promotions, are being paid less, receive biased medical treatment, and are at risk of being socially excluded and bullied (Bacon & Severson, 2019). Weight stigma negatively impacts fat people's educational opportunities, employment options, health care, health insurance coverage, income, physical and mental health, and social relations (Brownell, Puhl, Schwartz, & Rudd, 2005). Moreover, weight stigma intersects with other better-known forms of oppression such as racism, classism, and sexism (Cameron, 2015). Educating students through the lens of the dominant obesity discourse can not only result in pervasive weight stigma within the general population, but also among individuals training to become health care professionals; that is, the very people who are responsible for and trusted with promoting health in a safe, efficacious, and holistic manner (Puhl & Heuer, 2009).

It becomes increasingly clear that addressing weight stigma in educational settings—and promoting a counter-paradigm that is more holistic, efficacious, nuanced, and inclusive in discussing weight and health—is crucial in the quest for social justice. Interaction with this counter-paradigm is imperative for *all* students, regardless of whether they are studying the health professions or not. Education and society are intrinsically connected; the purpose of education is the improvement of social justice for all (McArthur, 2010). According to hooks (1996), the point of critical pedagogy is to make sense of the experiences of the oppressed. Challenging dominant discourses in health can be seen as being a part of a bigger effort to lead the way to a more socially just world. Therefore, in a society that stigmatizes difference and fatness, we need educational theory, research, and practice to address weight-based oppression in our educational institutions (Cameron & Russell, 2016).

Deconstructing the Dominant Obesity Discourse in Formal Education: Challenges and Possibilities

Introducing a counter-paradigm regarding weight and health in educational settings can be challenging when the dominant obesity discourse is so ingrained in numerous cultural sites, including the classroom. Students could have a hard time when someone challenges the familiar "facts" regarding the relationship between health and weight, especially if it seems that instructors are dismissive of medical evidence regarding fatness (Guthman, 2009). Acknowledging these challenges, scholars and educators who are critical of the dominant obesity discourse have presented recommendations for how to start deconstructing it in the educational framework (Cameron, 2015; Jones & Hughes-Decatur, 2012; Quennerstedt et al., 2010).

One suggested strategy to encourage a more nuanced approach to health, especially as related to body weight, is to problematize the individualistic approach to health (i.e., health is a result of individually controlled behavior change and lifestyle choices) and instead embrace a socio-cultural approach which acknowledges the complex interplay of economic, socio-political, cultural, and environmental factors that impact health status (Quennerstedt et al., 2010). For instance, when applying this socio-cultural approach to health or physical education settings, instead of teaching students to *be* healthy, instructors can ask them to reflect on how they "do" health, how they learn to make sense of themselves as healthy (or not), and to position this in the local and global contexts in which they live. Learning health would be something students do *constantly*. Specifically, educators should embrace multiple perspectives on what compromises healthy living rather than requiring students to subscribe to a universalized, often ethnocentric view of what health entails. Instead of asking students to replicate "correct" answers

about fitness and health, instructors can challenge students to explore and critique different perspectives (Jones & Hughes-Decatur, 2012). Educators do not need to tell students what to think, but rather offer guidance so that they can learn *how* to think and develop their own understandings regarding weight and health in order to organically begin to deconstruct the dominant obesity discourse.

Jones and Hughes-Decatur (2012) propose another strategy for beginning to unpack the dominant obesity discourse in educational settings that may not be inherently related to health or physical education. First, they encourage instructors to reflect on their own body as a pedagogy; educators can think critically about how their own bodies are socially and politically molded, explore assumptions they have about their bodies, and how their bodies are read by others, including their students. This can then set the stage for an on-going discussion regarding how and why ideas regarding health and bodies are "constructed." For instance, students can be assigned or choose novels and memoirs to read with the aim of paying particular attention to how different characters and their bodies are positioned in different spaces. While engaging in these texts, students can think critically about how society got to the place of arbitrarily deciding that a certain skin color is more superior than another, that being slim is better than being curvy, or that certain facial features should be celebrated while others can be criticized. Unpacking the social and political forces that shape our ideas of what is "healthy" and "normal" can set the framework for having healthier perceptions of our own bodies as well as the bodies of others.

The findings from Cameron's (2015) study of the pedagogical practices of twenty-six educators who challenge dominant notions of "obesity" in a variety of health and non-health related college courses offer insights for university instructors to start promoting a counter-paradigm in their classrooms. First, the importance of framing the topic emerged as an important issue in setting the stage for classroom discussions which disrupted the dominant obesity discourse. Through their course objectives, instructors communicated to students that they wanted them to become better critical thinkers, question their assumptions, be engaged citizens, and be more aware of the complexity in life. In presenting the course goals this way, any forthcoming discussions which unpacked the dominant obesity discourse would not be exclusive to critical obesity scholarship, but rather related to the broader aim of social justice. While many students had previously been exposed to critical ideas about racism, classism, and sexism in other courses, most had never heard of "sizeism" and so raising awareness about the power, privilege, and prejudice around health and bodies offered students a relevant issue to think differently about in a different light. Cameron's research also affirmed that prior to the beginning conversations regarding health and bodies, it was vital to create a safe and comfortable atmosphere based on trust and respect. To do so, the instructors included in this study often employed a specific set of guidelines or list of statements to help facilitate a discussion in which students felt empowered to speak but did not contribute potentially harmful or oppressive comments. Cameron also found that instructors felt it was effective to use a "layering" approach; educators needed to cautiously, carefully move forward when it came to problematizing the dominant obesity discourse. Instructors determined what students already knew or perceived about health and bodies and then built slowly on that in order to minimize resistance. For instance, students were encouraged to first look within themselves (e.g., examine their own beliefs, attitudes, and biases) and then build outward from there. To facilitate and empathize with this process, it was helpful for instructors—especially those who identified as critical obesity scholars—to recognize that they too at some point may have conformed to the dominant obesity discourse and that

their journey in problematizing it did not happen overnight. Another theme that Cameron found in her research was that connecting students to authentic human experiences helped the content come to life. In many cases, instructors or students themselves explicitly discussed their own body and bodily experiences as they related to fat stigma, oppression, and discrimination. Finally, the instructors who participated in Cameron's study noted how it was vital to talk about the politics of language, the importance of history, and the role of social justice when it came to disrupting the dominant obesity discourse. For example, instructors discussed how we often talk about medical science as "neutral" knowledge when in actuality the language used in medicine has a powerful role in persuading us to think and act differently about our health. In addition, providing a historical context to help students understand where ideas regarding health and bodies come from and how they are still emerging was another key focus of classroom discussion. Moreover, most of the instructors in the study discussed how they used a social-justice perspective to help students understand structures of power and the idea that *everyone* is affected by body privilege.

While efforts on behalf of educators are crucial in confronting the dominant obesity discourse in educational settings, social, cultural, and institutional support is necessary in order to sustain a counter-paradigm. In some instances, instructors may be aware of the consequences of endorsing a weight-focused approach, but there are institutional obstacles which make it difficult to promote health in a more holistic way. Curricula that is critical of the dominant obesity discourse is often dismissed as not being "valid" scholarship (Pausé, 2016). Specifically, universities, seen as producers and distributors of knowledge, can sometimes function to exclude alternative ways of engaging with taken-for-granted phenomena (Angell & Price, 2012). Furthermore, a non-weight-focused health approach does not always garner as much social and policy level support as other health-promoting behaviors such as smoking cessation where the limits of individual level interventions have been recognized (Newmark-Sztainer et al., 2006). As Neumark-Sztainer et al. (2006) observe, for instance, state and federal laws discourage people from smoking, and cigarette advertisements have also been banned from television, leading to shift in social norms and increased cultural pressure not to smoke. On the other hand, while some health promotion campaigns do promote the idea that health comes in different sizes and researchers are drawing more attention to the structural and economic barriers to eating nutritious foods and performing physical activity (e.g., Schwartz, 2012; Sumithran et al., 2011), overly simplistic and individualistic explanations regarding health and bodies are still more prevalent and widely disseminated not only in schools, but also through a variety of cultural settings (Bhagat & Howard, 2018).

Therefore, in addition to promoting a counter-paradigm in educational settings to shift students' knowledge, attitude, and beliefs regarding weight discourses, health promoters should work to foster multidimensional, ecological interventions to create a more lasting effect on the way in which we think about weight and health. At the interpersonal level, schools can work with children to determine the kind of physical activity they find enjoyable and meaningful rather than prescribing an activity regimen with the end goal of meeting BMI standards. Course designers and administers can push for creating intersectional curricula: courses in any disciplines can consider the multitude of ways that race, class, gender, ability, sexual orientation and more intersect with body size. At the community and societal level, health promoters should continue to work to incorporate media messages and policy initiatives that are weight-inclusive and holistic.

Our own Experiences with Weight, Bodies, and Health Discourses

Our investment in and support of the arguments we included in this commentary are inextricably informed by our own experiences with health, weight, and bodies and how various institutional structures have shaped these experiences. Michelle recalls how that, for most of her childhood, she was "underweight." Clinically (according to routine physical assessments and lab results), she was considered to be in very good health. Still, her parents and teachers put a strong emphasis on a prescribed body weight and shape in order to be healthy. Over- *or* under-shooting this standard made her feel unworthy—as a body that did not fit into an ideal shape, but also as a student who was not able to meet expectations. She was ashamed to attend social functions like homecoming or prom because of a fear of being judged or not being able to "fill" her dress. In response, she began eating foods with high fat content in large quantities and became more and more sedentary for fear of losing weight. She did not feel the need to be concerned about any associated health outcomes because as someone who was underweight, she thought she was not at risk for things like high cholesterol or type 2 diabetes. However, she experienced serious mental (e.g., body dysmorophic disorder) and physical (e.g., a weakened immune system) health consequences over time. Gradually, Michelle became what she perceived as being "overweight." In 2019, Michelle was diagnosed with two different forms of cancer. She had heard—and continues to hear from her health care team—that being overweight is a risk factor for developing cancer and for the re-emergence of cancer. She blamed herself so much for her cancer that at one point, she stopped eating. Throughout her life, Michelle has felt so much pressure about her weight and wishes that instead, her feelings would have been honored.

I (Krishna) have experienced what I would consider "skinny privilege" for most of my life. To my recollection, my body has never been diagnosed as something that needs to be fixed (aside from the few comments I did receive about the round belly I was left with after giving birth to both my children). Still, I was keenly aware of and internalized the idea that "fat is bad," especially in secondary school. I remember routinely having my height and weight assessed and undergoing skinfold fat tests in my physical education classes. I also remember being asked to identify a "goal" body mass index in my "personal health plan," the assumption being that regardless of who we were, our weight needed to *change*. Needless to say, I decided one summer during high school that I was going to get rid of fat in my diet—and my body. I pursued this endeavor quite successfully for a few months until I lost the ability to menstruate and found myself more than 10 pounds lighter than I did when I began, when I was already borderline "underweight." After this (thankfully short-lived) experience, I gave myself the permission to at least be more critical of the health messages pervasive in the environment around me. Still, through reflection of my studies, scholarship, and teaching in the field of health promotion, I find that we—and our students—are far more often equipped with the tools to address taken-for-granted health issues than we are encouraged to critically evaluate if these are "issues" in the first place. For instance, in a behavioral theory course I recently taught, the team project assignment—which I inherited from a previous instructor—gave students the opportunity to apply theoretical principles to "look for workable solutions to improve 'obesity,'" which was presented to students as "largely preventable, costly, and devastating." Guidelines such as these are common, well-intentioned, and assumed to be necessary in the field of health promotion, especially given the volume of recommendations in policy, media, and scholarly literature

pointing to the dangers of overweight and obesity. Still, instructions like this communicate a problematic message to students regarding the personal responsibility and impact of having a certain body size. While this was not a perfect solution, I have since revised the guidelines to instead have students focus on applying health behavior theories towards addressing physical inactivity, rather than "obesity."

While we have interacted with educational frameworks that reinforce the dominant obesity discourse, Michelle and I have also been fortunate to have been involved—in direct and indirect ways—with counter-paradigms that challenge traditional notions regarding obesity. We find, though, that this has taken quite a bit of initiative on our part. As a result of Michelle's less than ideal experiences with her health and body, she started looking for opportunities to disrupt dominant ideas regarding weight throughout her Master of Public Health studies. For instance, when tasked with choosing a research topic or ethical issue to critically investigate in her coursework, she would write about subjects such as the stigma of "obesity." When I started my graduate studies in public health, I began pursuing internship opportunities and research assistantships through which I had the opportunity to learn more about emerging counter-paradigms such as the Health at Every Size movement (Bacon & Aphramor, 2011) and be exposed to the work of critical obesity scholars. As a doctoral student in Behavioral Health, I initially found it difficult to receive structure and support from within my department to pursue research which challenged the dominant obesity discourse. However, after taking it upon myself to form connections with faculty members from other areas of study, I was able to form an interdisciplinary dissertation committee to advise and evaluate my own research project which examined the dominant discourse through a critical lens. Now, as an educator in the field of health promotion, I find that with some careful nudging and empathic explanation, other faculty members are receptive to modifying coursework which instructs students to think of obesity as a problem that needs to be fixed. Efforts to disrupt the dominant obesity discourse through educational settings is perhaps most effective and successful when they transcend the walls of the classroom. Most recently, Michelle and I have been working together with the local health department, community members, and other faculty and public health students at our university to design and deliver a "Whole Body Approach" health promotion program. The health department's original goal in advocating for this project was to reduce the obesity rate in the county, but we have since shifted the program's focus away from obesity-fighting and towards a non-weight centered, holistic approach to health which encourages individuals to tune into their internal cues, practice mindfulness, and engage in enjoyable movement in order to have healthier relationships with their bodies, food, and physical activity.

Closing Remarks

Educational institutions serve as important and effective forums through which to shift attitudes regarding weight and health. We require further empirical research to identify and evaluate the best pedagogical practices for disrupting the dominant obesity discourse; in the meantime, instructors should reflect critically on their pedagogical techniques, which is important when teaching content that is sensitive, and emotionally and intellectually charged. As hooks (1994) argues, classrooms—and as an extension, all aspects of an educational institution—are sites of contention because "much is at stake." While teaching to transgress can be painful for both students and instructors, there is so much to be gained.

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Curricular Disorder: Disability Studies, Eating Disorders, and Health and Physical Education in Ontario, Canada

Stephanie Dotto & Kristi A. Allain

Abstract

Ontario's health and physical education curriculum is a major site of sport-health ideology in Canada, shaping young people's ideas of exercise and bodies at a particularly vulnerable time in their lives. Using a disability lens, this paper explores how this health and physical education regime encourages an ethos of bodily control that not only disables certain bodies and obscures the interdependency of human bodies, but also encourages the kind of preoccupation with bodily control typical in those with eating disorders. We suggest that disability studies is a particularly useful lens for considering eating disorders because of its focus on the ways in which society creates disabled bodies by demanding idealization, objectification, and control of the body—a three-pronged attitude that is also very much prevalent amongst eating-disordered individuals. Techniques present in the curriculum include (a) subjecting students' physical abilities to rigorous scrutiny and evaluation; (b) treating physical activity levels and diet as a matter of choice while minimizing various social factors that affect health; (c) engaging in a healthist discourse that conflates obese bodies with inactive bodies and unhealthy bodies; and (d) making youth engage in quantified self-evaluation of their own bodies and activity practices. In using these tactics, this physical and health education regime exploits societal preoccupations to fuel a disordered fear and contempt of the disabled, "unfit" body in the minds of the young Ontarians.

Keywords: Curriculum, eating disorder, health education, physical education, disability, anorexia, Ontario

In this paper we investigate the 2018 health and physical education curriculum in Ontario for Grades 1‑8, examining how its emphasis on health contradictorily perpetuates a potentially unhealthy neoliberal bodily discipline. We argue that by subjecting students' bodies to rigorous evaluation, encouraging a regime of self-surveillance, splitting the body apart from the mind, promoting disgust of the obese body, and suggesting that the individual can overcome any mental or bodily inadequacies, Ontario's curriculum attempts to normalize understandings of the "healthy body" as able-bodied and fit, while promoting students' anxieties and preoccupations about non-normative bodies. Many scholars have discussed how school practice and policy is healthist, emphasizing bodily control, individualizing responsibility for personal health, and promoting ideologies that equate weight and health (Evans, Rich, Davies, & Allwood, 2008; Paechter, 2011; Rice, 2010). Our work adds to this literature by using a disability lens to show how the curriculum's emphasis on bodily objectification, normalization, and control not only disables certain student bodies, but also aligns with eating-disordered pathologies.

Within Ontario's education system, certain ubiquitous discourses, linked to health and fitness, are symptomatic of a culture of revulsion towards body size and eating that is a fertile environment for the development of eating disorders. We suggest that disability studies is particularly useful for considering eating disorders because it focuses on the ways in which society creates disabled bodies by demanding we idealize, objectify, and control our bodies—imperatives that those with eating disorders often report feeling obligated to fulfill. While we cannot (and will not) argue a causal relationship between health/physical education and eating disorders, we will look at the Ontario Ministry of Education's 2018 policies and curriculum for evidence that the ideologies they promote are both disabling and eating-disordered. A discussion of the various ways educators interpret or even challenge the curriculum is also beyond the scope of this paper, but is a fruitful subject for further study.

We begin by discussing some of the major insights that disability theory can offer to the study of both eating disorders and fatness. We next outline the ways formal education disciplines the body, and how this has become magnified in an era of obesity panic. Finally, we use these insights to critically examine the Ontario Ministry of Education's health and physical education curriculum. Using disability theory, we demonstrate how the explicit focus on bodily discipline potentially aligns with eating disordered thinking and counterintuitively perpetuates a potentially disabling understanding of the body.[1]

Our discussion of eating disordered individuals includes those individuals fitting the diagnostic criteria of the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V)[2] for anorexia nervosa, bulimia nervosa, binge eating disorder, and other specified feeding or eating disorder (OS-FED).[3] Though we speak primarily of food-restricting behaviour, much of what we say is applicable to bingeing and binge-purging behaviour, which are often fuelled by restricting behaviour.

Curricular Analysis: Methods

Using a conventional content analysis, we examined the Ontario Ministry of Education's health and physical education curriculum for Grades 1 to 8 (Hsieh & Shannon, 2005). Our analysis involved reading through the curriculum and grouping different passages into "meaningful clusters" (p. 1279) that appeared germane to the topics of obesity, healthism, disability, and bodily control. We did not predetermine the categories before reading, but rather engaged in a hermeneutic process whereby what we read informed the themes we considered. In the end, we wound up

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1. The government of Ontario's introduction of progressive sexual education lessons (including discussion of consent, same-sex relationships, and gender identity) in the 2015 Health and Physical Education Curriculum faced backlash from a conservative minority, and when Doug Ford's Progressive Conservatives replaced Kathleen Wynne's Liberal government following the 2018 provincial election, they replaced the 2015 Grade 1–8 Health and Physical Education Curriculum with an interim version comprised mostly of the 2010 curriculum, with the exception of the sections on sexuality, which are from the 1998 curriculum (Hauen, 2018; Ministry of Education, 2018). Ostensibly an interim measure until a new curriculum can be introduced in the fall of 2019 ("Modern Sex-Ed Curriculum," 2018), it is this version we discuss in this paper, because it is the one being taught in schools at the time of writing.

2. This is the manual the American Psychiatric Association uses to diagnose mental illnesses.

3. Bulimia nervosa involves binging episodes followed by attempts to prevent weight gain, including fasting, over-exercising, and/or purging (APA, 2013). Binge eating disorder involves binging episodes, which may be triggered by attempts at restriction and self-deprivation (Burton & Abbott, 2019). OS-FED may involve wide variety of eating disorder symptoms, and the diagnosis covers those who are restricting or purging but do not meet the exact weight guidelines for anorexia nervosa, or the frequency guidelines for bulimia nervosa (APA, 2013).

with over a dozen clusters, including healthy fitness and food choices; self-surveillance and monitoring (and the use of technology to achieve this surveillance); self-improvement; self-responsibility; student responsibility for the health of those around them (e.g., peers, family); the merits of pushing oneself to the limit; consequences of "bad" health (including consequences of mental illness); benefits of "good" health; and nutritional information (including calories and macronutrients). In the following sections, we discuss several of the most pertinent or prevalent clusters, showing how the curriculum (a) constructs health as a question of binary choice, as opposed to something largely determined by social environment; (b) encourages students to objectify, quantify, and push their bodies with a disregard for their body's visceral needs and desires; (c) conflates good health with productivity, morality, and happiness, and (d) encourages a paradoxically disembodied self-surveillance of the body. We will then explain how these goals work together to both disable othered bodies, particularly fat bodies, and encourage eating-disordered ideologies and behaviours. First, however, we will discuss the intersections between eating disorders, fatness, and disability, establishing that eating disorders and fatness are disabilities.[4]

Constructing the Disabled Body

Early disability scholarship did not address fatness, nor did early disability activists necessarily consider fatness or eating disorders as disabilities. This attitude has shifted over time. There now exists a large body of literature from scholars in both fat studies and disability studies arguing that for many, fatness is a disability (Aphramor, 2009; Brandon & Pritchard, 2009; Chan & Gillick, 2009; Cooper, 1997; Hladki, 2015; Mollow, 2015). These scholars draw from the social model of disability, which puts less emphasis on physical impairment and more on the interaction between physical impairment and the social environment (Shakespeare, 2013). In this formulation, disabled people are not solely disabled by their bodies, but rather by societal attitudes towards them; social environments that pose barriers to their access; and medical interventions (Shakespeare, 2013). Medical interventions may go so far as eugenics, where the goal becomes to eliminate disabled populations altogether (LeBesco, 2011; Mollow, 2015). Thus, when we speak about fatness as a disability, we are not referring to the health conditions or mobility issues sometimes associated with large bodies. Rather, we are talking about the difficulty and shame of being fat in our society. Scholars who link fatness and disability point out that like disabled people, fat people experience public stigmatization (Aphramor, 2009; Cooper, 1997); "functional restriction because of bodily difference" (Aphramor, 2009, p. 899), and harmful medical interventions (Aphramor, 2009; Brandon & Pritchard, 2009; Cooper 1997). Both disabled people and fat people find that their bodies come to symbolize a lack of control in the public sphere, a state of being at once abject, reviled, and feared (Chan & Gillick, 2009; Mollow, 2015; Wendell, 1996), particularly in a neoliberal society that suggests that bodily control and health (or the appearance of it in the form of slimness and able-bodiedness) are matters of individual responsibility and markers of good citizenship (Elliott, 2007; LeBesco, 2011).

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4. In line with fat studies scholars, we have chosen the term "fatness" over the medical term "obesity," as a way of privileging individual's subjective experiences of fatness over medicalized definitions. Furthermore, the Body Mass Index, a measure of height compared to weight that the medical establishment uses to define obesity, was originally developed as a tool for evaluating the weight of populations and not individuals, does not take factors like body fat percentage and muscle mass into account, and is considered to be particularly ineffective in gauging the weight of children, who grow at variable rates (Evans & Colls, 2009; Evans et al., 2008).

Although there is little literature on the connection between eating disorders and disability, there is some scholarship on the links between mental illness (which includes eating disorders) and disability. Donaldson (2002) points out that "repositioning mental illness as a physical impairment" makes sense, given that the mind and body are always connected (p. 112). Western society constructs itself around able-bodiedness *and* able-mindedness, which disables the mentally ill by assuming that they "can simply 'snap out' of their conditions" (Nicki, 2001, p. 81). Lewis (2013) discusses the development of "Mad Pride" activism, a movement devoted to exposing and ending abuses psychiatric "consumers" or "survivors" have experienced in interactions with psychiatric systems and in psychiatric institutions. He finds that this movement has, like disability activism, problematized the medicalization of difference, questioned the authority of medical experts in this domain, and challenged the "binary between normal and abnormal" (pp. 116‑117). Aphramor (2009) similarly draws a parallel between the two community's experiences of institutionalization, stating, "I personally find no barriers in claiming disablement for psychological impairment—more particularly when identity is constructed in relation to the psychiatric system as 'users,' 'refusers,' or 'survivors'" (p. 898). Lewis (2013) suggests that experiences of institutionalization may be even more disabling and oppressive for those who are labelled mentally ill, as they "must deal with an additional layer of state-sponsored coercion in the forms of involuntary commitment and forced medication laws" (p. 117).

When looking specifically at eating disorders, it becomes clear that theorizations of eating disorders and disability support, parallel, and clarify each other. Studies of both disability and eating disorders merge around the notion that it is impossible to consider the body without considering its social context. As various disability theorists point out, disabled bodies exist within environments that are inhospitable or hostile to their differences (Garland-Thomson, 1997; Titchkosky, 2003). Similarly, eating disorders rely on certain social and cultural understandings of food, appetite, desire, and bodies for their existence (Brumberg, 2000).

The connection between othering and a fear of a lack of bodily control is key to our understanding of eating disorders. Here, the eating-disordered individual treats their body "as a natural force that can be overcome" by their mind (Lintott, 2003, p. 75). An eating disorder becomes the "domination of self over nature" where both self and nature occur within the same body (Lintott, 2003, p. 75). An eating-disordered individual experiences their body as other, attempting to control its uncontrollability to a degree that paradoxically becomes disabling. An eating disorder may involve various disabling experiences, including gaining or losing so much weight as to become socially marked as physically different or deviant, finding it difficult or impossible to navigate social situations involving food, losing control over one's ability to eat (either finding oneself unable to eat, or unable to stop eating), and becoming institutionalized within either the medical or the psychiatric system. Finally, the effects of eating disorders can result in the development of more conventional physiological disabilities, including severe osteoporosis leading to mobility impairment, and the loss of bowel and bladder control (NEDIC, n.d.). If eating disorders, as disabilities, are "suffered in and through the polis" (Michalko, 2002, p. 6), then action to address this suffering must go beyond the individual and biomedical to involve the social and the political.

Schooling the Student Body

As children's bodies signify "the future health and prosperity of nation" (Rice, 2010, p. 143), schools are a quintessential site of body discourse and discipline. Rice (2010) asserts that "furniture and dress codes, playground interactions, seating arrangements, student placement in

class pictures" all convey messages about which bodies are "expected" and acceptable (p. 138). Likewise, Paechter (2011) details the disciplining of the body inherent in a day of schooling:

> [Children] are expected to spend a considerable part of the day sitting still and quiet…to move around only when deemed necessary or with permission, and only use the lavatories at specified break times…They are expected to comport their bodies in a disciplined manner, to hold them in a way that denotes respect for the teachers, to walk, not run, in the corridors. (pp. 310‑311)

Not only does the school subject the child's body to relentless discipline, it also consistently evaluates and judges both the mind and body, encouraging, through "performance and perfection codes" (Evans et al., 2008, p. 126), a domination of self. Relations with peers, including peer competition, sporting achievement, and the establishment and policing of social groups, lead to an "othering" of bodies and minds, and by extension, a policing of the self (Evans et al., 2008, p. 132)—an attitude conducive to disordered eating.

As White, Young and Gillet (1995) document, by the 1970s, ideas about the body, and its link to health and fitness, began to change in North America. The body was reconceptualized in popular culture as a project that could be managed and controlled through personal discipline and control. This body discipline, still predominant throughout schools today, is most intense when it engages in the moral panic present around obesity. Particularly evident in physical education and health classes, this panic mirrors a larger "crisis" of childhood inactivity and obesity playing out in society at large, privileging weight as the foremost indicator of well-being and health (Evans et al., 2008, p. 13). Using moralizing, neo-liberal language, educational systems perpetuate ideas of obesity as a "personal moral failing of bad parents, lazy children, and malevolent corporations" (Gard, 2009, p. 39). While ignoring the material conditions and class structures that over-determine obesity in certain populations, the language of the obesity panic is nevertheless classist:

> The "fat," and, by innuendo, poor people or the inadequate, middle- or working-class single-parent families that produce them, are represented as irresponsible monsters, threats to the social order because of their misuse or overuse of resources. (Evans et al., 2008, p. 12)

The specter of obesity stirs up great fears and strong language, but this panic lacks empirical support. Many academics argue that institutions "manufacture" the obesity epidemic, pointing out that there is little proof that weight loss can be steadily maintained through individual choice (defined as consumption of diet food and fitness products) (Gard, 2009, p. 36; also see Cooper, 2010). Indeed, "overweight" is often a discursively produced state. For example, 50 million Americans became "fat" instantaneously in 1998 when the National Institutes of Health changed the Body Mass Index's (BMI) obese threshold from 27 to 25 (Evans et al., 2008, p. 11). Weight, furthermore, is not a reliable indicator of health, and a focus on weight directs attention away from other indicators that might better predict ill health. However, weight's hyper-visibility, as marked on the body, makes it a significant source of anxiety to be exploited. Scientists "explicitly and strategically use doomsday language" (Gard, 2009, p. 36) in order to get the attention of policymakers and funding for their projects, and there exists a wide variety of interests who stand to gain monetarily from the obesity crisis. They include the government, the fitness industry, drug companies, and the medical profession (Kirk & Colquhoun, 1989, p. 431). When these institutions

shape messages about obesity that dovetail with our cultural preoccupations around controlling the body, a panic is born.

The obesity panic further gains momentum by invoking the future health of the nation, producing children as a population "at risk" (Evans et al., 2008, p. 15). The obesity panic, therefore, is particularly acute in school in general, and in health and physical education classes in particular. The disciplinary nature of physical education classes pre-dates the obesity panic; PE in "the late nineteenth century was framed within a similarly repressive, quasi-militaristic form, creating a legacy that remained" (Kirk & Colquhoun, 1989, p. 418). As Catherine Gidney's (2015) work on physical training in Canadian universities points out, the use of PE in the first half of the twentieth century began as a character development project for both women and men, developed in pursuit of God and nation. But by the 1970s, these school health projects had begun to shift focus from the development of character to the development of the self, with a focus on personality (Smith Maguire, 2008). The external form of the body became the visible marker (however flawed) of good health and good moral discipline (White, Young & Gillet, 1995). The impact of these shifting fitness and health ideals worked to support the rise of "healthism" in the classroom and beyond. Social scientists have defined healthism as "a belief that health can be achieved unproblematically through individual effort and discipline, directed mainly at regulating the size and shape of the body" (Kirk & Colquhoun, 1989, p. 419).

Others have noted that healthism helps to buttress other societal inequalities, as it has "underpinned racism and eugenic campaigns that separate the 'healthy' (which equates to moral and pure) from the 'unhealthy' (the foreign or impure)" (Skrabanek qtd. in LeBesco, 2011, p. 160). The influence of healthism in the classroom, coincident with the rise of the obesity panic, has turned PE into a site of "intervention, prevention, and health promotion" (Evans et al., 2008, p. 130). Healthism reduces PE and health classes to lessons that pose a causal relationship between health, diet, and exercise (Evans et al., 2008). As will be seen in the first section of our curricular analysis, this sort of healthism is dominant in the Ontario curriculum, not only reducing health to a matter of diet and exercise but reducing diet and exercise to a question of choice.

Curricular Analysis: Health as Binary Choice

Health education in Ontario involves the application of reductionist thinking to many complex issues and activities, food not least among them. While the ministry does not regulate the food in lunches students bring from home, they do have restrictions on food sold or given away in cafeterias, vending machines, and at any school special events. Eighty percent of the school food and beverages must meet standards for low fat, sugar, and sodium content, and high essential nutrient content (Ontario Ministry of Education, 2010). Food with "few or no essential nutrients and/or contain high amounts of fat, sugar, and/or sodium" is banned altogether (Ontario Ministry of Education, 2010, p. 4). While providing nutritious food is important, policies such as this suggest that food choices can be quantifiably identified as good or bad, and that, by extension, there is a right way and a wrong way to eat. Students are taught to read food labels beginning in Grade 5, and to consider the amount of calories, fat, sugar, and salt in different products, learning that "foods with less saturated fat, trans fats, salt, and sugar are better than those with more" and that "foods with more nutrients like fibre and vitamins A and C are healthier than those with smaller amounts of these nutrients" (Ontario Ministry of Education, 2018, p. 144). Again, the curriculum sets up a clear dichotomy between "better" and "worse." Moreover, the vagueness and corresponding unattainability of the guidelines (one can always eat less of the "bad" and more of the "good")

may foster a situation whereby youth develop orthorexic eating patterns, trying to achieve increasingly impossible and extreme levels of "healthy" eating by maximizing and minimizing their consumption of certain foods. Setting eating norms in this binary and scientific fashion, particularly when combined with the curriculum's emphasis on fitness standards and personal responsibility, may encourage an eating-disordered attitude towards food and diet in vulnerable children and youth.

The curriculum gives various examples of "better" or "healthy" choices students can make, often contrasting them with choices that are implicitly bad. These include playing outside after school instead of watching television or playing video games (p. 82), eating a salad instead of fries (p. 96), eating fresh food instead of processed food (p. 109), choosing milk over pop (p. 129), and playing a game like tag at recess instead of standing around (p. 163). The word "choice" occurs 176 times in the Grade 1-8 curriculum, the vast majority of those referring to student choice, with over 50 uses of the word appearing in conjunction with the word "health" or "healthy," and over 70 referencing food (as in "healthy food choices" or "eating choices"). While there are certainly benefits to making the choices the curriculum promotes, this consistent binary framing may encourage black-and-white thinking, "other" youth who are perceived to be making "bad" choices, and rob children of their ability to eat intuitively, without moralizing, scrutiny, or judgement. Fat students who do not have the opportunity to make "correct" eating or exercise choices (due, for example, to poverty, different familial or cultural eating patterns, a lack of recreational space, or family responsibilities that keep them from extracurricular sports activities) may wind up marginalized and expected to either accept their bodies as unhealthy or take measures to "improve" themselves. Students who are fat due to various conditions that have nothing to do with healthy eating or exercise may also be marginalized by these curricular guidelines. Further, when students, teachers, administrators and others construct "unhealthy" (e.g., fat) bodies as the outcome of poor decisions, it is possible that these bodies can become targets for ostracization, ridicule, and even problematic intervention. A more liberatory education might involve challenging notion of choice in capitalist consumer society, teaching students about the institutional, sociological, and historical roots of food inequality and poverty, and learning about how activist groups and communities have taken action to address these conditions.

Curricular Analysis: Unattainable Health for Neoliberal Citizenship

The Ontario curriculum promotes the achievement of certain norms, especially those associated with eating and athletic performance, throughout the grades. Attempting to live up to these norms can be a trying process. Achievement level marks, which measure "movement skills," such as "stability, locomotion, and manipulation" (Ontario Ministry of Education, 2018, p. 214), and the "transfer of planning skills to contexts such as fitness, [and] healthy eating" (p. 39), apply quantitative measures to students' physical activities. The curriculum consistently expects students to improve their fitness levels. There is no such standard as "good enough," and the maintenance of existing fitness levels and skills is never suggested as a goal. In Grade 6, students must develop a plan for improving a specific aspect of their fitness and provide examples of "signs of fitness development over time" (p. 154). Furthermore, there is an emphasis on students pushing themselves to their utmost, without consideration of the fact that consistently expending maximum effort is not necessarily healthy. The curriculum states that Grade 7 students should learn, "If I am taking frequent breaks, not breathing very hard, or not feeling my muscles work, I am not working my hardest" (p. 173). Far from evaluating students on effort, fair play, good conduct, or other

factors, physical education evaluates the properties of their bodies and their ability/willingness to exert themselves to maximum levels. This sort of evaluation might make children and youth experience their bodies as hyper-visible, particularly when those bodies do not perform to the often-unreachable standards set out by the curriculum.

The curriculum offers a neoliberal justification for its focus on healthy active living, stating that promotion of this lifestyle will benefit society by "increasing productivity and readiness for learning, improving morale, decreasing absenteeism, reducing health-care costs, decreasing anti-social behaviour such as bullying and violence" (p. 7). The Ministry's focus is on shaping a healthy workforce of productive, wage-earning citizens, rather than on creating an environment where youth of all different sizes and abilities can feel included and valued.

A neoliberal attitude that seeks to make individual children responsible for their own health, and not the adults and institutions surrounding them, is also evident in this sample dialogue from the curriculum, wherein a teacher asks a student to consider how they feel when they do not eat breakfast. The curriculum details the desired response: "I feel sluggish in the morning, and I'm starving by ten o'clock. When I'm so hungry, I'm more likely to eat less nutritious food at break" (p. 198). Presented as a way encourage youth to eat a good breakfast, this proposed line of questioning is a cruel joke for children and youth who do not have any breakfast to eat. As of 2014, 11.9% of households in Ontario were food insecure (PROOF, 2017). In Indigenous communities in Northern Ontario, food insecurity rates are above 50% (Dillabough, 2018). Far from empowering youth to make healthy choices, this dialogue inadvertently highlights the powerlessness of many Ontario students. Yet the curriculum also encourages students to assume responsibility for the health of others. In Grade 8, students must "identify strategies for promoting healthy eating within the school, home, and community" (p. 199). Many of these strategies involve activism— "e.g., implementing school healthy food policies, launching healthy-eating campaigns, choosing healthy food items to sell in fundraising campaigns…urging local restaurants to highlight healthy food choices," (p. 199)—but none of these suggested activities actually involve addressing the root causes of health inequality. The curriculum also asks Grade 8 students to consider how the fitness activities of one person might influence others. Yet all the examples focus on the individual student positively influencing those around them. The following is provided as a desired response:

> "At school I am a fitness buddy for a Grade 2 student. Our classes get together and we help the younger students participate in physical activities."
>
> "Sometimes just by participating, you can motivate others to join you. Because I play water polo, my younger sister wants to try it."
>
> "On the weekends when I go for a bike ride, my father often comes with me. He might not go out on his own if I were not going." (p. 189)

Although the curriculum gestures here to both activism and the inter-connected nature of health and well-being, it falls back on the usual lessons of individual responsibility and individual choice. A better, less oppressive health curriculum might use these examples of students affecting the health of those around them not as an end goal but as a starting point to a discussion about the interconnections between health and social environment. Such a curriculum could discuss the influence of social structures that shape people's health, not as immutable realities but as historically and socially contingent, subject to collective action and intervention.

Curricular Analysis: (Un)healthy Bodies, (Un)happy Lives

One of the ways in which Ontario's curriculum promotes an eating-disordered mindset is by suggesting that suffering can be avoided through healthy diet and exercise choices. In North America, disabled and unfit bodies have come to symbolize suffering; the disabled body is typed as "one who suffers an affliction, one who is forced to bear the weight of divine intervention, who is barred from the center of society and relegated to its margins" (Michalko, 2002, p. 1). Similarly, representations of fat women tend to emphasize the negative aspects of their fatness, to the exclusion of other discussions (Herndon, 2002, p. 133). Eating disorders often develop as an attempt to avoid such embodied suffering, as people with the disorder try to manage internal pain by pursuing an ideal external form. For example, the goal of many people with eating disorders involving restriction "is the construction of the body as desireless and inviolate" (MacSween, 1993, p. 194). Indeed, even though the anorexic body, in particular, is a vulnerable body, "the dominant experience through the illness is of *invulnerability*" (Bordo, 1988, p. 100). This invulnerability and inviolability derives from a lack of need, a lack of appetite, an ability to control the body's hunger until it no longer exists (Allen, 2008; Burns, 2004; Lintott, 2003)—and this body is not dissimilar to the invulnerable-to-bad-health body promoted at school.

As discussed above, the health curriculum at many levels promotes the notion that a "healthy" body leads to a happy life, and that a simple prescription of exercise and healthy eating will enable students to attain happy bodies and happy lives. Although there is a connection between exercise and mental health, some researchers argue that the role of exercise in promoting physical and mental health is widely over-stated (e.g., see Tulle, 2008). Moreover, physiological and mental health are overdetermined by social factors, including race and poverty (White, Young & Gillet, 1995). Yet as early as Grade 3, students are told to "engage in a physical activity when they feel anxious or unhappy, to help make them feel better" and "make sure that they are getting enough sleep and eating healthy food to help them learn and grow" (Ontario Ministry of Education, 2018, p. 100). In the same grade, students learn that exercise will lead to "better sleep, more energy, reduced risk of getting sick...improved interaction with peers, greater empathy, stronger interpersonal skills, improved independence...stress release, greater self-confidence, improved concentration" (p. 103). Similarly, by Grade 6, students are meant to understand that the development of fitness will help them "have more energy...get sick less often, and...generally feel more positive and happier" (p. 153). Not only do such imperatives place responsibility for maintaining health on the individual child, as opposed to the people and institutions surrounding the child, but they also suggest a simple causal relationship between exercise and happiness. When young people—particularly those who face various social marginalizations, or those who are disabled or chronically ill—receive the (implicit or explicit) message that their health and happiness are achievable through diet and exercise, they may feel encouraged to go to extremes in their diet and exercise. Alternately, they may blame themselves, or their eating and exercise patterns, for health problems and social difficulties that are out of their control. Such language in the curriculum may also encourage students to evaluate the bodies of their peers, and deem fat, visibly disabled, or sedentary peer bodies as inherently and voluntarily unhealthy. The curriculum might have a more positive effect on student self-esteem and happiness by spending more time celebrating a diversity of people in different bodies (of different races, abilities, sizes, genders), framing bodily difference not as a problem to overcome but as a fact of life that informs a rich diversity of perspectives, achievements, stories, and creative and intellectual outputs.

Curricular Analysis: Self-Surveillance

Davis (2006) posits that the West emphasizes care *of* the body, defined as beauty and fitness regimens, and care *for* the body, defined as medicalization. Both of these kinds of care construct the body as an object to be worked upon (p. 239). Davis (2006) argues instead for an ethic of care *about* the body, which takes the body as subject and "subsumes and analyzes care *of* and care *for* the body" (p. 240), in addition to recognizing the fundamental dependence of all bodies (p. 241). Unfortunately, Ontario's curriculum perpetuates the myth of the independent body that needs care *of* and *for* only. Care *about* the body is emphasized in the Ontario curriculum in Grade 1, where students learn to "know and recognize cues to hunger, thirst, and the feeling of fullness" (Ontario Ministry of Education, 2018, p. 81). Learning to recognize hunger and thirst cues is part of experiencing one's body as an active, feeling subject, and exemplifies a more intuitive, less objectified approach to bodies and health. Yet in the same year, students learn about the Canada Food Guide, and learn to follow its recommendations regarding "what kinds of foods to eat and how much" (p. 81). Throughout the years, the focus on Canada's Food Guide and nutritional information becomes greater and greater. In Grade 5, care of the body becomes a matter of mathematics, as students learn to analyze "the number of calories per serving, the serving size, and other information, such as the amount of trans fats" (p. 144). These are all lessons in body regimentation, imparting to students the idea that one government document with one set of guidelines (though varied slightly for different ages and genders, Indigenous peoples, and pregnant women), could possibly sufficiently address a populace with widely varying cultures, bodies, desires, appetites, and needs (see Amend, 2018). It encourages students to trust documents, guidelines, and experts over the physical cues of their own bodies.

The sort of objectification necessary for this care *of* (and control of) the body is not possible without a splitting of the consciousness, where one sees the body as separate from the mind, ignoring one's very experience of their body (Wendell, 1996). This splitting is especially present in eating disorders, where the subjects move from experiencing the body as a centre "*from* which we act to the body as locus *in which* we act" (MacSween, 1993, p. 155). In the Ontario curriculum, a regime of self-evaluation encourages this consciousness-splitting. The word "monitor" appears 26 times in the Grade 1–8 curriculum, and the vast majority of the times the word appears, it is referring to self-monitoring around fitness and exercise. Throughout the elementary and secondary grades, students must record, plan, and judge their eating and fitness habits. This begins in Grade 3, where the curriculum suggests that students "monitor their own progress...placing a sticker on the Active Living calendar on the fridge in their home each time they participate in a physical activity with a family member" (Ontario Ministry of Education, 2018, p. 100). The monitoring extends to food in Grade 4, when students must "analyse personal food selections through self-monitoring over time, using the criteria in Canada's Food Guide *(e.g., food groups, portion size, serving size)*, and develop a simple healthy-eating goal" (p. 129). The evaluative technologies to which students are expected to subject themselves become more complex as the grades go on; in Grade 4, they learn how to measure their pulse, and by Grade 5 they are encouraged to wear pedometers. The curriculum encourages the use of health surveillance technologies as a "natural extension of the learning expectations," stating that students might use software "to record food choices over a period of time, calculate nutrient intake, maintain a fitness profile, monitor fitness targets, and assist with other tasks that help students achieve healthy living goals" (p. 64). These programs of self-evaluation suggest that the body is an object—even more, a machine—whose intake (in the form of food) and output (in the form of physical activity) can be carefully calibrated

for optimum performance. These sorts of activities seem to be a short step away from the scrutiny to which individuals with eating disorders subject their bodies, counting every calorie consumed and burned in an attempt to control inner chaos. A better educational program might focus less on reducing bodily activities to quantitative data, and instead focus on supporting students to attend to their lived, momentary, visceral experiences, in order to understand how their bodies communicate their emotional and physiological needs, and how they can respond from a place of caring and self-compassion.

From Curriculum Control to Eating Disorder

The dissemination of a discourse that encourages and provides formulas for the control of the body, like the one perpetuated in the Ontario curriculum, is a practice that fuels eating-disordered thinking. Allen (2008) points out that when obesity symbolizes a lack of control and morality, "controlled, responsible, rational and entrepreneurial behavior" becomes valued as containing the risk of obesity—and "the anorexic subject position is constructed as the most comprehensive subjectivity for containing these interior risks" (p. 596). Thus, the narrative of control and order paradoxically "produces the defensive behaviour that generates *dis*order" (p. 598). Paechter (2011) describes this situation in the context of schooling, arguing that anorexia nervosa is "the most obvious pathology" of the "bounded, contained, and under mental control" body "required by formal education systems" (p. 315). The anorexic body is thus one that has gone past hyperdiscipline to a state of undiscipline (p. 315). Thus, while we normally think of eating disorders and obesity as independent problems under the purview of different institutions—biomedical institutions for obesity, psychological and psychiatric institutions for eating disorders (Evans et al., 2008, p. 216), in fact it is hard to speak about one without, at the very least, gesturing towards the other. For this reason, the body pedagogies that educators "mobilise in the name of obesity have potentially dangerous repercussions for many young people" (Cliff and Wright, 2010, p. 230). Namely, by creating a hierarchy of good and bad food, good and bad lifestyles, good and bad citizens, students become classified "as normal or abnormal, good or bad" (Evans et al., 2008, 234). This contrasting of good and bad is pervasive in the curriculum, as discussed above.

Ethical physical and health education may not be possible in societies where inequality and food insecurity exist. The money and resources devoted to developing nutrition and fitness education programs are no substitute for actual redistributive efforts aimed at ending poverty and marginalization. Still, even in our deeply unequal society, better forms of health education are possible. Education that does not merely acknowledge the social structures that work to produce healthy and unhealthy bodies, but instead teaches and encourages a radical, critical, interventionist politics around issues of health inequality would be one step towards a more ethical and less disabling health education. Another step would involve leaving behind the sort of education that nods towards body acceptance but immediately undermines this acceptance by introducing self-evaluative measures of fitness and health as a way of warding off the spectre of the unhealthy self. A more ethical education policy would instead deconstruct the binary between orderly and disorderly bodies by celebrating a diversity of bodies, both in motion and in stillness. It is very possible that there are already some educators enacting versions of these lessons, working against the current curriculum. However, as such education challenges the status quo, societal power structures, and neoliberal health ideology, it seems unlikely that state actors will codify it in a curriculum anytime soon. Ontario's students will thus continue to negotiate a binary between orderly and disorderly bodies, where attempts to stay on the side of order paradoxically give rise to disorder(s).

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Embodying Sporty Girlhood:
Health and the Enactment of "Successful" Femininities

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Abstract

This paper focuses on young women's embodiment of health discourses and how these are "played out" in education and sporting contexts where varying physical cultures are enacted. We draw on data from three qualitative projects that considered girls' understandings of PE, football, and running within the context of their active schooling subjectivities. Health concerns increasingly frame young people's participation in sport and physical activity and "girls" in particular have been encouraged to be more physically active. Influential "healthism" discourses continue to construct compelling ideas about "active citizenship" as moral responsibility and within broader, fluid and neoliberal societies young women are seen as the "magic bullet" (Ringrose, 2013) to overcome social issues and complex health problems such as obesity. Through critical feminist inquiry into the material-discursive rationalities of healthism in postfeminist times our analysis demonstrates that health and achievement discourses form powerful "body pedagogies" in relation to young women's engagement with sport and physical activity. The body pedagogies we analysed were multifaceted in that they focused on performative potential of sport and physical activity in the quest for the ever "perfectible self" (McRobbie, 2007, p. 719), and were also imbued with fear, anxiety and risk related to failure and 'fatness'. These findings are significant as they show that current responses to "tackle" ill health that mobilise sport and physical activity as simplified and rationalised responses to the "threat" of obesity are problematic because they do not contend with this complexity as young women assemble their postfeminist choice biographies.

Keywords: Gender, Sport, Obesity, Postfeminism, Health

Introduction

Within this paper we focus on the material-discursive intensities of health imperatives as they are "played out" in sporting contexts where varying physical cultures are enacted. Specifically, we explore how active and inactive gendered bodies are experienced within and beyond schools in order to advance research that analyses the ways social and contextual forces influence the construction of health and frame physical activity and sport as health practices. Recent concern with obesity and overweight has renewed attention towards young people's physical activity levels as a form of "risk" prevention in the UK and elsewhere. As a still underrepresented group in sport and physical activity, "girls" in particular have been encouraged to be more physically active and

initiatives such as *ThisGirlCan*[1] and *GirlsActive*[2] have sought to increase their participation. Additionally, recent research (Harrington & Fullagar, 2013) suggests that health concerns have increasingly come to frame many people's participation in physical activity since an influential "healthism" discourse has constructed compelling ideas about "active citizenship" as moral responsibility. Young women remain at the centre of many public health concerns particularly in relation to their bodies. Fears about obesity, inactivity, unhappiness and social media have driven policy responses that target young women and their "problem" behaviours, call out "risky behaviours" and "risky subjectivities" and/or urge women to take responsibility for their own health and wellbeing. The aim of our paper is to explore how these health concerns have come to frame young women's experiences and understanding of their active bodies within the context of broader schooling trajectories. Our analysis focuses on interview data collected in three qualitative projects with participants aged 11-17 who discussed their involvement in extracurricular football and running groups and Physical Education (PE) classes. A common finding across these projects was the strong influence of health in girls' understandings of their sports participation and therefore we focus here on the intertwining of health, gender and sports participation as modes for learning about the body within particular sites such as the school.

Recent research from a critical health perspective suggests that a pervasive feature of these broader agendas and policies shaping young people's health has been the deployment of rationalised and individualised responses to what are complex health issues (Evans, Rich, Allwood & Davies, 2008; Flintoff & Scraton, 2001; Gard & Wright, 2005; Garrett, 2004). Disproportionate attention is given to an apparent obesity "crisis," legitimising intrusive and surveillant measures to track, monitor and weigh young bodies. Yet, research collated as part of the last two Children's Society reports in the UK (2018, 2016) outlined the increase in young people's unhappiness due to significant appearance concerns. Whilst this is the case for both boys and girls, the statistics for young women still demonstrate increased incidences of body disaffection and mental ill health.

In order to locate our data more explicitly within the current debates about young people's health and broader health concerns related to body shape and size, we now move on to critique weight-centric approaches to health and consider the ways in which schools have become sites for blame, implementation and intervention in relation to young people "at risk." Moreover, we interrogate the material-discursive implications of healthism that interact with postfeminist relations of "successful girlhood" in what has been described as part of a "transformation imperative" (Riley & Evans, 2018).

Growing public health concerns around an ongoing "obesity epidemic" (Gard & Wright, 2005) have implicated children and young people as "intensively governed" subjects of broader social anxieties (Rose, 1999, p. 123). Such concerns are readily evident within policy imperatives framing youth-specific provision and schools, both of which are subject to risk-management agendas and ongoing surveillance aimed at increasing children's physical activity and monitoring their eating patterns (Harwood, 2009). Recent interventions targeted at young people have included the Healthy Schools Initiative, the National Child Measurement Programme—which weighs children from reception to Year 6 (DoH & DCSF, 2008)—the Change4life health campaign (DoH, 2009), which has a school-specific programme, and the Daily Mile Campaign (2019), which encourages children to run for 15 minutes a day. Thus increasingly, public health concerns are being addressed

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1. *ThisGirlCan* is a media campaign supported by Sports England http://www.thisgirlcan.co.uk/

2. *GirlsActive* is a school-based sports initiative in England aimed at encouraging more girls to take part in physical activity. It was developed by the Youth Sport Trust and is funded by Sport England http://www.youthsport-trust.org/girls-active

through early intervention, through risk-aversion strategies, and in relation to particular 'at risk' populations including young women. As an "under-represented" group in sport (WSFF, 2012), physical activity programmes are frequently directed at young women specifically by encouraging them to be more active, often within a celebratory "girl power" discourse of empowerment (Chawansky, 2012; Heywood, 2007). As Chawansky (2012) argues, young women's participation in sport and physical activity is frequently framed within a moralised and oversimplified "can do"/at risk binary that is unable to account for the complexity of young women's participation or the ways in which the obesity discourse conflicts with a number of other "risk" agendas placed on schools.

In recent years schools have been tasked with managing an increasing number of identified risks for young people including body image, sexualisation (Bailey 2011) and mental health issues (DfE, 2018), where such concerns are evident in the newly mandatory health and sex education curriculum (PSHE, 2019). As Renold and Ringrose (2013, p. 247) argue, a disjointed yet growing number of risk imperatives invoke "the 'girl' as socio-political project" with gendered consequences. At the same time, cuts to PE and after-school activity funding as well as the abolishment of ring-fenced funding for school sport partnerships have limited access to physical activities for many young people (Briefing Paper, 2015, 2019). Accordingly, we seek to provide a gendered analysis of obesity discourse through attention to the ways in which young women have become the frequent subjects of obesity 'risk' discourses encouraging their take up of more physical activity within a framework that sees this participation as particularly health and achievement-oriented.

Developing our Postfeminist Sensibility: A Theoretical Bricolage

As we analyse gendered meaning making around health and physical activity participation, we draw from many theoretical perspectives to explore gendered health discourses and what these *do*. We take a material-discursive approach to understand how bodies, materials and discourses interact. The relationship between the material and the discursive has been described as one of "mutual entailment" where "neither is articulated/articulable in the absence of the other; matter and meaning are mutually articulated" (Barad, 2003, p.822). For us, schools and sports clubs therefore act as sites for meaning making around health and gender as the "healthy self" is articulated and negotiated discursively and through objects and spaces such as posters, vending machines, canteens, corridors, gymnasium (Evans, Rich, Allwood & Davies, 2008). However, our research is not underpinned by singular theoretical unity, rather theory is used as a *bricoleur* as we piece together theory, practice, discourse and objects to understand young women's experiences of health, sport and physical activity (Denzin & Lincoln, 1994). Multiple theoretical perspectives have been used in the planning and conducting of the research (Oliver & Lalik, 2004) and within this section we define some key concepts and their relevance for this project and our theorisation of young women's experiences.

In order to understand more fully the complex relationship between girls' embodied subjectivities and material-discursive relations of health, we make use of the concept of "body pedagogies." Body pedagogies can be understood as the processes through which broader health discourses become "filtered, mediated and re-contextualized within the educational field" for example by validating certain bodies and behaviours along moralistic, culturally constructed lines of social inequalities (Shilling, 2010, p.152). Thus, we understand these pedagogical contexts as sites aimed at cultivating the healthy 'biocitizen' (Halse, 2009) within processes that are at the same time gendered, racialised, classed and otherwise embodied. Studies of girls' experiences set in

school sport and PE settings have found that "health" within these settings was frequently translated as the "thin," "fit" and worked upon body (Flintoff & Scraton, 2001; Garrett, 2004). As Evans and Rich (2009) argue, desires around weight and body size must be understood within a performative, heterosexist culture where girls are expected to achieve across the academic, health, and heteronormative hierarchies that structure their daily interactions.

We also make use of the concept of postfeminism as a mode of analysis for understanding "a distinctive cultural condition that invites and produces new articulations of femininity" (Toffoletti et al., 2018). This perspective draws on the work of Angela McRobbie who has argued that in a cultural understanding of feminism as "already accomplished," young women have been invited or even expected to perform "successful, capable" femininities which require an ongoing maintenance of the endlessly perfectible self who is invested in her academic achievement alongside sporting and other extracurricular achievements including her own body.

In this paper we bring these concepts together in order to think about how schools and sports clubs, and the discourses and materiality around achievement and health come to influence the construction of postfeminist femininities in specifically gendered body projects. We suggest that evaluations both of girls' bodies and of their ability to invest in appropriate "projects of the self" form an ongoing form of surveillance or extended normative gaze within schools and the wider pedagogical 'field' of extracurricular sports. This is related to a range of policies and practices that have been taken up in schools in recent years, which we explore in the next section.

Schools and the Enactment of Successful, "Healthy" Femininities

Schools play an important role in the lives of young people, particularly as they negotiate the contradictory and complex body pedagogies related to health and active subjectivities. In the UK we see these pedagogies formalised through the National Curriculum as part of Personal Social and Health Education (PSHE) and PE, but also emerging in discursive and material ways through more "informal" policies and pedagogies that assemble throughout the corridors, playgrounds, extra-curricular activities creating an all-encompassing "knowledge economy" relating to health and the body (Evans et al., 2008, p. 387). Additionally, Oliver and Lalik (2004) shed light on the social and curricular gendered politics of schools and the impact of the hidden body curriculum for young women within school spaces. We take seriously these sites of girls' education and, like Azzarito (2010), explore the links between (in)active femininities, schooling, sport, subjectivities and representation in neoliberal and postfeminist societies. This research is thus located at the crux of the collision between the feminist gains that have broken down barriers keeping women out of sport, education, employment and what Anita Harris (2004) posits as the "broader socioeconomic need for young women to take up places in the new economy...and the expansion of consumer capitalism" (p. 7).

Children have for a long time and in a variety of ways, been linked to the wider projects and responsibilities of the state. For Gonick (2004), it is not just children in general that are centralised within contemporary, individualised, state-building, it is young women and "femininized" subjectivities. For Harris (2004), young women are heavily implicated by the "blending of a kind of individualised feminism with neoliberalism" (p. 185); in fact, her work highlights the way that distinctively neoliberal, biopolitical feminine subjectivities have been related to the social and economic prosperity of society.

In this context, schools and sport are important sites for analysing the complex set of individualised logics by which young people become responsible for their own health and wellbeing.

In line with the market-driven climate of postfeminism young women are heralded as "free-to-choose," free to consume individuals (McRobbie, 2008) and educational achievement and investment has become endowed as a key component in the upholding of a young woman's choice biography (Brannen & Nilsen, 2005). With Harris (2004,) "[t]hese changes have enabled the current generation of young women to see themselves, and to be seen, as enjoying new freedoms and opportunities" (p.8). While this is presented as progressive and a result of feminist intervention, this postfeminist and neoliberal feminist reconfiguration of educational opportunity disavows inequalities and issues of social justice and reconceptualises them in personal and individualised terms (Rottenberg, 2014).

Across policy (including health and education) and popular culture we continue to see politics and activism being disentangled from the feminist project and a non-politicised postfeminist discourse prevails. The result is that feminism, and feminists, have become dispossessed in terms of discussing issues of difference, inequality and social justice as the focus falls on individualised desire and pleasure. Our own engagement with postfeminism is such that we have attempted to develop a critical postfeminist sensibility that can help us understand women's embodied experiences of sport and physical culture. This approach, like many others (Gill, 2007; Toffoletti, 2016), is to treat postfeminism as a critical object of enquiry, to explore the practices and conditions associated with postfeminism in order to open up new spaces for feminist intervention and activism in sport and physical culture—including PE. This paper extends this work by critically interrogating the notion that physical inactivity is a young women's "problem" and also challenging the juxtaposed rhetoric of "progress" that accompanies improved opportunities, achievement and visibility within schools. We do this in order to make clear the way that discourses of improvement are not straightforward in relation to girls' physicality, PE and sport but are complicated by postfeminist "Can do" and "Do it yourself" ideals that maintain hierarchies of healthy and unhealthy, active and inactive, successful and unsuccessful femininity (Azzarito, 2010).

Negotiating this ambiguous terrain is no easy task. Young women have become emblematic of these new, flexible, enterprising subjectivities and yet they are also precariously placed because failure is attributed to the self and the pursuit of an "inappropriate" choice biography. For Rosalind Gill (2007) one of the key features of the postfeminist sensibility is the visibility of the female body, a body that, despite contradictions, engages in health, physical activity and diet practices. In a move away from past images of women as disengaged from sport, Heywood (2007) proposes that today's "Future Girls" engage in sport and health practices, occupying spaces once designated as male in order to assert their presence in traditionally male occupations, achieve success, respond flexibly and with confidence to the demands of neoliberal economies and society (Azzarito, 2010). The "Future Girl" is the embodiment of the postfeminist sensibility (Gill, 2007); her powerful, strong body is representative of investment, hard-work, dedication not just to sport and physical activities but also to performing a heterosexy feminine subjectivity. Aligning with media representations, marketing campaigns accompanying sports initiatives such as *This Girl Can* and the materiality of clothing with "catchy" slogans and mantras, "the Future Girl is a girl who through her successful participation in sport and other physical activities, becomes socially, academically and economically successful" (Azzarito, 2010, p. 267).

Throughout advertising there has been a marked change from a focus on athletic, sexualised and stylised bodies to market women's sport to a more postfeminist form of address that speaks directly to the individual woman to "get active" by overcoming the affective forces of shame, guilt and fear (Depper et al, 2019). If we take the aforementioned *This Girl Can* campaign

as an example, mantras such as "I jiggle therefore I am" and "Damn right I look hot" are accompanied by affective imagery to "empower" women through sport. Women are urged to engage with local provision, share their stories across multiple social media platforms and now Sport England work in partnership with the Association for Physical Education to produce This Girl Can resources for schools in the UK. Elsewhere we have discussed how troubling the ubiquitousness of the campaign is given the narrow range of subject positions that are rendered meaningful by "Girl Power" and "Do-it-yourself" constructions of femininity that are marked by class, race, age, sexuality and disability (Depper et al, 2019). The perpetuation of these narrow ways of embodying sporty girlhood within schools provides a perfect vehicle, through sport and PE, for normalising young women as symbolic of achieved gender equality, rendering feminism redundant (McRobbie, 2004).

Methods: Investigating Health and Sport in Postfeminist Times

This paper draws on data from two separate qualitative research projects which share an interest in girls' participation in physical cultures and youth sport clubs. "Sporting Girlhoods: An investigation of girls' participation in community running groups" (henceforth abbreviated to "Running Group") was carried out by Sheryl in 2017/18. This project investigated the participation of girls aged 10-19 in a running group at an athletics club in London. It involved interviews and focus groups with working- and middle-class girls from a range of ethnic backgrounds who attended nearby primary and secondary state-maintained institutions in London. The running group itself was established in 2010 by Sheryl and others in response to the lack of any provision for teenage girls at the male-dominated club and aimed to make the group participatory rather than overtly focused on competitive physical performances. Over the period of a year, sheryl observed weekly sessions as well as interviewing eight girls, two parents and three coaches involved with the group. Girls were interviewed about their motivations for running, physical activity choices and their experiences at the club. The topic of health entered participants' discussions on why they decided to take up running and on their relationships with their bodies.

The second data-set combines findings from two related projects, "Sculpting Schoolgirl Subjectivities" (henceforth abbreviated to "Schoolgirl Subjectivities") and "Footballing Femininities." This research was conducted by Jessica and Laura between 2011-2016 and investigated gender, physical culture and health within schools and school sports/PE. Combined, the data set includes: interviews, focus groups, moving methods such as Football workshops, completion of training diaries and drawing tasks. More information about the methodologies for these projects is available in Francomb (2013; 2017) and Francombe-Webb & Palmer (2018). These studies involved two groups of privately (fee paying) educated, 11-13 year old young women. Both studies took place within schools over the course of a half-term during lunchtimes and after school. While workshops for the "Schoolgirl Subjectivities" were more wide ranging in their focus on physical culture and body image, the participatory methodology designed for the "Footballing Femininities" project was focused on young women's day to day experiences of playing football for the first time (see Francombe-Webb & Palmer, 2018).

Ethical approval was obtained by both Institutions' Research Ethics Committees and parental consent was obtained for the participants in addition to providing information about the aims and outcomes of the research. Pseudonyms are used throughout, in order to protect their identities but they identified as 'girls' and therefore we use this nomenclature herein.

We will now move on to analyse the key themes that emerged across our projects. Although some of this data has been published elsewhere (and this is indicated in what follows), this paper makes original contributions to the field as we look across our findings for the first time to explore the everyday experiences of "sporty girls" in the UK in what we see as integrated contexts of postfeminism and healthism. Our analyses coalesce around the formal and informal body curriculum, negotiating sport and physical activity as health practices, the performance of high achieving subjectivities and the pressure and pleasure that accompanies this.

"Sporty Girls" Negotiating the Hidden Body Curriculum Within and Outside of Schools

The unofficial pedagogies and knowledge circulating within schools (practices and events) beyond the formalised curriculum constitute the "hidden curriculum" (Bigelow, 1999 as cited in Oliver & Lalik, 2004). Oliver and Lalik's (2004) research explores the way gender and the body are centralised within and circulated by the hidden curriculum in ways that impact upon students' learning and wellbeing. The hidden *body* curriculum within the schools studied emerged in complex ways as the girls were surrounded by "all the teachers saying in our PSHE lessons, 'There's no such thing as a perfect body'" (India, "Schoolgirl Subjectivities" project) and yet simultaneously they were aware of not only the constant "judgment about what is desirable, but an injunction as to a goal to be achieved" (Rose, 1989, p. 131).

As a case in point, a wider public health concern with obesity and the "risks" of the overweight body has resulted in increased monitoring of body mass index, food consumption and physical activity levels in schools creating an ascendancy of a body politic that "normalises" particular versions of healthy, productive and enterprising subjectivities (Fusco, 2006). Within this construction of "truth effects" (Rose, 1989) the girls feared "fat and that's about it" (Charlotte, "Schoolgirls Subjectivities" project). The girls within our research negotiated the material-discursive affectivity of this fear through the spaces they occupied, the movements they made, the clothes they wore, how they styled their hair, their behaviours, demeanour and performance of gender. Across our data we see examples of what Gonick (2004) identifies as the push and pull of individual and collective selfhood as these physically active girls feared their bodies being read as "fat," overweight and a "little bit chubby" (Lottie, 'Schoolgirls Subjectivities' project).

For some young women school PE heightened their concerns about their bodies and what they considered their imperfections. The extract below is indicative of the workings of the hidden curriculum as there was an affective intensity that accompanied PE that extended beyond the formalised curriculum content to impact upon the girls and their sense of self. Within a focus group for the "Schoolgirl Subjectivities" project, the young women often expressed body disaffection due to the movements required, muscles developed, and clothing worn:

> **Charlotte:** Yeah because of riding my calves are like huge and my thighs are just fat
> **Interviewer:** Do you ever think about, like, your own body when you are doing sport?
> **Felicity:** Yes
> **Amelia:** I have fat ankles
> **Joanna:** I think about my tummy
> **Interviewer:** You think about your tummy?
> **Joanna:** Because like some stuff is too tight for you…it might be a bit too small for you...Yeah so you think about what other people are looking at. So you feel kind of worried

Throughout the data there are multiple references back to a "normalised" body politic and the girls would often refer to "the normal one" (Charlotte, "Schoolgirl Subjectivities" project) and "someone who looks normal" (Joanna, "Schoolgirl Subjectivities" project). The hidden body curriculum is pervasive here as the girls' experiences speak more to an entanglement of meanings related to body shape, size, perceived health, educational investment, use of free time and clothing brands worn rather than the PSHE curricular that promotes positive body image and why it is important. For the girls in our projects being slender was of paramount concern. They distinguished between healthy and unhealthy, desirable and undesirable subjectivities on the basis of body shape and they readily examined body parts, divulged their dissatisfaction and confessed the sins of the flesh both within and outside of school. India's comment within the following extract locates the gaze of the girls, the surveillance felt from friends and family members, the organisation of bodies in in particular spaces as well as the access to computers and the internet as all merging to and leading to her intense body monitoring:

> **India:** We were lining up to practice our diving and all the boys were going "is she pregnant?"
>
> **Interviewer:** And how did that make you feel?
>
> **India:** Umm, well I knew I had, I knew I was a bit over weight because like I had just come to the school and I was eating a lot to smother like the homesickness and I had packed on a few pounds. But, like, it did hurt for them to say it...My brother said I needed to go to fat camp, yep my own brother...he actually went onto the internet typed in fat camp and I think I took it as like yeah I don't really eat healthy. I mean I'll have and apple or a banana every so often but I do have, like a, you know, those little kit kats you can get? I do have like one of them with my milk every night. But, like, hearing it from your brother it's really annoying. ("Schoolgirl Subjectivities" project)

Fears about being "fat," having their bodies criticised and scrutinised prevent girls from participating in everyday activities, including sport and physical activity (Girl Guiding UK, 2016) and cause "hurt" as we can see from India's PE experiences when her peers gazed upon her body in a swimming class. The power of the hidden body curriculum is evident not just in what is said but also in the way the body is made visible online and offline and the way judgement, shame and humiliation is legitimised on the basis of what is eaten or the shape of certain body parts. Broader trends towards reducing complex health issues to simple, individualised and easily recorded categories have resulted in a reliance on blunt measurements for health based around measuring weight and body size. These young women's experiences reaffirm that within these material-discursive relations (as health is legislated for in policy, represented in the media, enacted within medical and educational organisations, bodies stand on and off scales, fat is "tested" with callipers, data categories are created and statistics inputted) healthy bodies are equated to "slenderness" with minimal "excess" flesh. Postfeminist "Future Girls" are sporty and healthy, investing in their own selves through sport, education and careers. Their bodies are athletic and strong enabling them to respond confidently, easily and flexibly to the demands of new neoliberal economies. Yet, within the UK we see rising numbers of young women experiencing body disaffection and lacking body confidence (Children's Society) through increased physical activity.

Femininity as Bodily Property: Sporty Girls and Health Practices

The previous theme allowed us to explore the hidden *body* curriculum of formal and informal school spaces as well as at home with family members. This data demonstrates pervasive "obesity" discourses and the way that these influence conceptualisations of health and the body (Wright, 2009), especially for young women. Within this theme we unpack the ways in which the "'truths' of the obesity epidemic" (Wright, 2009, p. 1) have consequences for young women and how they come to know themselves and "others." The combined effect of bodily knowledges "not only place individuals under constant surveillance, but also press them towards increasingly monitoring themselves, often through increasing their knowledge around 'obesity' related risks, and 'instructing' them on how to eat healthily, and stay active" (Wright, 2009, p. 2). Physical activity and sport is widely considered a key mechanism for increasing health through reducing sedentariness, yet our data reveals that postfeminist and neoliberal rationalities of individualisation, self-work and choice need feminist inquiry as they can result in an instrumentalisation of these health practices in narrow and troubling ways.

Previously we identified that sport and PE were spaces of comparison, self-monitoring and caused hurt and upset for some young women. Within this section we will also explore the way that PE and sport provided the girls with mechanisms to manage their weight. For Alice, a participant in the "Running Group," physical activity was something she invested in in order to avoid bodily critique and stigmatisation. Alice, like many young women, equated health with slenderness and individualised monitoring of calorie intake and physical activity. Here once again swimming emerged as a troubling, affective activity on the basis of the exposure of the body and the worry caused:

> **Alice:** I do try and keep healthy. I dunno, I went to Spain recently and I got a bit self-conscious because I wasn't eating really healthily but now I think I'm really happy with my weight and stuff. And I'm eating what I want but in good amounts. And running helps with that.
> **Interviewer:** What happened in Spain?
> **Alice:** I went for an exchange and I was really worried because we had to go swimming and I was really worried what they'd think about me. But it was fine in the end but I was just worried.

The reduction of health to slenderness serves as a form of postfeminist symbolic violence (McRobbie, 2004b), making difference and diversity invisible, causing young women to; *worry* about exposing their bodies, sees diet as something to be carefully *controlled* and running as *instrumental* in weight management. The postfeminist knowing subject is also apparent when analysing the experiences of the young women in the "Schoolgirl Subjectivities" project. Previously this has been discussed in relation to young women's leisure time (see Francombe, 2014), but here we revisit this data to bring to light the governance and regulation of young women through multiple body pedagogies within and outside of schools. More aligned to the tenets of "Future Girl" subjectivities, in these extracts the young women located themselves as "experts," in terms of energy expenditure and calories consumed. The participants in this focus group exemplified this knowing subject as they enacted the authoritative discourses of healthism through their management of food intake to avoid, at all costs, a "fat" body:

Interviewer: What's kind of the body that you don't want?
Charlotte: Fat and that's about it...
Stephie: Yeah, you think you're a bit podgy then like you'll like try a little bit extra for the exercise front. Like maybe try like, I would try harder in games, run more in games than you usually do
Jasmine: I just try and eat a bit less
Amber: I'd just eat a bit less, not have so much lunch, don't have a pudding at lunch.

Throughout the data presented so far, the young women do not critique or challenge the social or institutional forces that affect their engagement with sport or PE, instead they take up postfeminist subject positions of entrepreneurs of their 'healthy' selves who are "offered a number of ways to understand themselves, change themselves and take action to change others and their environments" (Wright, 2009, p. 2 emphasis in original).

Achievement Codes and "Future Girl" Subjectivities in School and Sport

While obesity discourse, constructed as a "fear of fat," formed an overarching framework for girls' engagement in sport as a health practice, achievement discourses embedded in 'can do' subjectivities were similarly compelling. Overall, the project of schooling (which we have suggested elsewhere included sports) acted as a material-discursive-pedagogic space whereby educational and sporting achievements serve as symbols of investment and work on the self and 'successful' girlhood (Hollingworth & Williams, 2009; Skeggs, 2007). This was evident in girls' desires to work on their running times as a form of individual achievement within a metric of ongoing improvement:

> **Zoe:** I've probably learned that I can do a lot better than I thought I could. Because I used to think I would just stay the same but then the more I ran the more I got better. So I've learned that you can get a LOT better if you just try…[later] like you get your PB and it feels really happy. It's really hard to get a PB at [parkrun] because it's really hilly so you really have to make a big effort to do it. When I got 24 minutes finally, like 1 second off, I was really proud of myself. ("Running Group")

Zoe's body here is representative of hard work and investment required of the postfeminist subject but there is an additional sense of enhanced capacity set against gendered expectations. Her body is more able than she imagined and she can run "a lot better than I thought I could." She expresses a sense of joy as her body moves beyond these expectations; disrupting the normative physical culture of white masculinity entrenched within athletics where black female athletes have been characterised as "space invaders" (Adjepong & Carrington, 2014, p. 169).

Certainly this was the case at the running club she attended where male performances and training were consistently prioritised and celebrated. The personal best (PB) in running pits Zoe not against male performances but against herself through a metric of ongoing development and self-actualisation evident within a postfeminist sensibility (Rich, 2018). Zoe clearly enjoyed and gained much from her running and part of this pleasure came from the lure of improvement. She attended a high-achieving academy secondary nearby and described herself as a "perfectionist" who was in the "top sets" for all of her classes at school. Therefore, Zoe's desire to do her "personal best" at running closely echoed the achievement codes she subscribed to at school but it also

seemed to offer her a form of pleasure and escape still within the confines of an organised physical activity where her body has been traditionally excluded

Young women's investments in individual projects of the self through academic or sporting achievement also allowed them to position themselves as morally responsible in relation to less active girls. "Other" girls who did not invest in education or sport were constructed as lazy and disinterested. The undervaluing of education specifically took on a decidedly moralistic turn in the following conversation between the participants in the "Schoolgirl Subjectivities" project:

> **Roxy:** You see these people in the day, you see these people, and they are not at school
> **Paris:** Yeah that gets on my nerves as well
> **Roxy:** It doesn't get on my nerves because it's their life
> **Paris:** Yeah I know it's their life...They have the option to go to school, I know a lot of them do, they have an option to make their life better it's not like they don't.

Not only does this extract bring to the fore the class-based stigma levelled at young women who opt not to "make their life better" through education (including taking PE seriously), it also reveals the intense individualisation of educational opportunity (Francombe & Silk, 2015). Rather than discussing disengagement and educational achievement as problems for government and state provision, the girls used neoliberal, postfeminist rationalities of responsibilities to rework underachievement as a moral hazard and a "risk behaviour" needing different, personalised work ethics. As has been highlighted elsewhere, young women are the embodiment of "personal desire, hard work, and good choices" (Harris, 2004, p. 184) and education is an essential technology of the self within a postfeminist era where young women are precariously placed to take advantage of the opportunities available to them (Ringrose, 2007). Through school and extra-curricular sport as well as broader educational opportunities the girls in our research represent these new femininities in postfeminist times. That is, they discuss their life trajectories, their choices and their activities in ways that are self-made, independent and they are ambitious and aspirational. Rather than recognising that their ability to make certain "choices" are contingent on a variety of class-based privileges, the young women use distinctively neoliberal language that defies acknowledgement of the inequities that keep some young women out of sport and/or education.

The Pleasure and Pressure of Performing 'Sporty' Subjectivities

As much as sport participation offered up the lure of self-improvement and achievement, there was also a tension for many of the girls around their studies and sporting activities. The project of schooling and successful girlhood demands a careful juggling through a managed itinerary of "concerted cultivation" practices including sport, study and other accomplishments (Maxwell & Aggleton, 2013, p. 76). The prioritisation of education within the "new competitive meritocracy" (McRobbie, 2007, p. 718) and its demand for academic achievement alongside discourses of healthism could also create the impression that sports participation was frivolous—unless being performed at a high level of achievement—or a mechanism for managing bodily health. While far from unproblematic, some of the girls were able to manage this tension by instrumentalising their sports participation as ultimately beneficial through a wellbeing mind/body discourse where sports participation could benefit their health and their studies. Alice for instance, emphasised the extent to which physical activity was prioritised in her family and thus expected of her as well as something she enjoyed doing:

Interviewer: So, what do you get out of running?

Alice: My mum always encouraged me to run and was like "Alice, you've got to join a sports club" and stuff. Running is probably my favourite thing to do. I think they just wanted me to be fit and healthier and stuff. Especially at GCSE time it's good to be healthy because then you can think clearer and stuff. It's good for stress as well with exams coming and if you go for a run you feel better. ("Running Group")

So, although running offers up a kind of reprieve from the ongoing stress of studying, exams and "fitness guilt," it is still instrumentalised and needs to be made useful as a strategy for self-work and productivity. Health is here rationalised as both a familial expectation and an individual responsibility where physical activity is part of a broader ongoing care of the self. Although Alice was able to justify her sports participation in this way, she also expressed her trepidation around performing to the expected level at running and worried that she would not be fast enough when she joined the running club. These fears were not unfounded, and several other girls relayed their experiences at other youth sport clubs with an overt emphasis on competition and an environment in which they felt pressurised or undervalued if they were not performing at expected levels. Laura had left her previous running club because of this pressure and returned to running in a more participatory group:

Laura: Here it's not as pressurised as [previous running club] where they expected you to go away every weekend. I was a bit younger and I didn't go with my parents so I was going on my own so I was like "you can't treat me like this." ("Running Group")

The overt emphasis on performance and competition at youth sports clubs has been elsewhere documented where a power imbalance facilitates possible exploitation and emotional harm (Stafford et al., 2013). This could lead to disillusionment for some girls as the pressure to perform increased anxiety and fear of failure. Moving from athletics to football, the anxiety that can prevent girls from trying new sports became more evident:

Libby: I think the other girls in the year would probably get a bit embarrassed, because they might not be as good...they don't want to fail or try a new sport like football. ("Footballing Femininities")

Libby went on to comment that for every young girl that doesn't "feel any outside pressure at all" there are others that "have huge pressure from their parents to be good at everything, like schoolwork, music and sport."

This data from the "Footballing Femininities" project, though not exhaustive, suggests that the freedoms and opportunities of postfeminist sport and education need critical interrogation not only because of the entrenched patterns of inequality that are eschewed but because of the enormous pressure placed on young women to 'achieve' these successful subjectivities. There is little, if any, consideration given to the affective, biological and social hurdles they may have to navigate when encountering new sports and activities or even the health and wellbeing implications of this pressure to perform (Depper et al, 2017).

Conclusion

Within this paper we have explored the ways young women, who identify as "girls," negotiate the material-discursive relations of healthism and their achievement-oriented engagement in health practices such as sport and PE. In bringing together our research around young women and sport we have shed light on how they come to understand, experience and engage with contemporary health practices in an era of postfeminism.

The growing impetus towards a preventative, risk-averse model of health has been described as a form of "healthism" in which individuals are expected to manage their health by avoiding certain "risky" behaviours such as smoking, overeating and lack of exercise (Tinning & Glasby, 2002). Conversely, activities such as exercise and healthy eating have been cast as preventative strategies through which individuals are able to demonstrate self-management and individual responsibility as healthy and active citizens (Wright, 2009). Kelly (2001) argues that young people have been particularly implicated in risk discourses through a shift towards self–responsibility that asks them to "prudently manage individual reflexive biographical projects" in a system of neoliberal governmentality (p. 23). Our data provides evidence for the everyday impact of the growing expectation that young people will manage their future trajectories in a series of risk-adverse choice biographies that set health practices amidst a range of other expectations, including academic achievement and individual distinction within a competitive schooling system (Rich & Evans, 2013). Specifically, our 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 working on the ever "perfectible self" (McRobbie, 2007, p. 719), and yet where fear of failure (by not achieving an expected level) and fear of 'fat' remained constant risks thereby generating an ongoing anxiety around this engagement.

These findings are significant as they show that current responses to "tackle" ill health that mobilise sport and physical activity as simplified and rationalised responses to the "threat" of obesity are problematic because they do not contend with this complexity as young women assemble their postfeminist choice biographies. Our data makes clear that sports participation is itself wrought with struggles as young women fear failure and humiliation as well as stigmatisation of the body and any evidence of it being "out of control" due to exposing excess flesh or an inability to perform skills to the highest standards. Rather than contending with this complexity, responses to a number of health issues directed at young women continue to "roll out" campaigns and initiatives based on the same individualised and responsibilised mantras of "Do-it-yourself" and "Girl Power."

As school sport provision dwindles in pressurised secondary schools focused on academic attainment (Youth Sport Trust, 2018) young people themselves are increasingly expected to facilitate this participation in physical activity. Sports clubs can be seen as an extension of the schooling project situated in wider healthism discourses in which young people might be expected to manage their bodily health. This paper makes an original and significant contribution to critical work which seeks to understand the implications of healthism on young people's embodied subjectivities, particularly as they are enacted in schools or activities associated with the project of schooling such as sports participation (Cale, Harris & Chen, 2014; Powell & Fitzpatrick, 2015).

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"The only thing Mohawk in the classroom was the students": A Narrative Inquiry into Physical Health Education Teacher Education in Canada

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Abstract

This article introduces a narrative inquiry (Clandinin, 2013) into Physical Health Education Teacher Education (PHETE) that was crafted alongside two Indigenous knowledge holders from the Kahnawà:ke Mohawk First Nation near Montréal, Québec, Canada. Both knowledge holders possess extensive expertise on community-health and wellness theories and programming owing to their prolonged engagement with local health, wellness, and physical education initiatives in Kahnawà:ke. Our inquiry focused on the prospective incorporation of Mohawk knowledges into PHETE in Canada—a genre of teacher training that has been historically dismissive of Indigenous peoples (Halas, 2014). Three key threads emerged from our inquiry. Mohawk voices and viewpoints surrounding PHETE: are diverse, multifaceted, and complex; locally rooted; and, therefore, must be incorporated into PHETE with sensitivity to the first two threads. We conclude by highlighting the knowledge holders' call for embracing the integration of Mohawk knowledges in PHETE as an ongoing and collaborative relationship with Mohawk peoples, rather than as the fabrication of prescribed content.

Keywords: *Indigenous Knowledges; Narrative Inquiry; Physical Health Education Pedagogies; Teacher Education.*

The teacher will say, "This is the way the world is," and I'm thinking, "Not in my world [laughter]." It could be that way in your world, in the world across the bridge, across the river, but not in my world. My world is not like that. (Philip, Transcribed Personal Conversation, 10/17/17)

Introduction

Multiple scholars, pedagogues, and Indigenous community leaders have drawn attention to the need for research and teacher training methods that place a primacy on Indigenous voices and ways of knowing across academic contexts (Battiste, 2017; Denzin, Lincoln, & Smith, 2008; Kovach, 2015; Madden, 2015; Smith, 2016; Smith, 2013; Tuck & Yang, 2012). The most common justifications driving such appeals includes: the prospective advancement of students' understanding of social justice issues (Hill et al., 2018; Ovens et al., 2018); improved student knowledge of settler-colonial histories (Battiste, 2017; Cannon, 2013; Kovach, 2015); the broadening of students' worldviews (Felis-Anaya, Martos-Garcia, and Devís-Devís 2017; Tinning, Philpot & Cameron,

2016); and the enhancement of student health and wellbeing (Robinson, Barrett & Robinson, 2016; Halas, J., McRae, H., & Carpenter, A., 2013). Furthermore, Renae Acton, Peta Salter, Max Lenoy and Robert Stevenson (2017) outlined a range of educational strategies and benefits associated with the successful infusion of Indigenous voices, knowledges, and pedagogies within school curricula.[1] Despite such observations, Indigenous perspectives remain heavily marginalized within virtually all levels of school curricula in Canada (Battiste, 2017; Smith, 2016).

This article presents a narrative inquiry into the experiences and perspectives of two Mohawk knowledge holders from the Kahnawà:ke [2] Mohawk First Nation—an Indigenous community located near the City of Montréal in the Eastern Canadian province of Québec. Our inquiry sought to engage Indigenous knowledge holders through storytelling as a means to better understand how Indigenous knowledges might be more ethically, and, incorporated into Physical Health Education Teacher Education (PHETE) in Canada. PHETE has been critiqued for habitually privileging scientific discourses about the body, athletic performance, and physical literacy over social justice issues (Tinning, 2004; Tinning, Macadonald, Wright and Hickey, 2006) for insulating Physical and Health Education (PHE) students from thinking critically about their craft and/or linking their teaching to broader settler-colonial histories in Canada; and for its largely tokenistic efforts to fold Indigenous content within broader cultural activities modules (e.g., traditional dances, songs, or Indigenous games modules), as opposed to altering current frameworks and/or offering standalone courses that take seriously the merits of Indigenous peoples, pedagogies, and histories (Halas et al., 2013; Hill et al., 2018; Philpot; 2016; Robinson, et al., 2016; Whatman, Quennerstedt, & McLaughlin, 2017). Brenda Kalyn (2006) and Dan Robinson et al., (2016) both argued that the routine reliance on 'one-off' lessons within PHETE for disseminating Indigenous content has deprived students and teachers of much needed opportunities to engage with Indigenous ways of knowing.

The two Mohawk knowledge holders, Amelia and Philip, both came to this research having deeply personal and embodied investments in community-health and wellness theories and programming in Kahnawà:ke. The title 'knowledge holder' is an honorary and community-specific title bestowed upon certain individuals from Kahnawà:ke whom are believed to be gifted with multigenerational knowledge. Our collaborative inquiry into both Amelia and Philip's personal narratives was, thus, seen as a culturally salient strategy through which to engage broader questions about the prospective incorporation of Mohawk knowledges into PHETE. While our inquiry was necessarily broad in scope, it was ultimately revealing of three key threads. Mohawk knowledges and viewpoints surrounding PHETE: are diverse, multifaceted, and complex in nature; locally rooted in community landscapes, histories, and physical cultural practices; and, therefore, must be incorporated into PHETE with sensitivity to the first two threads. In other words, our findings revealed that, when it comes to 'Indigenizing' PHETE, there can be no substitute to the forging of meaningful and sustained relationships with local Mohawk peoples whose knowledges cannot be commodified or simply replicated by non-Indigenous pedagogues within prefabricated course modules—a stipulation that stands in complication to dominant models of PHETE that privilege the development and application of scalable modules for province-wide curricula. The article, thus, concludes by outlining both Amelia and Philip's recommendations for understanding PHETE as an ongoing and collaborative *relationship* with Mohawk peoples.

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1. Some of the benefits the authors highlighted included: Inclusive experiential collaborative learning opportunities, the development of intercultural and critical analysis skills, and the expansion of students' understanding of differing perspectives and cultures (see Acton, Salter, Lenoy & Stevenson, 2017).

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

Indigenous Education in Canada

This research is informed by the cultural stories, histories, and context of the Kanien'kehá:ka First Nation—a Kanien'keha:ka (Mohawk) community of approximately 7,200 whose lands and shorelines run along the St. Lawrence River approximately 15 kilometers south west of the City of Montréal. Kahnawà:ke is one of six First Nations that together comprise the Haudenosaunee (People of the Longhouse) Confederacy—a historical alliance between the Kanien'kehá:ka, Onondaga, Oneida, Cayuga, Seneca, and Tuscarora First Nations that was forged in 1570 to establish peace between Haudenosaunee Nations who had long been at war with each other. The Haudenosaunee Confederacy is one of the world's oldest participatory democracies and has been credited with providing the philosophical underpinnings of the United States Constitution (Freeman, 2015). Kahnawà:ke also remains a leader in civil and political rights nationally and internationally due to its core and governing principles of collective thinking, shared responsibility, listening to others, accounting for future generations, consensus decision-making, as well as its ongoing advocacy for embracing a holistic view of health and wellness (Tremblay, Martin, McComber, McGregor & Macaulay, 2018).

In terms of education, the passing of the Indian Act[3] in 1876 and the subsequent formation of the Indian Residential and Day School systems had a profound impact on Kahnawà:ke and virtually all Indigenous peoples across Canada. A total of 11 different Indian Day Schools operated in Kahnawà:ke from 1868 to 1988—the effects from which continue to reverberate throughout the community on a variety of trajectories (Deer, 2019). Both Day and Residential Schools were government-sponsored religious institutions which had as their core objective the assimilation of Indigenous youth into settler society by way of a forced attendance policy (Bombay, Matheson & Anisman, 2014; Miller, 1996; Milloy, 1999). However, the key difference between Residential and Day Schools was the fact that the Day Schools were located on-reserve and, therefore, youth had the ability to return home to their families at the end of the school day. An estimated total of 150,000 First Nations, Métis, and Inuit youth attended Residential Schools in Canada from 1883 until the last one closed in 1996, with even more youth having attended Day Schools with approximately 200,000 youth having attended Day Schools (Government of Canada, 2019). Christian missionaries of various denominations were charged with running both school-types in the earliest days with limited financial backing from the federal government, thus contributing to rudimentary learning facilities, deplorable living/studying conditions, and generally poor standards of education (Miller, 1996). High rates of suicide, death, and disease were also pervasive in both Residential and Day Schools as an inevitable by-product of the physical, psychological, and sexual abuses suffered by Indigenous pupils.[4]

In 2005, over 86,000 Survivors of the Residential School system filed the largest class action lawsuit in Canadian history against the federal government for its role in the development and administration of an education system that facilitated the "cultural genocide" of Indigenous peoples (TRC, 2015, p. 1). The lawsuit led to the eventual negotiation of the Indian Residential School Settlement Agreement which, in addition to financial compensation totalling close to two

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3. The Indian Act is the principal statute through which the federal government legislates Indigenous rights in Canada. It has been amended over 70 times since its inception in 1876 and has also been widely criticized for having never wavered from its original intent to assimilate Indigenous peoples in the image of the settler (Frideres, 1999).

4. Survivors of Day Schools have reported similar experiences of abuse as those who attended Residential Schools due to their forced engagement in a poorly supervised system that sought to sever them from their traditional cultures and beliefs (Bombay, Matheson & Anisman, 2014; Deiter, 1999; Friesen & Friesen, 2002).

billion dollars, mandated that a Truth and Reconciliation Commission (TRC) be established in order to document and preserve the stories of Residential School Survivors. However, Day School Survivors were excluded from the initial settlement agreement due to the fact that the two school systems had operated separately from one another. It was not until August 2019 that the Federal Court of Canada ruled to compensate Day School survivors for the trauma they endured as youth (Deer, 2019).[5]

In 2015, the TRC's three appointed Commissioners issued a total of 94 Calls to Action that were intended to help nurture reconciliation between Indigenous and non-Indigenous peoples in Canada. These Calls to Action ranged in focus from child welfare reforms, to greater equity for Indigenous people in the legal system, to more balanced media coverage, to various other targets and strategies for building reconciliation in Canada. Among them, though, four Calls to Action (numbers 16, 24, 28 and 65) targeted post-secondary institutions directly, with numerous others targeting education more generally. The TRC made clear the potentially powerful role that education must play in restoring the country's broader goal of reconciliation—a role, however, that is certainly fraught with complications considering the historically tenuous relationship that exists between academic institutions and Indigenous communities in Canada. As the TRC's Lead Commissioner, Murray Sinclair, explained, "Education is what got us into this mess—the use of education at least in terms of residential schools—but education is the key to reconciliation" (Watters, 2015).

However, the ethical implementation of the Commissioners' Calls to Actions remains a slow, delicate, and varied process across post-secondary institutions in Canada. Marie Battiste (2017) and Margaret Kovach (2015) have both argued that Indigenous peoples and ways of knowing remain heavily marginalized within today's academic institutions. Adam Gaudry and Danielle Lorenz (2018) have also highlighted concern among Indigenous academics and allied scholars that current reconciliation policies may simply represent a change in institutional rhetoric as opposed to offering-up meaningful structural changes. In the context of PHETE, Joannie Halas (2014) argued that the exclusion of Indigenous peoples and ways of knowing from virtually all of its programming mirrors broader trends in contemporary education that maintain only a fleeting commitment to Indigenous peoples. Halas (2014) thus called for a shift in PHETE programming away from an emphasis upon basic technocratic skills and toward social justice initiatives rooted in culturally relevant Indigenous pedagogies and worldviews. Halas et al. (2013) have further called for more culturally safe physical activity promotion and programs (Halas et al., 2013), while others have also highlighted the overarching health and wellness benefits that exposure to Indigenous knowledges and pedagogies can generate for students and teachers of all academic and cultural backgrounds (Halas et al., 2007; Halas et al., 2013; Halas et al., 2012; Kalyn, 2006). However, given the complexity of the situation, Canadian physical education teachers and scholars require guidance around how to practically teach physical education in culturally relevant ways (Halas, McRae, & Petherick, 2012; Robinson, Barret, & Robinson, 2016).

At a local level, it is important to point out that community members in Kahnawà:ke have long resisted and pushed back against the forced suppression of Mohawk cultures and pedagogies within school curricula (Morison, 2017). For example, Wahéshshon Shiann Whitebean profiled numerous acts of resistance to Day Schools in her research on child-targeted assimilation through

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5. The details of the settlement included compensation ranging between $10,000 and $200,000, depending on the severity of abuse. An additional $200 million-dollar legacy fund has also been awarded for education, wellness, and healing initiatives.

Day Schools in Kahnawà:ke (cited in Deer, 2019). Kahnawá:ke was also among the first Indigenous communities in Canada to establish in 1972 an Indigenous controlled high school (the Indian Way School) that operated outside the constraints of the federal government (Morison, 2017)—a development that further prompted the Canadian government to implement the *Indian Control of Indian Education Policy* in 1973.

The two participants and co-authors of this paper, Amelia and Philip, were both instrumental in orchestrating many of the educational changes in Kahnawà:ke outlined above. Amelia has served for nearly three decades as a member of the Kahnawà:ke Combined Schools Committee, which has long fought to gain and maintain parental sovereignty over children's education in Kahnawà:ke. Philip has similarly collaborated with the Combined Schools Committee on various educational initiatives, including the creation of the Kahnawà:ke Survival School in 1978.[6] Philip was also an original Co-Administrator of the Indian Way School in Kahnawà:ke and is presently involved in the development of a new teacher-training program intended to support project-based education locally. Both individuals continue to offer consultation on a wide range of education initiatives across Canada.

Methodology

Narrative inquiry is a methodology that conceptualizes lived experience as "the fundamental ontological category from which all inquiry—narrative or otherwise—proceeds" (Clandinin & Rosiek, 2007, p. 38). Narrative inquiry is grounded in the work of John Dewey—an American philosopher and progressive educational theorist, who is widely credited with being one of the founders of classical pragmatism. Our study places a primacy on Dewey's pragmatic ontology which conceptualizes human experience as a continuous and interactive process in which all knowledge resides. In other words, for Dewey, an individual's knowledge base is constituted by the culmination of their different life experiences. By extension, a person's experiences and knowledge base are constantly being shaped by the world around them, and also by that person's own actions and expriences. In this paper, we use Clandinin and Connelly's (2000) narrative inquiry as a way to better understand Amelia and Philip's lived experiences in the areas of community health and wellness in the hopes of shedding light upon the development of more culturally grounded PHETE programming.

Narrative inquiry was also a well-suited methodology for our study for three additional reasons: First, Amelia and Philip both viewed narrative inquiry as a culturally appropriate research approach in Kahnawà:ke due to the fact that narrative inquiry prioritizes storytelling as a way to transfer knowledge between individuals. Secondly, by valuing stories as a way to understand community health and wellness, we refrained from analyzing data in a way that generalized the stories being told to entire populations (which was a difficult task considering our secondary objective noted above). Instead, we focused on the rich contextual and complex nature of each of the stories and experiences being shared. Therefore conversations were not guided by a set of pre-determined questions, but rather grew organically within a space that promoted interaction about a wide range of health and wellness issues in Kahnawà:ke (Clandinin, 2013). Finally, narrative inquiry allowed us to work from a pragmatic ontology which situated the participants as knowledge holders and positioned their experiences as something to be valued (Clandinin, 2013).

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6. The Kahnawà:ke Survival School was established in 1978 in protest of Bill 101 in Québec which had declared French the official language of the provincial government and, thus, inhibited Indigenous language sovereignty.

Following Clandinin (2013), we were attentive to how both Amelia and Philip's stories about health and wellness revolved around certain cultural plotlines (e.g., beliefs & behaviours), institutional plotlines (e.g., school & work), as well as how our own personal/social plotlines interacted with all of this. We also remained attentive to what Clandinin and Connelly (2000) described as the three-dimensional space of narrative inquiry—a metaphorical space that invites the researcher to continually reflect upon how a person's lived experiences are linked by *temporality* (past, present, and future experiences), *sociality* (the personal and social conditions of an individual's experience), and also by *place* (the concrete, physical, and topological landscape in which an individual's lived experiences occur). Collectively, these three dimensions of human experience are to be weaved throughout a study's entirety. The three-dimensional space, thus, reinforces the researcher's emphasis upon the "social, cultural, and institutional narratives within which individuals' experiences are constituted, expressed, shaped, and enacted" (Clandidin & Rosiek, 2007, p. 42-43). Therefore, the three-dimensional space inherently highlights the relational ethics and the conception of living alongside one another throughout the process of understanding complex experiences within rich contextual environments (Clandinin, Caine, & Lessard, 2018).

This particular narrative inquiry was forged in collaboration with the Kahnawà:ke Schools Diabetes Prevention Project (KSDPP) on the unceded territory of the Haudenosaunee people. KSDPP is an organization and research group that consists primarily of Indigenous scholars, health practitioners, and educational professionals. It was established in 1994 to promote healthy eating and active lifestyles among school-aged youth in Kahnawà:ke, and also within the broader community (Tremblay et al., 2018). The Community Advisory Board (CAB) is essential to KSDPP and oversees all health-related research within Kahnawà:ke. It consists of 22 local volunteers from varying sectors of the community. The KSDPP CAB holds monthly meetings to monitor various research projects and community health initiatives, and also to ensure that any research that takes place remains ethically grounded and within the interest of the community. The first author (Derek) invested substantial time and energy building relationships within the community, volunteering with local health and wellness initiatives, and working closely with KSDPP by attending monthly research and CAB meetings for a approximately two years. All aspects of this research were, thus, crafted alongside local stakeholders and carefully vetted through the KSDPP's CAB in accordance with local protocols and the KSDPP Code of Research Ethics.[7]

As noted above, the two participants in this study, Amelia and Philip, are considered knowledge holders in Kahnawà:ke with extensive expertise in community-health and wellness theories and programming. Our commitment to conducting research in a relationally ethical way prompted Derek to volunteer with a broad range of local health and wellness initiatives in Kahnawà:ke in an attempt to nurture community relationships alongside Amelia and Philip. Relational ethics can be described as a "deep experiential process that lives at the heart of the relationships the researcher and participant negotiate" (Clandinin, Downey & Schaefer, 2014, p. 48)—a process that was central to our study as evidenced by our continued and ongoing commitment to working collaboratively with KSDPP as volunteers.

A total of four "official" in-person conversations[8] were conducted with each participant over a 5-month timespan. The conversations all took place in Kahnawà:ke and ranged in length

7. The KSDPP Code of Research Ethics is a guiding document that outlines the obligations, principles, and procedures to be followed by all researchers and partners conducting research in Kahnawà:ke.

8. The rationale behind our using a conversational (as opposed to a semi-structured interview) approach was because we wanted to avoid appearing as an authoritative presence within the community. We further felt this approach enabled a more natural flow of conversation to occur (Clandinin & Connelly, 2000).

from 2-4 hours. All 'official' conversations were audio-recorded and transcribed. In *Conversation 1*, for example, Amelia and Philip were invited to develop a timeline outlining various personal experiences connected to health and wellness throughout their lives. For *Conversation 2*, they were each invited to bring an artifact that they felt may help them to speak succinctly about the role that culture plays with regard to health and wellness. In *Conversation 3,* the researcher and participant inquired deeper into the locally held cultural beliefs that underpinned health, wellness, and physical activity programming in Kahnawà:ke. Finally, *Conversation 4* invited Amelia and Philip to reflect openly about how PHETE programming might be better developed to reflect locally held cultural beliefs, knowledges, practices, and pedagogies. It is important to note that, while all of these conversations began from the same place, they inevitably strayed from their original tasks/starting points, which allowed us to delve deeper into the various personal and collective meanings that Amelia and Philip considered central to health and wellness in Kahnawà:ke. We attempt to illustrate this richness and complexity throughout our analysis.

Finally, a series of field texts were collected by Derek during the narrative inquiry process to supplement the four "official" conversations, which included: photos, videos, audio reflections, and personal journal entries. Our analysis followed a four-phase process. Phase one consisted of Derek analyzing the various field texts and organizing the four different conversations into two narrative accounts, one for each participant. A hard copy of each narrative account was then provided to Amelia and Philip for their review. Phase two of the inquiry consisted of face-to-face meetings between Derek, Amelia, and Philip with the aim of inquiring into the narratives' accuracy. Thus, both narrative accounts were co-composed alongside each participant, which ensured that the content, interpretation and overall account was consistent with their viewpoints. Phase three of the inquiry involved subjecting each narrative account to a process of fluid reading—i.e., the "dynamic reading and rereading of a set of field texts" (Christensen, 2013, p. 76)—in an attempt to extrapolate broader social significance from the experiences being expressed (Clandinin & Connelly, 2000). The fourth and final phase of our analysis focused on the relational ethics underpinning this work. We vetted various iterations of this article through the KSDPP's CAB, and also received instruction from their research team on how to present the final narratives shown below.

"Everyone is Different"

Everyone is different. You can't paint them all the same color or with the same brush because they're so diverse. Mohawk students are different from Cree students. Cree students are different from Seneca students. So, you really have to take that all into consideration [when thinking about physical and health education]. (Amelia, Transcribed Personal Conversation, 1/16/18)

For Amelia, there exists multiple stories across Indigenous communities. Indigenous physical culture cannot be conceptualized in the singular or characterized as homogenous across these communities. Instead, Amelia emphasized the distinctive nature of Indigenous health and wellness. In the context of PHETE, for example, a common misconception is that the teachings of the Medicine Wheel are universally transferable across Indigenous peoples, and can be readily used in school curricula across Canada to infuse Indigenous content—a strategy that may be useful for encouraging culturally responsive pedagogy in some communities (see Halas et al., 2012; Kalyn, 2014), but may also be alienating for others and risks fetishizing Indigenous knowledges. Philip

jokingly asked at one point during our inquiry if the purpose of our research was to create a Haudenosaunee version of the Medicine Wheel: "a glorified Medicine Wheel with a feather on it?" (Philip, Field Notes, 10/27/17). Both Philip and Amelia challenged the pan-indigenizing tendencies present in today's PHETE curricula and cautioned us against adopting a "one size fits all" model for teaching Indigenous health and wellness. Philip spoke of the sheer diversity that exists between and amongst Indigenous populations as a strength that was further demonstrative of the breadth of Indigenous knowledges linked to health and wellness. The fact that researchers and school teachers have long tried to fold this complexity into a tidy lesson plan was, in his view, emblematic of a broader colonial pattern that is insistent upon classifying, interrogating, and justifying the inferiority of Indigenous knowledges:

> We're often defined as a collective. But live in this community [Kahnawà:ke] for a year or two, and if you don't notice that this is a highly individualist community, okay, you're not paying attention. You must be sleeping. There is more individualism in this community than there is in Montréal, okay? Absolutely. Guaranteed. So, we're high collectivism, high individualism. (Philip, Transcribed Personal Conversation, 10/27/17)

Philip's words challenge the curricular tendency to conceptualize Indigenous communities as tidy ethnic enclaves. His emphasis upon "individualism," moreover, was not intended as an insult, or meant to serve as evidence of the lack of community cohesion or social bonds in Kahnawà:ke. Philip later clarified this point by noting that Kahnawà:ke is an incredibly tightknit community in which people look out for one another.

Amelia further emphasized this point during our inquiry when she noted that Mohawk knowledges tend to manifest themselves within the everyday lives and living patterns of community members, and that they resist being summed-up by a scientific definition:

> There are different ways of doing things and of understanding the world, you know? We're circle people, and, in the world out there, a lot of people are linear, you know? Everybody thinks that something has got to be scientifically proven for that something to be true or to really know what it is, right? (Amelia, Transcribed Personal Conversation, 1/16/18).

Amelia also explained how ceremonial protocols tend to differ across Indigenous groups:

> Because for us, we follow the Earth's rotation, so we go counter-clockwise when we do ceremonies. You go out west, and they practice following the Sun, so they follow the clock. They go clockwise. For us, here [in Kahnawà:ke], we follow our mother's lineage. Out west, they follow their father's lineage. See, we're very different, but yet not different in one way, because they're following their own traditions. (Amelia, Transcribed Personal Conversation, 12/15/17)

Amelia's words shed light upon the subtle differences that exist amongst distinct Indigenous groups in this aspect of ceremony, yet she was careful to not dismiss the commonalities that potentially bond Indigenous groups across different regions. She explained that the directional differences between East and West communities practiced in ceremony is connected to the divergent histories of these groups: "where we live, our language, and our culture. All of this is linked to our existence as a people." Amelia further explained over the course of our inquiry that you

must first honour and value the worldviews of others before you can truly appreciate your own worldview. When Derek asked Amelia how she could possibly forgive and be empathetic towards a worldview that actively sought to suppress Indigenous knowledges through both Indian Residential and Day Schools, she shared the Haudenosaunee Creation Story: "We have basic ways of conducting ourselves, in our tradition, and in our culture. And the Creator gave us original instructions. We can't forget our original instructions" (Amelia, Transcribed Personal Conversation, 1/16/18). Amelia explained that the traditional Haudenosaunee principles of love, generosity, mindfulness, and respect for others has enabled her to forgive a lot of the different things she has endured in her lifetime. However, she further noted that respect for others is never achieved through force, but must rather be exercised through an open-hearted nature and a sincere inquiry into differing worldviews:

> We don't impose our culture on you, unless you ask. That's the whole idea. If you don't have your own way of learning your own culture, traditions, language, whatever, then you may ask and say, "Can I come here and learn something about how I get back on-track and follow a better path?" You may want to accept or adopt some of the traditions and ways that we have [here in Kahnawà:ke], and there's nothing wrong with that. Just like if you have something that we like, then we could follow something that you're doing. The conflict comes when you impose. That's where we have issues. (Amelia, Transcribed Personal Conversation, 1/16/18)

Amelia's words emphasize the dynamism of culture in Kahnawà:ke —a dynamism that refutes previous efforts to cast 'Indigeneity' as a static and measurable entity within school curricula. She explained how curiosity, rather than competition, can be a driving force for knowledge production: "we could follow something that you're doing" to strengthen our own wellbeing. Both Amelia and Philip's reflections resonate with current literature in PHETE which states that Canadian PHE teachers require guidance on how to practically teach culturally relevant materials (Halas, McRae, & Petherick, 2012; Robinson, Barret, & Robinson, 2016). For Amelia and Philip, though, that guidance begins once we adopt an open-heart and a curious mind about the sheer breadth of Indigenous knowledges in our classrooms.

"Our Ancestors are Buried Here"

> For me, it comes right down to the basics of our ancestors. Our ancestors are buried here. Our ancestors before us have given us everything we have. As far as we're concerned, they're still walking this landscape. We don't see them because we've been trained not to believe that they're there, but they're there. Trust me. I know. (Amelia, Transcribed Personal Conversation, 11/17/17)

Amelia and Philip often referred to the traditional tenets of Ohén:ton Karihwatéhkwen (Words Before All Else), Kayanaren'kó:wa (The Great Law), and the Tekéni Teyohà:ke Kahswénhtake (Two Row Wampum) during our conversations. They further noted that these tenets were all firmly rooted in both the territory and the people of Kahnawà:ke: "Water is our blood. Rivers are our blood. It's what we are made of" (Amelia, Field Notes, 12/1517). According to both Amelia and Philip, we are positioned to appreciate the wholistic nature of Haudenosaunee health and wellness only once we understand and value these tenets, and when we acknowledge their

interconnectedness with the land, water, sky, and other natural elements. Health and wellness were not considered to exist in isolation from our natural and ancestral surroundings, but were rather seen as constituted by our environment, our relationships, and also by our belief systems. In this sense, health and wellness are not passively acquired by the Haudenosaunee; they are part of a life-long journey that drives one closer to their natural elements, and, ultimately, to their true selves.

Amelia and Philip continually emphasized the significance of several core Haudenosaunee principles that have been orally translated across generations in Kahnawà:ke to enhance health and wellness. The Ohén:ton Karihwatéhkwen, for example, also known as the Thanksgiving Address or "Words Before All Else," is the central address of the Haudenosaunee and reflects the dialectical relationship between all living things, Mother Earth, and the cosmos. Philip explained that the Ohén:ton Karihwatéhkwen teaches us that, although life forms may differ, we remain equal, inter-dependent, and deserving of respect:

> We understand that we share our time here with many different forms of life. From the smallest micro-organisms and the insects that live in the body of our Mother Earth, it is your responsibility to keep the body of our Mother healthy and strong. It is your duty to fight the effects of pollution. We know your task is great at this time because of the demands we, the two-legged, place upon you. And yet, despite this, you continue to struggle with the weight of the burden we place upon you. You fight to carry out your responsibilities and to fulfil your obligations in accordance with the original instructions. Because of this, the cycle continues. And so it is. We turn our minds to you. We acknowledge you and we give thanks. So be it in our minds. (Philip, Passage from Artifact, Thanksgiving Address)

Central to the Ohén:ton Karihwatéhkwen passage noted above is the belief in Sha'tetionkwathe (we are all the same height) which illustrates the Haudenosaunee's commitment to equality, generosity, and the consideration that all life is gifted and valuable. Sha'tetionkwathe encourages us to be respectful of all creation, and most importantly, to act as stewards of our environment:

> Our belief system is that she [Mother Nature] provides for everything. She cares for everybody. Nobody's different. White people are not any different than the Native people that live there. The only difference is that you have to remember the word "balance." She [Mother Nature] only takes care of the balance between you [and your surroundings]. That's all she does. She doesn't take sides. She doesn't pull one side against the other. She just keeps the balance. (Amelia, Transcribed Personal Conversation, 1/18/18)

Amelia and Philip were unwavering in their beliefs that the health and wellbeing of the Haudenosaunee people and culture, and of all living creatures, is intimately tied to our natural and ancestral surroundings. 'Balance' featured prominently in their narrative accounts, which they also saw as crucial to the health and wellbeing of all living things. Environmental health was framed as the great equalizer of all living creatures: "[Mother nature] doesn't take sides." This, again, points to the egalitarian virtues that underpin Haudenosaunee philosophy, as well as to its characterization of health and wellness as existing beyond the individual.

We also observed during the course of our inquiry that both Amelia and Philip continually tried to establish connections between Haudenosaunee beliefs and the environment in which Derek

grew up (i.e., a small town in rural Saskatchewan): "it's like your culture," or "it's similar to how you grew up." Both Amelia and Philip regularly asked questions about the physical environment that supported Derek's health and wellness, while also probing for insight into the social and familial relationships that were generated through his relationship with the land; e.g., the memories that he created through hunting, fishing, and camping trips, and that he had developed through countless hours he spent skating with family and friends on backyard hockey rinks. In so doing, they theorized *place* not as a mere venue for healthful practices, but rather as a conduit for a range of physical activities and relationships that were essential to living a "balanced" life—as a "politicized, culturally relative, historically specific, and local" axis of health and wellness (Rodman, 1992, p. 641). Amelia and Philip encouraged us to metaphorically 'drink from places' (Basso, 1996), to pay attention to how local knowledges are rooted in the land, water, and in the other elements that surround us, and to value all of these as critical teachings that are ultimately generative of a healthy people and culture.

Finally, Amelia and Philip emphasized how their personal and collective health and wellness were also historically informed by the dislocating effects of colonialism. The failure to recognize this history and its ongoing legacy was one of their main concerns about education generally, and about PHETE specifically:

> The only thing Mohawk in the classroom was the students. The students were Mohawk and that's about it. There was really nothing and they had no intentions of incorporating Mohawk [culture] in fact. Canadian policy was to eliminate Indigenous whatever. And it was true in the day schools as well as it was in the boarding schools. It wasn't just the policy of the residential schools. It was policy of all the schools. All the federal schools. (Philip, Transcribed Personal Conversation, 10/27/17)

Philip also expressed the fact that it is difficult to pinpoint oppressive and colonial behaviour within education as these constructs are still present: "The reason I say we don't have an answer to it is because it's going on right now, all the time, all around us. It wasn't just in the 1950s." (Philip, Transcribed Personal Conversation, 10/17/17)

Investing in Relationships

> Derek, regarding the written analysis of what we talked about and how you related it to your work outside of your workplace is very respectful and shows how much you understood what we talked about. I am proud to be working 'with' you because you understand how we are as Onkwehón:we. Walk your talk, talk your voice. It's not about the end of the journey as much as it is about the process. (Amelia, Personal Note, May 15th, 2018)

Both Amelia and Philip emphasized the significance of building meaningful and sustained relationships with others as a core component of ethical research, and also as a key ingredient of health and wellness. Nurturing relationships as part of the research process, and in turn, as part of the pedagogical process, was considered an important step toward the development of culturally relevant PHETE programs. The dominant narrative of academia, of course, has habitually restricted teaching and learning to the classroom, and framed researching as a practice that must remain free from relationships so as to maintain 'objectivity' in our analyses. However, Amelia and Philip argued that nurturing relationships was fundamental to researching Indigenous health and

wellness, and also for learning how to discuss the complexities associated with PHETE. Their narratives further revealed that both teaching and learning must extend beyond the classroom to include the fostering of relationships with our outdoor and natural environments. The building of relationships—both personal and environmental—not only promotes better research, but also alerts us to the multiple axis of knowledge that surround us and that contribute to our health and wellness.

We know firsthand that this work is time consuming and potentially disruptive of dominant trends in PHETE. However, PHETE programs can avoid simplistic and generalized models of teaching Indigenous health and wellness by placing a primacy on our relationships with local Indigenous peoples, and by including Indigenous voices in our curricula (Acton et al., 2017; Salter & Maxwell, 2015). One strategy that both Amelia and Philip encouraged as a "first step" toward nurturing culturally relevant pedagogy was building relationships with local knowledge holders, and inviting them to teach our students:

> I would bring in, if it was possible, I'd bring in somebody like (local Elder) to talk about certain processes … a local person that really could talk about the tradition, you know? [Someone who could answer], whatever questions you want to ask. (Philip, Transcribed Personal Conversation, 12/15/17)

Following Amelia and Philip, we believe resources should be made available to support relationships with local knowledge holders, and to ensure that pre-service students will not only learn from them, but will also become privy to how such relationships were built.

Finally, Amelia reflected upon how many researchers have misused her stories. In so doing, she noted how those exposed to such research have misunderstood her teachings:

> I go back to KSDPP, where we've had that helicopter concept. Where researchers have come in and we've shared stories and then have gone. And where does that story go? Where does that research project end up? It ends up in a book. It ends up on a research, medical report out there. Then what happens is that when it comes back to us. It's attached to another research project, which is not exactly accurate information of the community. It's a negative concept, or it stigmatizes the community into a different direction. (Amelia, Transcribed Personal Conversation, 1/17/17)

As Amelia pointed out, there exists a historically tenuous relationship between the academy and Indigenous communities—a relationship that has also drawn critical attention in the academic literature (Battiste, 2017; Flicker et al., 2015; Smith, 1999). Amelia's words reiterate the importance of understanding how our work as both researchers and pedagogues must exhibit a relational commitment to ethics, and not simply fulfill the mandate of a research ethics board. The paradigmatic underpinnings of this research helped us to slow down and be attentive to a process built on trust; in which storytelling was valued; and where Derek's investment in nurturing personal and community relationships was methodologically imperative. Living alongside Philip and Amelia, as narrative inquirers say, also allowed Derek to better understand how Philip and Amelia practiced their values in everyday life; in their relationships with families and friends; and through their own teachings about health and wellness.

Concluding Remarks

In this article, we explored how current trends in PHETE might be improved by drawing upon the insights and expertise of two Mohawk knowledge holders in the Kahnawà:ke Mohawk Nation near present-day Montréal, Québec. We came away with more questions than answers; yet, our inquiry revealed the following key threads: 1) that Mohawk voices and viewpoints surrounding PHETE are diverse, multifaceted, and complex; 2) that they are locally-rooted; and, 3) that PHETE programming can be enhanced by expressing sensitivity to the first two threads. In particular, Amelia and Philip cautioned us that viewing Indigenous knowledges and physical cultures in the singular, as static entities, and/or by trapping it within a limited range of pre-colonial sports and physical activity units was to misunderstand the dynamic and generative nature of health and well-ness, and ignored the centrality of relationships in Kahnawà:ke. This finding challenged what Kalyn (2006), Robinson et al., (2013) and Lorusso et al. (2019) described as the mainstream ten-dency to restrict the conceptualization and teaching of Indigenous content within segregated course modules (such as traditional dances, songs, or games lessons) without first properly attending to the particular social, historical, and cultural contexts out of which such content has emerged and continually evolves.

This study further highlighted the importance of shifting the conversation in PHETE from simply including Indigenous knowledge to thinking more critically about the peoples, places, and land on which post-secondary institutions are situated. Researchers and school administrators looking to incorporate Indigenous knowledges into PHETE will need to make a concerted effort to establish meaningful relationships with Indigenous peoples and communities in their region. Forging a bedrock of strong and sustained relationships with local Indigenous peoples may allow for PHETE programs to better understand the cultural, familial, political, and geographical under-pinnings of Indigenous health and wellness, and, subsequently, to better emphasize such issues within PHETE. It may also open-up valuable opportunities for exchange with Indigenous peoples that will help us to move beyond basic coursework and lecture-based models. Indeed, pre-service PHETE students could benefit greatly from open, guided, and Indigenous-led dialogue, and cer-tainly from courses linked to community consultation as a means to further understand the deeply contextual, locally rooted, and relational tenets of Indigenous health and wellness. We envision this work as a continual and ongoing process and look forward to nurturing our relationship with Kahnawà:ke in the years ahead.

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Participatory Arts-Based Health Research with Primary School Children: "Muddling through" Complexities for Mutual Understanding

Tineke Abma & Janine Schrijver

Abstract:

The production of knowledge is considered to be the domain of adults and experts. Participatory arts-based research engages children in the process of knowledge production. It resonates with the normative ideals of critical pedagogy to create a space for children to express their voice and become a subject of power in order to contribute to social inclusion and social justice. Balancing power more equally confronts us (adults, researchers) with our own power, values, and normative beliefs. This complex role of power and morality involved in research with children is often overlooked, especially in the field of health promotion to counter the "obesity pandemic." We take inspiration from Schön's notion of the "swampy lowland" as a place wherein we have to deal with messy problems that cannot easily be fixed and controlled. We reflect on these messy problems as participatory researchers via three in-depth stories on resistance: a teacher who preferred discipline instead of playful experimentation, a girl who wanted to stay invisible, and a boy who constantly challenged our actions. These stories were generated in the context of two primary schools and four school classes with 75 children aged 10-12 years old with whom we worked for four years (2015-2019) in the city of Rotterdam, The Netherlands. The stories show how we attended to these messy but crucially important problems to develop our craftsmanship. We had to experience and reflect on situations, give up on ideas, work by trial and error, rely on intuition and muddle through to create mutual under-standing.

Keywords: *Critical Pedagogy; Children; Experiential Learning; Primary School; Participatory Arts-Based Health Research; Power; Understanding*

Image 1: Children not willing to join the Capoeira

My son loved to join Capoeira. It offered him a space to express himself, and to channel his energy and emotions in a peer group. I was very surprised to learn that some of the children we worked with associated it with sexuality, and felt ashamed. Especially some of the boys. So I wondered whether we should offer such activities. Who am I to think what can enrich their lives, if they stubbornly reject them? But what about all those other kids who did love to move and dance?

Introduction

The above reflection came from one of the researchers in a participatory arts-based research project with primary school children living in a deprived multi-ethnic neighborhood in Rotterdam. It demonstrates the social distance between the white, highly educated female researcher and the young boys, mainly Turkish and Moroccan, in the neighbourhood. While the researcher assumed, based on her experience with her son, that the children would be enthusiastic when she introduced Capoeira—a Brazilian martial art—to them, a group of boys intentionally sabotaged the activity. The photograph shows the boys who demonstratively hid their faces and sat on the bench during the Capoeira lesson in their school (image 1) while in another class the whole group is enjoying the activity (image 2). This act of resistance confronted the researcher with her privileged position and normative assumptions about what is good and healthy for children. The resistance of the children confused her, but also triggered a reflection on her own power in relation to that of the children. In general, children do not have much power, because adults are, to a large extent, determining their lives with rules and norms about what children should do and not do. Knowledge-making is also considered to be the domain of adults (Kellett, 2014).

Such power asymmetry is especially prevalent in a school context with a disciplinary regimen (Arrastia, 2018), instructions and restrictions, and sanctions: good grades if one succeeds on exams and bad grades if one fails or does not obey rules. Moreover, teachers and other adults determine the content of what needs to be learned. This means that in the schooling context, children are often the object of power. They need to do what teachers tell them to do, and are often seen and treated as vulnerable, passive, innocent, and in need of protection or correction (Kellett, 2014). Their voice is not very important or does not count at all. The above-stated sabotage of the boys in our project can be interpreted as one way they attempted to use their power, which suggests that they felt the opportunity to express their voice (Kellett, 2014). This was not the power to make something happen, but rather the power to hinder some kind of activity. Yet, the power to hinder and sabotage activities is often the only power children can exert. They typically do not have the capacities and resources to take initiative to control situations, but they can disturb the event, as in the case of the Capoeira.

In our project, we approached children as knowledge-bearing experts and agents of change; we tried to create a space where they could express their voice (Groundwater-Smith, Dockett and Bottrell, 2015; Mitchell, De Lange & Moletsane, 2017). However, although the response of the boys was exactly what we as critical participatory researchers wanted—to give children the room to express their voice and become a subject of power—it also hit us as troublesome because it confronted us with our own power, values, and normative beliefs. To our knowledge, not much is written about these difficult and uneasy situations in the context of participatory health research. There are a few examples of critical inquiry and critical pedagogy in the field of health (Azzarito & Hill, 2013; Fitzpatrick & Russell, 2015), but the role of power and moral issues involved are

often overlooked or brushed under the carpet (Lenette et al., 2019). In his work on the "reflexive practitioner," Donald Schön (1983) refers to these situations as "swampy lowlands":

> In the varied topography of professional practice, there is a high, hard ground where practitioners can make effective use of research-based theory and technique, and there is a swampy lowland where situations are confusing "messes" incapable of technical solution. The difficulty of the problems of the high ground, however great their interest, are often relatively unimportant to clients or to the larger society, while in the swamp are the problems of greatest human concern. (p.42)

The swampy lowland confronts practitioners, including participatory researchers, with complexities that cannot be fixed and resolved with handbook knowledge. Yet, these are also the places where the issues of "greatest human concern" are at stake. Checklists, rational decisions, and protocols fall short in these situations, and Schön emphasizes that practitioners have to "muddle through" these situations to deal with the moral and existential issues at stake. In participatory health research, many of these political, relational, and ethical questions arise (Banks & Brydon-Miller, 2019), but these are seldom thoroughly addressed in the literature (Lenette, et al., 2019). Ignoring these sticky questions might be attributable, in part, to participatory researchers not wanting to make themselves vulnerable to critique, but also to a tendency to avoid these messy situations in favour of finding security in the safe "high ground." Yet, we believe that such difficult situations offer a rich learning potential for participatory researchers to develop their moral compass and craftsmanship. We therefore selected three stories that contain difficulties we encountered in our participatory research with children in primary schools.

We begin by presenting the story of a teacher whose disciplinary teaching style conflicts with our experimental and free approach. The next story relates our experience with a young girl who confronted us with our own prejudices and challenged our initial idea to publish photographs of her lifeworld. The final narrative is about the boy who met us with resistance in the Capoeira lessons. Together these stories capture some of the complexities of participatory health research with children in a primary school context.

The stories were generated in the context of two primary schools and four school classes with children aged 10-12 years old with whom we worked for four years (2015-2019). In what follows, we present our participatory arts-based research approach followed by the research setting and methodology. These are followed by the three stories, a discussion, and epilogue.

Image 2: Kids enjoying Capoeira

KLIK and Critical Pedagogy

Our participatory health research project was called KLIK. KLIK stood for the click of the camera and the click with yourself and your surroundings. KLIK aimed to work *with* children on health-related issues. The project was grounded in the ideals of autonomy, equality, dialogue, and social justice. Concretely, four classes from two primary schools participated for three school years, between 2015 until 2019. The classes had approximately 20 children each and the children were in grade four (8-9 years) at the start and grade six (11-12 years) in the third year. In total we worked with 80 children. Experiential, playful and creative learning activities were developed, through which the children could actively inquire and experience their own bodies, habits, and lives. During the activities, children were asked to express themselves via arts-based methods like photovoice, game-playing, mind-maps, and drawings.

Through the use of symbolic tools other than language, children were enabled to express themselves and generate rich insight into their perspectives. The photos and other creative artefacts were used to elicit meaning (Clark, 2007, 2010, 2011). Photos and creative artefacts do not speak for themselves and contain multiple layers of meaning. In order to grasp the meaning endowed to these artefacts by the children themselves we set up a process to elicitate its meaning by engaging the children in a conversation on what they pictured, drew or created. So, instead of us interpreting the meaning of the artifacts, we involved the children in the meaning making process. The creative artefacts functioned as "conversation pieces" in this participatory analysis. An example of such elicitation process is the following: we asked children in a photovoice workshop to picture their surroundings, and later set up a conversation about the meaning of the pictures they selected. We asked them to think of captions for the pictures. One of the girls selected a photo with her sitting on the swing stool, and explained the meaning by the title "Jumping into the air." Swinging meant freedom to her (Abma & Schrijver, 2019).

In addition, participant observation took place during all activities and an extensive observational diary was kept. One researcher, being a professional documentary photographer, captured the process in photos. Data were analyzed interpretatively and crosschecked by the researchers (Abma & Schrijver, 2019).

KLIK was set up in Oud-Charlois, an underprivileged neighbourhood of Rotterdam, one of the largest cities in The Netherlands. Rotterdam is the poorest city in The Netherlands, and one out four children grows up in poverty. In this particular neighbourhood the situation is even worse. Its population is relatively young and culturally mixed (Moroccan, Turkish, Surinamese and lately also East-European), has low levels of education, and high rates of unemployment and poverty. At the same time the neighbourhood was not only or just a typical deprived aera, even though it was often portrayed as such in the media. In reality it is culturally very rich: a lot of artists and creative entrepreneurs are attracted to this area because of cheap rentals. Our aim was to mobilize this rich cultural potential for the children and families that were less well off. The project was financially sponsored by FondsNutsOhra (FNO), a charity fund in The Netherlands, as part of their program called "A Healthy Future Nearby". KLIK was approved by the institutional ethical board. Besides informed consent and confidentiality, various additional ethical principles were taken into consideration during this project: working on mutual respect, participation, active learning, making a positive change, contributing to collective action and personal integrity (Banks & Brydon-Miller, 2019). Approval was obtained for the publication of all photos used for publications. All parents were approached at the beginning of each new school year to give permission to portray their children and the KLIK activities through a written informed consent form. The children were also

asked verbally to give permission when the photographer took pictures, and they were asked again for permission if we intended to publish a photograph. As we will show, this was a constant process of negotiation with the children.

We initiated KLIK as an alternative to current plans and policies to tackle the "obesity epidemic" (Campos et al., 2005; Oliver, 2006). The problem with these policies are the associated and interconnected messages around health. These policies are influenced by neoliberal ideas and norms that each and every one should be active, healthy and fit, and that this is an individual responsibility. It may lead to the stigmatization of fat bodies and result in feelings of shame if one does not fulfil the norm of having a sportive, lean body. Bodies that do not fit into this ideal are object of public disgust or shame; so the discourse functions as a process of normalization and disciplinary power. This may result in bullying children who are considered too heavy, which may have an enormous emotional impact on the child (Abma & Schrijver, 2019). Moreover, it also sensitizes "healthy" weight children to the risk of fatness, thus setting up future body image issues. In school contexts this has led to the measurement of bodies, which is extremely stressful for children. The whole screening and measurement culture aimed at detecting bodies-at-risk is focused on how one should behave (food and exercise patterns), and not on what children already do to live healthy. The subjective experience is hardly explored, and this may lead to wrong presumptions about behaviour. For instance, a critical ethnographic study among young girls—who are considered to be the most risky in terms of bodily behaviour—demonstrated how the girls were physically active, but in other spaces and in other types of physical exercise than expected (Azzarito & Hill, 2013). The girls loved to dance in front of mirrors at home, and use the Wii to exercise at home. This study also showed that to be able to exercise, socio-economic resources are needed. So being healthy is not just a matter of the will to do so, or an individual failure, but related to structural inequalities.

Moreover, health promotion projects are often mainly driven by adults determining what children need, and dislocated from their lived experience (Alexander, et al., 2014). We felt that if children do not know *why* they need, for example, to do exercises or eat healthier, they will never be intrinsically motivated to change their actions and behaviour. They may do it for someone else or because they are told so, but not because they belief in it or feel what it can bring them. Moreover, information and knowledge alone will not do the trick. We discovered most children knew already what is healthy or not; they knew fruit and vegetables were better than candy and chips. Most of them knew that energy drinks and sodas contain too much sugar. Yet, healthy food is more expensive than junk food, and healthy food is less available in the neighbourhood where there are more snack bars than supermarkets. Most of them knew that you need to move and do exercises, but many children did not have access to a sporting club or the resources to pay for a membership. What children already knew became clear during activities in class where they were invited to draw a mind-map of what they thought was healthy. These mind maps contained fruit, vegetables, but also topics like dance, sport and physical exercise (see image 3: mind map).
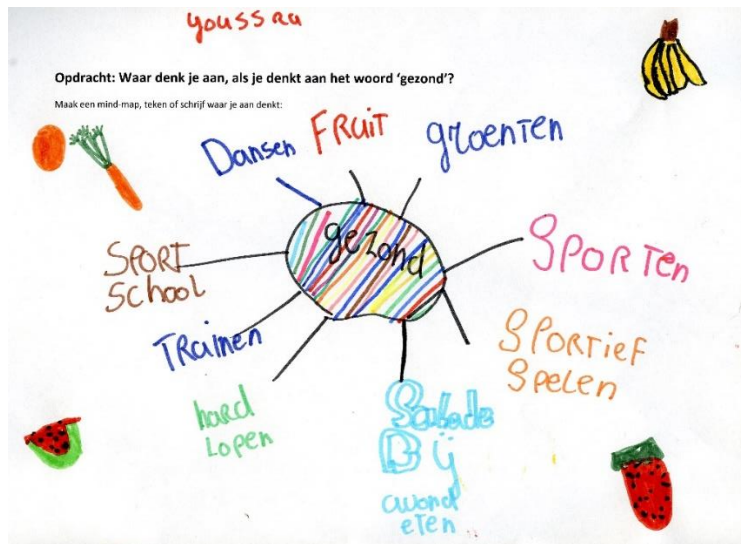
Image 3: Mind map in response to the question: "What do you think about when you hear the word healthy?"

To translate this knowledge into action was a whole other story. Giving information and knowledge is a very cerebral and rational way of approaching children and health promotion. As Freire (1970) points out, giving information is based on a "banking" concept of education. This "banking" model is based on the assumption that educators "deposit" knowledge into children, the depositories. In such a model, children are mere objects; the teacher talks, the children listen; the teacher chooses and enforces, the children comply. The problem with this model is that it leads to withdrawal, and that it does not engage children into thinking. It is focused on memorization. Another problem is that the content of education is detached from reality, it is emptied of concreteness and therefore not meaningful for children. Therefore we wanted to find out if children— when we spoke to their life world and they literally felt and connected with their senses—would develop a more conscious and intimate relation with their body, its needs and desires, and get engaged in finding out what healthy living means. Finally, we felt that we needed a less teacher-controlled and rational, and more playful way to relate and connect to the children as a group and as individual persons, and to really engage them in fun and joyful activities (Cook & Hess, 2007). Playfulness meant openness to uncertainties and surprises (Shier, 2001, 2017). For us, it also meant playing team games instead of being in an individual competition with each other. Playfulness was important to heighten their curiosity, creativity, and inventiveness as most children had little of those skills (Abma & Schrijver, 2019), and yet such skills are particularly important for young people to learn, especially if they are experience adversarial circumstances like poverty and discrimination.

This approach is in line with the critical pedagogy of Paulo Freire (1970) and related approaches, including Action Research (Adelman, 1993), Participatory Action Research (MacTaggart, 1997; Fals-Borda & Rahman, 1991; Kemmis & MacTaggart, 1986) and Community-Based Health Research (Minkler & Wallerstein, 2008). These approaches share a focus on overcoming the theory-practice divide, and the domination of expert knowledge of the elites over the knowledge of people themselves by fostering action-reflection-learning cycles with those whose lives and work is at stake. Such approaches aim for social transformation through localized collective action. The purpose is to heighten the understanding of people in the local context, so that they get a better grip on their situation, and hence, become more capable of starting actions to improve their situation, including interpersonal and negotiation skills. Key in all this work is the

value of questioning rather than accepting autocratic dictates about how one should live or work, giving credence to:

> the development of powers of reflective thought, discussion, decision and action by ordinary people participating in collective research on "private troubles" (Wright Mills, 1959) that they have in common. (Adelman, 1993, p. 8)

The choice for methods in participatory research is based on the possibilities it offers for maximum participation and gendering critical inquiry of one's life and work (Abma et al., 2019). In our case, we selected creative methods to better include the voices of the children. One of these methods was photo-voice (Abma & Schrijver, 2019). Children received a camera to explore their life-worlds and make pictures of pressing issues in their lives. Receiving a camera, which they were allowed to take home, generated among these children, much excitement. The cameras were obviously new and expensive, and the children could hardly believe they were trusted to their care. Photovoice was combined with photography by the researcher to visualize the broader life-world context of the children, including their neighbourhood, a technique used in visual anthropology (Pink, 2003).

We focused on experiential learning and tried to build more horizontal relationships where adults did not stand above children but respected their knowledge and perspectives. The project engaged children in playful and creative activities, like Capoeira, to broaden their horizon, and worked from there to explore what health and healthy living meant for them. As such, we did not start from the normative position what they should do to become and stay healthy but engaged them in inquiry and activities in which they could experience their embodied being. This was also motivated by our impression that many children felt alienated from their bodies, and what they actually wanted. If we, for example, asked the children what they would like to do, nobody would answer. They seemingly did not know what they wanted or missed a connection with their desires and needs. They simply looked around the class to see what others might say but remained remote and silent. To break through this silence and alienation we offered them new sensuous, affective, and emotional activities. For example, we engaged in a wildpluk walk where the children gathered eatable wild plants from the neighborhood to mix into a fruit smoothie. We also organized a plant lab wherein they set up an experiment to find out more about a topic that interested them: growth. We offered each of them one plant, asked them to split the plant into halves, put these in a pot, and then take care of the similar plants: one plant received loving care, the other plant was neglected. After a few weeks the kids compared their plants to see what happened (image 4: the plant lab experiment). We then asked them what a plant needed a grow. The plant was a metaphor for their bodies and well-being.

Image 4: The plant lab

This active, embodied, and explorative approach in relation to health-related topics was a completely new experience for them as many parents did not have the resources to offer these experiences to their kids and teachers were often too busy with cognitive tasks and controlling the classroom.

Our research approach also resembles critical teaching in schools as well as critical pedagogical approaches to health and physical education (Arrastia, 2018; Azzarito & Hill, 2013; Chu, 2018; Fitzpatrick & Russell, 2015). Critical pedagogy departs from the notion that the teacher has a crucial role in either reproducing the status quo in society or facilitating critical consciousness to stimulate kids to question their world, to raise critical issues, to take control over their lives, to resist power and dominant constructions of reality and destabilize stereotypes. Critical pedagogy acknowledges the complexity of children's lives, and structural inequalities (Azzarito & Hill, 2013). It is critical of attempts to make children individually responsible for their health and well-being, an approach which ignores the structural inequalities that serve as barriers to the improvement of quality of life and health. It is concerned with demystifying a singular notion of health and wellness which is often fueled by the so-called "obesity epidemic" and its tendency to medicalize and exclude certain children and undermine their humanness (Rich & Evans, 2015). As we will demonstrate, participatory research and critical teaching are messy because such approaches create room for the engagement of children and are thus not completely controlled by teachers. These approaches are therefore troubling and disruptive in conservative institutions like the university and schools which are built on a banking model of education (Cook, 1998, 2009; Fraser, Flewitt & Hammersley, 2014).

We also see a resemblance with a "pedagogy of risk" developed to stress the unpredictability of education; therefore we cannot control how pupils respond, and that we as teachers need to take risks and show courage for the sake of engendering learning (Biesta, 2018). This involves leaving one's comfort zone. In our context this was related to the unfamiliarity of adults to share power with children as well to children who were engaged in unfamiliar ways of learning, partly through art. While some of our activities generated fun and joy, others met resistance like the Capoeira lesson. It was hard to predict how the children would respond, and some activities clearly generated discomfort. We now present three stories delving into the messy and uncomfortable

situations we experienced, how we 'muddled through' these situations, and discuss the lessons we can take from this muddling through the 'swampy lowlands' of participatory research.

The Teacher Story: "*My Children Need Clarity and Structure*"

Children in this study were already associated with various networks of power relations such as relations with their parents, peers and their teacher in the school. We knew this would be the case, but one of the teachers had a particular style of teaching that we found problematic. The above expression shows her view of the conditions for learning: "her" children needed, clarity and structure. In her eyes all the children were very much the same and in need of her protection. She explained this further: "I treat all my children as if they are autistic. This offers them safety."

As researchers we struggled with this disconnect as we had a contrasting idea of what children needed to learn, and struggled to understand and respect this teacher at the same time because we knew we needed to collaborate with her to realize our project. We felt concerned whether we would be able to create room for the children in this class to experiment and learn in a more democratic and creative way. One of the issues was that, in our eyes, the teacher justified her power over the children with assertions about the need to protect the children from harm (i.e. offer safety) and act in their best interest, also reasserting the claim that her adult knowledge and judgement is superior to children's. This was contrary to our idea of sharing power and power equality. In class we observed how the teacher was constantly commanding the children what to do by giving them instructions. We sensed there was a lot of confusion among the children in class because the many rules at school seemed to conflict with the way children were treated at home (El Hadioui, 2011). There was also a lot of shame in the classroom. For instance, if the children in that class were asked to make a drawing they would hide what they had drawn and present the drawing upside down to the researcher. If asked to answer a question they would look around and watch what the others would do. This was also the class where the boys felt ashamed to take part in Capoeira and would not wear lab coats for the food lab, sports lab and plant lab because dressing differently was considered odd.

Another example illustrates how influential the teacher was, and how this produced remoteness among children, and an environment contrary to the communicative space we wanted to create for the children to experiment and learn. A few months earlier one of us wanted to introduce one of the new researchers who would regularly come into the class, and soon this junior researcher would also join one of the activities that were planned. One of those activities was a trip to another city to visit Corpus, a spectacular museum in the form of a body, focused on the functioning of the body. We had reasoned that such a trip would be sensational for the children because many of them had never left their neighborhood and parents did not have the resources to visit such a site. That particular day the permanent teacher was replaced by an intern. One of the researchers asked the children if she could take a photo of them so that the new researcher could learn their names and faces. Immediately the children responded by hiding themselves and their faces under their tables. The researcher reacted with surprise and asked the children if they were still interested in KLIK activities. They responded with a total silence and apathy. She interpreted this silence as a way to express their discontent with what was going on in class that particular day and decided to adjust her plan to make pictures of the children. Later that week the researcher came back and heard that the intern had informed the teacher about what happened. In response the teacher told the children how rude their behavior was. She told them that going to museum Corpus was a very

special gift and also a very expensive trip. She insisted that they were more grateful, and also that they excused themselves in front of the researchers. And so they did.

Verbally this teacher was very strong, and she took a lot of conversation space to explain to the kids how awful their behavior was. She was not mean or unkind, but at the same time very insisting and demanding. She did not accept what was in her eyes a disrespectful response and enforced the children with reference to the high costs of the museum trip to make their excuses. This reminds us of Freire's banking model (1972) wherein teachers are talking and using their power over children to make them compliant. We also felt it was problematic that money was the main argument and reason to convince the children to be obedient and grateful, as this was reproducing the status quo in society wherein economic values and material richness is prioritized over social and ethical richness. The message was clear: one should obey and be grateful to those who held a power position based on financial resources. We felt it also reproduced the pattern many children experienced at home. As many of them came from a family living in poverty, they knew what it meant to be dependent on people and welfare state institutions that offer money on certain conditions. In the neighborhood we saw many parents who coped with this scarcity by being silent and remote, or by being very aggressive and angry. We saw this reproduced in the meek attitude of the children. The importance of behaving well was later explained to the researcher by the teacher with the following statement: "How the children behave in the museum is, in my opinion, a showcase for the school."

Although the teacher wanted to support our activities, she did in a way that sometimes conflicted with our approach. The instructive, demanding, and disciplinary way she communicated with the kids was paradoxical. It installed an object-subject relation where she knew, as teacher, what the kids needed in life and how to behave well. In a kind but yet intimidating voice she repeatedly told the children how special this all was, and how special they were—but only if they obeyed the rules. We know that children are very sensitive to messages wherein content and form do not match; they do not trust such communication and focus on the form and tone of voice. In this class this resulted in apathy and shame among the children when we touched on subjects related to their bodies. For example, when we asked the children in the last year of our study, after having been at the Corpus museum what they thought of as stupid, dirty or weird, many of the girls would answer "the womb" and many boys would say "sperm." The children aged around twelve by that time seemed to have very limited knowledge in these areas, as the information about fertilization and birth appeared to be new for many of them (Abma, Lips & Schrijver, 2020). No need to say that in such context it is hard to generate and engage children in critical inquiry, because they get such different messages. It struck us, for instance, that many children excused themselves if they created a mess, which was indeed often part of our activities (image 5). Such behavior was the result of relationships with adults, either teachers or parents, in which they were told to be neat and clean. Over the years in our project, the children learned that they did not need to worry about creating a mess when they worked with us, but at times this was confusing for them.

The story of the teacher revealed the complexities posed to us as we needed to collaborate with her to be able to work in her class, while at the same time creating room for our approach. This required an intense working relationship with a lot of face-to-face contact. We discovered that the teacher herself required structure and wanted to stay in control. Communicating and informing her in a timely manner of our plans and lessons helped us to find a common ground. In addition, one of us often would drop by the school to talk things over with the teacher. This was not always easy and required significant interpersonal skills. Sometimes it felt like we needed to

give up on things because she wanted more structure, and often she would give feedback afterwards pointing out what went wrong in class. Yet, over the years we began to develop more empathy for her as she worked in a situation that was far from ideal given the shortage of qualified staff and case load in her class. We also learned more about her perspective, and how she wanted to compensate for what the children did not learn at home. At the same time the teacher also began to show more respect for our approach. She noticed it when children who were otherwise remote and distracted came alive. For example, she would say to us afterwards that a particular child that typically acted angry and recalcitrant was now very cooperative. She linked this to the activity that had clearly interested the child, and sparked a joy and willingness to engage in the activity.

Image 5: Cutting plants as part of the plant lab

The story of Armina: Being Invisible

We pointed out that topics related to intimate parts of the body and sexuality were met with reservation and shame. Such topics were not discussed at home nor in class, and very uncomfortable, but at the same time children reported they learned a lot from the conversations on these topics (Abma, Lips & Schrijver, 2020). We noticed shame was also a response observed among children who did not fit the healthy body norm. In the healthy fit programs in the schools, the focus lay on obesity. This is the driving motor of many healthy fit programs: to screen and prevent bodies-at-risk from getting worse. Bodies-at-risk are those bodies that are deemed too fat compared with the standard. Yearly, the children are therefore measured at school and only if one does not meet the norm—the children get a verbal warning: you are too fat and we will contact your parents to talk to the school dietician. The dietician offers the parents lifestyle advice and encourages them to change their child's eating patterns. Research has shown that such lifestyle advice often individualizes health problems and ignores structural inequalities such as children of poor families having less access to healthy food and physical exercise through sporting clubs (Braveman & Barclay, 2009; Gordon-Larsen, et al 2006; Mendoza, 2009). It may also foster shame as children feel that they do not belong to the group; they fall outside the body norm. The problem of measuring height and weight is that it objectifies the body. The body becomes an object of public gaze, and

in the context of a discourse on healthy bodies this leads to the stigmatizing of bodies that fall outside the norm.

In a similar vein we saw how girls in our study were very sensitive to being measured and controlled. Armina was one of those girls. The first time we met her was uneasy for us, because she confronted us with our own prejudices about fat bodies. We noticed that we immediately categorized and labelled her as "obese." This label prevailed and framed how we saw her while she was, of course, much more than that. We noticed how all kinds of associated prejudices came to the surface: her being slow, unhealthy, weak, passive and indolent. As we got to know her though we learned she was physically quite strong and flexible. In that first encounter we also saw that she was distancing herself from the group. She seemed to isolate herself from the group, literally by standing apart from the group, and turning away her face. Taking pictures of the group and Armina during the wildpluk walk felt uncomfortable. We wondered whether we could publish such pictures without blurring her face (image 6 where we have blurred the faces for the sake of privacy). When asking her we soon learned she did not want to be photographed. Armina felt extremely vulnerable to be seen in public. Yet, we felt uneasy that, as a result, she had no face at all in our project; as if we were reproducing her invisibility. We wanted to create a space where she could be seen and heard but were also very concerned about her own agency and wanted to respect that, and thus created a dilemma for us as researchers.

Image 6. Wildpluk tour

In becoming better acquainted with Armina, we learned she had always been quite heavy, but gained more weight over the years. She was Turkish, 12 years old and raised by her father. She had one younger brother. The school considered it their responsibility to help Armina lose weight and had tried to refer her to a general practitioner and even to a hospital, but her father would not respond, even not after many attempts. When nothing helped, the school decided to leave the situation as it was, even though they remained concerned over the deprivation of the girl. We also discovered that Armina was quiet and shy. She never wanted pictures to be taken of her and she would not agree to share pictures in which she was visible. Seeing pictures of herself she typically would say: "Oh my God, I am really ugly."

Being invisible was her strategy to survive. For example, if we asked her if she would be interested in undertaking some kind of activity as part of the festive ending of the project she replied: "No, I am more the type of shaming."

This meant that she had completely internalized the idea that she was not worth seeing. She thought she needed to be ashamed of herself and her body. Yet, it struck us that while she wanted not to be seen in public, she was interested in herself and taking pictures of herself. We found this out when we did the photovoice workshop with a group of children (Abma & Schrijver, 2019). Although we did not expect this, Armina felt much freer at home to make pictures. It took us by surprise that she took endless photos of herself. The series of selfies showed her face close-up, with all kinds of grimaces and several body postures in front of a mirror, clearly imitating and experimenting with the postures of top-models and pictures on social media. Apparently, she felt safe to experiment with herself at home. This was a private place where she did not feel objectified, but rather free from the public gaze. Photovoice as a visual method gave us an important insight in this girls' experience and lifeworld. It offered us a very intimate picture of how she felt, what she desired, but could not express publicly. It revealed she wanted to be seen but did not dare to be visible in public due to the public gaze, and fear of negative responses to her body. She felt too ashamed to be visible. Yet the camera gave her the power to see (instead of being seen). The photo where she uses the camera to look at us symbolizes her power (image 7).

Image 7: Girl with camera looks at us

When talking about the photos she made, she showed she understood the difference between perception and reality, and how what she saw in herself might not be the same as other people would see her. In her words: If I make pictures of myself, I see something else than what others will see in it. "Therefore I keep them to myself. I do not allow others in the school or neighbourhood to see these pictures."

When we talked about publishing her story and showing some of her pictures she was initially hesitant. We ensured that she understood the context and gave her time to think. She ultimately approved after having made a selection of two photos that she liked, and on which she could not be recognized.

The label being obese not only generated shame in relation to being the object of photographs in public space, but extended to physical activity as it led her to the incorrect belief that she was not able to do certain physical exercises. She believed that being heavy also implied that she was and could not be sportive. Upon reflection, we realize that our unconscious biases about large bodies led us to the same conclusion. However, these biases and beliefs were challenged during the sport lab when we did exercises to experience the power of muscles, and Armina discovered how strong she was; even stronger than the boys in her class. To underscore how she underestimated herself, one of the researchers said to her: "Now you have again learned something about what you are good at."

Later, we experimented with the children how they could strengthen their muscles, condition and flexibility (image 8).

Image 8: The sport lab

Armina thought she would not be good at this and was surprised when she was much more flexible than expected: "I didn't know I was flexible, I can stretch very far!"

She had thus wrongly assumed that she was not sportive because she was obese; a prejudice we also held. This almost became a self-fulling prophesy: the label led to inactivity because she expected that being heavy implied that one could not be strong, flexible, and graceful. These activities were eye-openers for her, and in the end she wrote to us: "In KLIK they explained a lot and did a lot for your body."

Armina's story shows that being invisible is a strategy to survive the public gaze on bodies that do not meet our body norms. Bodies-at-risk are hidden, which may result in inactivity. It also shows that gender norms play a role in this. Girls are more vulnerable because a fat girlish body is more problematic than a fat boyish body in our culture (Paechter, 2006). The strategy of becoming invisible reproduces gender and body norms, as well as gender inequalities (Paechter, 2006). It reproduces the traditional private-public sphere, where women stay at home, free from the public gaze. This means that girls like Armina have to bury their desire to be seen. As we deliberately sought ways to create room for her to be seen, we learned that our prejudices were not valid, and

that we had to adjust them. Girls like Armina suffer from the focus on body weight and size as well as the consequences of inequalities. Finally, the story shows that Armina began to see herself differently over the course of KLIK. This can be considered an important change and sign of her growing empowerment.

The story of Mehmet: Claiming Invisibility

Mehmet was one of the boys who sat on the bank when the class was doing Capoeira. We chose to offer Capoeira to the groups, because it has been shown to improve community building and wellbeing among groups of diverse and traumatized children (Momartin et al., 2018; IRIN, 2011). Yet, we have indicated how boys interpreted the Capoeira teachers' movements as a manifestation of sexuality, which they experienced as offensive, resulting in refusal to participate. Mehmet was one of them. He is Turkish and was 12 years old at the time of the Capoeira class, and was well known to us because he had previously refused to engage in activities. Mehmet did not want to wear a white lab coat, mainly because he thought this was just 'stupid.' When asked for approval to publish a photo with him in the KLIK kids newspaper made by and for children, he refused for privacy reasons. We wanted to respect his agency in this matter, but found it hard to understand why he did not want it to be published. It concerned a photo where he was pictured on his back, kneeling to the ground, so his face was not visible. At that point in time we assumed that children would only oppose to the publication of images if their faces could be identified. So we wondered why he opposed and asked him about that. Mehmet explained that the newspaper would be spread on the internet, which was indeed the case, and that he did not want to be noticed even though we assured him that his face was unidentifiable. Although we felt this was more a strategy to resist our power over him as adults than about privacy, we decided not the publish this photo and honor his will and control over the situation. Interestingly, after the newspaper came out without him being pictured, he asked one of us why he was not in the newspaper, indicating that he wanted to be in the newspaper after all.

Based on our observations of Mehmet, we developed the impression that he often was offended or angry, also showing off his masculinity. As such, we were not surprised when he refused to join the Capoeira and took the lead in this resistance. One of us, being there when this happened, took a photo of the scene, and later got entangled again in a discussion with him about the publication of the picture in the second KLIK newspaper. Mehmet again refused publication with reference to privacy. This time we had difficulty honoring his will. Partly, this was influenced by what had happened before; how he had refused and then later came back on his decision. Therefore, we decided to talk in class with the children about the Capoeira and the shame some them felt about the movements. Mehmet was very articulate about this:

> I felt ashamed for that kind of movement, to watch it and to repeat that movement, I felt ashamed…He (the teacher) stood with hands and feet on the ground and moved as fast as he could to the other side of the room. We did not want to see those movements, and the girls also started doing those moves. If I would have done those moves the girls would have seen me, and I felt ashamed about that, everybody felt ashamed in our class…It is strange if someone looks at our ass, especially with the girls around, I don't want them to these body parts, you want to keep them to yourself.

In hindsight it became clear why Mehmet didn't want to be portrayed on his back, sitting on his knees with his bottom into their air, in the other newspaper. He felt ashamed. So, for him the issue of privacy went beyond his face not being pictured; he did not want to be portrayed in ways that felt disgraceful to him. The discussion in class about this issue helped us to better understand his motives and those of the other boys in class who supported him.

We can also see how our notions on privacy conflicted in this particular situation with Mehmet's ideas on what was private, and how this created misunderstanding, confusion and conflict. His ideas on privacy and this shame about what he associated with sexuality was influenced by his home culture and Muslim religion.

After all these misunderstandings it came as a surprise when he gave positive feedback on KLIK, and was even willing to acknowledge that the whole project had brought him a lot. In the final newspaper he wrote: "Sometimes it may have been as if I didn't like it, but when you look back it is different. It's bizarre how much you can learn in such a short time period."

Discussion

The purpose of this paper is to attend to the complexities of participatory health research with children in a primary school context. We have referred to Schön's work and his concept of the "swampy lowland" as a metaphor for those situations in which practitioners are confronted with the boundaries of scientific knowledge, rational accounts, and technological innovation. According to Schön (1983) reflexive practitioners need to attend to those situations to develop their craftmanship. As he puts it:

> They deliberately involve themselves in messy but crucially important problems, and when asked to describe their methods in inquiry, they speak of experience, trial and error, intuition and muddling through. (p. 43)

It is in the swampy lowland that practitioners experience personal dilemmas. We have shared such experiences by presenting three stories. These stories capture the difficulties one may anticipate when doing participatory research in a primary school context, and represent the situations in which we learned the most about what it means to do 'good' participatory research.

First, participatory research challenges and disrupts the traditional power hierarchy, and the mechanization and standardization of teaching (Arrastia, 2018). This means that as participatory researchers we should anticipate resistance, and find ways to collaborate with teachers and children in circumstances that are not always welcoming and favorable for the kind of work we like to do. One of the greatest challenges in our project was to encounter challenging situations in a respectful manner. If we take our own principles and values seriously, we cannot advocate in an authoritative manner what we believe in, but have to invest in building relationships and communicate intensively with people. It is all too easy to criticize teachers for being authoritative, or to disregard children for not being cooperative. We learned it is much more fruitful to invest in understanding why people act the way they do. Empathy, the willingness to show a real interest in the perspective of another person, is thus key in participatory research. This does not mean that we have to give up on our own ideals, but it does require of us to accept that not everyone is open and willing to accept complexity and embrace the values underlying participatory research.

Another complexity is related to dealing with the broader societal responses to overweight and obesity. Our project was a critical response to health-promotion initiatives that tend to have a

normative character, and often do not match personal circumstances, especially those of the underprivileged families and children that may be most in need of, and have the biggest potential for, improvement. Yet, we had to deal with societal discourses on obesity on a personal level. Particularly disturbing was the confrontation with our own normative beliefs and prejudices about fat children and their parents. We have related how one of the girls who was labelled as obese was in our eyes part of the "target group" and how we unintentionally projected various stereotypes on her when we first met. When we began to show a real and genuine interest in her, we learned that she felt ashamed of her body, and especially vulnerable when measured as part of healthy fit programs. She felt subjugated to a public gaze. Our photography therefore met resistance as it again objectified her, and we had to search for other ways to create a space where she could be seen and heard on her own terms. Armina's story illustrates the influence of stigmatizing societal norms: it led to a strategy of being invisible. Much to our surprise the visual method of photovoice offered her a tool to explore her identity, and offered us a much deeper understanding of her intimate lifeworld. While she wanted to be invisible, the series of selfies she took of herself at home revealed that she actually wanted to be seen, but not (yet) in public (Compare: Rich & Evans, 2005). KLIK helped Armina to gain more self-confidence and led to a reconstruction of our own prejudices.

Still another complexity was related to the normative values related to our social position (gender, class, cultural ethnicity). In retrospect, we can see that some boys wanted to hold control, prove their masculinity and protect their cultural-religious norms and values, while others wanted to join and liked the Capoeira (Chu, 2018). We learned to value silence as a way to express discontent (instead of approval) and to honor resistance as an expression of children's agency; it offered them the experience that they can actually influence something in an adult defined school setting. We often adjusted our plans when the children expressed their discontent about what we wanted, and when we did not understand them we initiated conversations over their refusal. This often deepened their own understanding while also heightening our awareness of our own values, norms and interests. For example, how they understood the notion of privacy and what should be kept private, and for what reasons. Over the course of the study, we learned that most of the children were open to share their images, if they trusted the intentions and were included in negotiations about the images. Many children expressed they wanted to be photographed, but in a style and manner that they felt was in line with their values. In the end, the children learned to negotiate, and to use their power other than only refusing or hindering situations, for example by bringing up ideas for the festive end of the project where a couple of children presented what they had learned. They also learned to handle the balance between having voice and maintaining relationships (Gilligan, Rogers & Noel, 2018). Their power and control to influence situations grew and they became more knowledgeable about what they liked and disliked, and why. This may not change their lives dramatically, but it may increase their individual empowerment and feeling of control over situations as well as their capacities to develop trustful and genuine relationships (Rappaport, 1995). The ability to relate and negotiate may in the long run also prove to be an important skill in life (Arrastia, 2018; Williams, Labonte & O'Brien, 2003). In a visual culture it is very helpful to know why and how you want or do not want to be seen and identified.

Epilogue

Participatory health research with children in a primary school context challenges and disrupts the traditional power hierarchy, the standardization of teaching, and notions of who decides

and normalizes what is healthy for whom. As a result, we as participatory researchers encountered situations where we could not rely on simple handbook solutions. "Muddling through" these complexities led to a growth of mutual respect between us, the teachers and the children, and unexpected learning experiences. Participatory research was helpful in dealing with such issues, because action and reflection are paralleled, which allows for constant adaptation, and learning together from situations. Moreover, it offered interesting and valuable opportunities for children to learn and express themselves, as well as for educators and researchers to learn about and connect with them. This led to intense experiences of intimacy and human connection, surprise and humour, appeals on our creativity and inventiveness, and relational richness. We hope our approach may inspire and guide others in search of ways to reduce marginalization and inequity, and to disrupt teaching for the sake of more equal relationships, human flourishing, and social inclusion.

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Understanding Heath Viscerally:
The Role of Kinesthetic Experience
in Defining Health

Lisa M. Perhamus

Abstract

> *This article examines how health promotion is experienced by students, their families, and their teachers. Experiential aspects of health point to the embodied and sensory dynamics of health meaning-making. Findings of this qualitative study indicate that (1) people make sense of health kinesthetically, and (2) when needs are high and resources are low, school-based health promotion takes the shape of crisis management. The first finding foregrounds the role of viscerality, illustrating the intimacy of health; the second finding points to the importance of context, demonstrating the contingency of health. Also introduced are the theoretical frame of kinesthetic circuitry (the somatic transferences between people) and the methodological strategy of transcriptive memo-writing (writing the memo at the time of transcription), both which emerged as findings in and of themselves through the research's Constructivist Grounded Theory approach. The concluding discussion considers the biopolitical implications of kinesthetic circuitry.*

Key Words: *health promotion, normativity, embodiment, elementary school*

Introduction

Honestly, I determine students' health grades by whether or not they wash their hands after they go to the bathroom…I don't know what else to do, there is just so much every day. The kids just need so much. Who cares if your food is healthy when you don't have enough food? Or getting enough physical activity when it's not safe to play outside? (Kindergarten Teacher Interview)

This article attends to a gap in the literature between how health is promoted in schools and how its promotion is experienced by students, their families, and their teachers. Understanding the experiential aspect of health promotion can yield insights into the intimate ways that young people and their caregivers make sense of what it means to be healthy, highlighting both health promotion's biopolitical reach into schools and, importantly, the limits of its efficacy on day-to-day school health practices. Using the concepts of kinesthetic recontextualization and kinesthetic circuitry, the article considers ways that kinesthetic experience can reassemble biomedical health messages and resist health promotion's biopolitical reach.

Drawing upon a qualitative study with elementary students, their adult caregivers, as well as school-based teachers, staff, and administration in an under-resourced, urban, public elementary school in upstate New York, the article examines the research findings that (1) people make sense of health kinesthetically, and (2) when needs are high and resources are low, school-based health promotion takes the shape of crisis management. While the first finding foregrounds the role of

viscerality, illustrating the *intimacy of health*, the second finding points to the importance of context in determining health priorities, demonstrating the *contingency of health*. The intimacy of health is the viscerality of bodily sensation and experience, whereas the contingency of health points to the ways that health experiences take on meaning contextually.

To explore the intimacy and contingency of health, the paper introduces the theoretical framework of *kinesthetic circuitry* and the methodological strategy of *transcriptive memo-writing*. Both this theoretical lens and this methodological tool emerged through the research process itself—the process of Constructivist Grounded Theory. As such, this paper's discussion of kinesthetic circuitry (discussed in this section) and transcriptive memo-writing (discussed in the methodology section) are simultaneously a description of research findings and an analytical application of these findings.

Kinesthetic circuitry focuses on the sensory experience of affective exchanges between people, a lens which highlights the kinesthetic dimensions of context. Physiologically, kinesthetic describes one's sensory awareness of body movement. It is often subconscious or experienced as automatic, such as sensing how to walk, bounce a ball, propel a wheelchair, or withdraw from a hot touch. Used here metaphorically, the scope of kinesthetic is expanded to include sensory awareness of how the body is moved affectively. The relationship between physical sensation and affectivity is illustrated by things such as one's cheeks becoming hot when feeling flush with embarrassment or feeling a knot in one's stomach in response to anxiety. *Kinesthetic* is sensory awareness of such physical expressions of affectivity, while *circuitry* refers to the physical ways that people experience each other's affectivity. In response to the person with flushed cheeks, one might feel empathy for their embarrassment, or experience one's own gut tension in response to the palpable stress of another person or develop a headache in the face of someone else's anger. Kinesthetic circuity is relational and describes the somatic transferences mobilized through human interaction.

Sensory awareness of the kinesthetic is activated within and by *affect*, which is an in-betweenness of "having an effect upon" and "being affected by" (Clough & Halley, 2007; Massumi, 2015, 1995; Leys, 2011; Gregg & Seigworth, 2010; Spinoza & Morgan, 1985). Massumi (2002) describes affect as "visceral perception," and Gregg's & Seigworth's (2010) delineation of affect points to the relational and circulatory aspects of visceral perception's in-betweenness.

> Affect is found in those intensities that pass body to body (human, nonhuman, part-body, and otherwise), in those resonances that circulate about, between, and sometimes stick to bodies and worlds, and in the very passages or variations between these intensities and resonances themselves. Affect…is the name we give to those…visceral forces beneath, alongside, or generally other than conscious knowing… that can serve to drive us toward movement, toward thought and extension… (Gregg & Seigworth, 2010, p. 1)

Circulating through the body and between bodies, the sensory experiences of these intensities, resonances, or visceral forces comprise the kinesthetic, and the ways in which the intensities "pass body to body" is its circuitry.

Kinesthetic circuitry highlights the embodied ways students and teachers navigate the tensions and complexities of school-based health promotion. While schools are often sites of biomedical health messages, such as teaching the importance of eating fruits and vegetables, schools are also places in which these messages intersect with the societal realities of students', families', and teachers' lives, such as the social condition of racialized poverty which complicates access to fresh

fruits and vegetables. Kinesthetic circuitry affords a way to trace the embodied ways people navigate such tensions, thereby contributing to deeper understanding of health meaning-making processes and the way this meaning-making relates to decision-making. Increased knowledge about health sense-making can contribute to initiatives aimed at culturally relevant health education with students.

According to a vice-principal research participant, "Health is an optimum place to be," and yet, in a biopolitical sense (Foucault, 1980; Lemke, 2011; Rabinow & Rose, 2006), it is a state one never quite reaches. Producing one's healthy self as prescribed via the biopolitical norm is an ongoing project. At the same time, a first-grade student participant explained, "Health is always having an emergency exit," a metaphor that speaks to the contingency of health and subjective experience of well-being; for this child, "health" is being safe and able to exit risky contexts as opposed to simply engaging in prescribed behaviors to mitigate one's health "risk" (Bunton, Nettleton, & Burrows, 1995; Lupton, 1993). As both an optimum place to be and a way out, health is necessarily complicated. Participants consistently described health through stories of overcoming hardship, pain, and turmoil rather than offering global form definitions. Their stories evidence the contextual, kinesthetic ways that people come to understand health. The article concludes with a discussion about the biopolitical implications of kinesthetic circuitry, paying particular attention to the resistive and empowering elements of kinesthetic recontextualization.

Background: Situating Kinesthetic Circuitry

Understanding "the body as a political space" (Wright, 2009), this article builds upon literature that examines "how young people interpret health messages…(and how they) contemplate to "live out" the health imperatives that saturate their lives" (Leahy, Burrows, McCuaig, Wright, & Penney, 2016, p. 31). Kinesthetic experience is a context of interpretation, and kinesthetic recontextualization is, arguably, part of bodily contemplation. Attending to kinesthetic dimensions of health meaning-making contributes to discussions concerned with the "experience of embodiment" (Walkerdine, 2009, p, 204); "…embodiment as intercorporeality" (Blackman, 2012, p. 12); and health biopedagogies (Evans, Rich, Allwood, & Davies, 2008; Petherick & Beausoleil, 2015; Rail & Jette, 2015; Vlieghe, 2014; Wright & Harwood, 2009; Wright, O'Flynnn, & Welch, 2018). The sociality of kinesthetic experience, like that of embodiment itself, positions the lens of kinesthetic circuitry within scholarship that considers "what passes between bodies, which can be felt but perhaps not easily articulated" (Blackman, 2012; see also Gregg & Seigworth, 2010; Leahy, 2009; Leys, 2011; Massumi, 2002, 2015). It is precisely this difficult-to-express interaction, undertheorized in the literature, that this essay takes up. Kinesthetic circuitry names the viscerality of intercorporeal experience, offering a way to both articulate what is happening in and between bodies and to trace how health meanings emerge through these somatic exchanges.

As a theoretical framework, kinesthetic circuitry affords a way to trace flows of power mobilized by and operating through the affective exchanges "passing between bodies." The study uses the lens of kinesthetic circuitry to examine the viscerality of this passing, or circulation, and to analyze the dynamic role of kinesthetic experience in health meaning-making, specifically, in recontextualizing meaning-making (processes through which context-specific conceptual shifts occur). Kinesthetic circuitry is a theoretic framework that provides a lens for not only recognizing the affective, somatic dynamics of biopower, but also how this dynamic is limited. As such, the context-specific "bodily contemplation" involved in kinesthetic recontextualization is simultaneously intimate and social, fluid and productive, material and discursive, and its operationalization

through kinesthetic circuitry illustrates the mutually constitutive relationship between sensory experience and biopolitical health messaging. It is in this context that the essay highlights also how kinesthetic circuitry contributes to discussions about the limitations of the biopolitical reach of biopolitical health messaging.

The article's discussion of how health crisis management in schools involves kinesthetic and social dimensions of embodiment and re/contextualization considers the importance of context in shaping the health work of teachers with students. It also responds to a need identified in the literature to better understand tensions teachers may experience about their biopolitical role in advancing ideas of individual accountability for the health of the social body (Fitzpatrick & Allen, 2019; Petherick & Beausoleil, 2015; Wright, O'Flynn, & Welch, 2017). Through a discussion of this study's findings, the article engages with this area of tension, paying particular attention to the kinesthetic experience of this tension and how students, as well as teachers, experience it. There is a "visceral connection" to the tension between "what lessons about health are supposed to offer and how nonconforming practices can be policed" (Petherick & Beausoleil, 2015, p. 13), and how it is experienced by students, teachers, principals, and other school-based health workers like school psychologists and nurses. While much has been written about this tension in terms of the teacher's role in advancing biomedical health messages in their instruction and interactions with students (Fane & Schulz, 2017; Fitzpatrick & Allen, 2019; Fitzpatrick, Leahy, Webber, Gilbert, Lupton, & Aggleton, 2019; Welch & Wright, 2010), how this tension *feels*—how it is experienced by students as well as educators—is under-examined. The kinesthetic analysis of this research contributes to a call for deeper understanding about "what actually happens, affectively, in classrooms" (Leahy & Malin, 2015, p. 400).

Critical health education research has demonstrated the biopolitical relationship between health promotion, school health education, and students' bodies (Fitzpatrick & Tinning, 2014; Leahy, Burrows, McCuaig, Wright, & Penney, 2016; Rich & Perhamus, 2011; Webb & Quennerstedt, 2010; Wright & Harwood, 2009). Biopolitics is a political rationality that aims to regulate the life processes of populations through the subjectification of individuals as both "legal persons and living beings" (Lemke, 2011, p. 48). Working through biopolitical arrangements, biopower refers to how this subjectification works through the individual body (Rabinow & Rose, 2006) to "put this (collective) life in order" (Foucault, 1980, p. 138). Emerging from this literature, biopedagogies of health enjoin the concepts of biopower and pedagogy (Harwood, 2009; Wright, 2009) by addressing how pedagogies work on, in, and through the body to surveil, normalize, and regulate. Perhaps the most prolific areas of scholarship in the biopedagogies of health literature are analyses of fat discourses and the "obesity epidemic" (Azzarito, 2007; Evans, DePian, Rich, E., & Davies, 2011; Lupton, 2018; Rice, 2015; Rich, E. & Evans, J., 2005; Wright & Harwood, 2009). Biopolitical analyses of the obesity epidemic point to a multitude of discourses, practices, technologies, and pedagogical sites that are, in the ongoing project of "urging people to work on themselves" (Wright, 2009, p. 9), aimed at the "regulation and abjection of unruly (fat) bodies" (Rail, 2012, p. 227). Critical health education studies have examined the myriad ways schools are one such pedagogical site (Gard & Vander Schee, 2014; Leahy & MacCuaig, 2014; Macdonald & Hunter, 2005). Examinations of how body-shaping "surveillance circulates relationally and affectively in school contexts" (Rich, 2010, p. 807; see also Petherick, 2015; Wright, 2014) have illustrated that both students and teachers are implicated in the on-going construction of a "healthy = thin" self. And yet, as Leahy (2009, 2014) has shown, students and teachers also resist the normalization of body surveillance. This article offers a kinesthetic perspective of such tensions and con-

tributes to "a more nuanced understanding of the embodied and affective workings of governmentality and its biopedagogies" (Leahy & Malin, 2015, p. 400) by focusing on kinesthetic experiences that resist the "global form of health" (Perhamus, 2010).

In this study, the kinesthetic dimensions of health meaning-making are evidenced by the thematic pattern of participants using visceral, sensory-based metaphors in their description and explanation of health. Grounded in the data of interview transcripts, play transcripts, field notes, and research memos, the lens of kinesthetic circuitry affords analysis of the way viscerality gets mobilized through interaction. Kinesthetic circuitry offers insight regarding the experiential transferences of power between people, including researcher/participant. Situated in critical health education scholarship and biopedagogies of health literature, kinesthetic circuitry directs one's analytic eye to the experiential transferences of power in health meaning-making.

Methodology: Situating Transcriptive Memo-writing

Data for this qualitative study in an urban public elementary school was collected through semi-structured interviews with adults and through play with children over a two-year time period. There were 12 adult participants, comprised of teachers, principals, parents, nurses, social workers, and psychologists, and 5 child participants, comprised of kindergarten and first grade students. Constructivist Grounded Theory (Thornberg, Perhamus, & Charmaz, 2014; Charmaz, 2006, 2008; Clark, 2005) was employed to analyze the codes and categories which emerged from the data. Theoretical sampling, the process of applying emerging theory to guide data collection/analyses, helped to identify each step of the data collection, data analysis, and theory development of the research.

The mental map with which the researcher began this study was shaped by feminist Foucauldian insights about power, subjectivity, and human agency and by political sociological ideas about social structures and material conditions. Constructivist grounded theory (CGT) is situated in a productive tension, on the one hand calling for "constructing" the study's theoretical framework from the data, while on the other acknowledging that the researcher is already theoretically grounded. Grappling with this tension requires rigorous analytic reflection about the ways in which researcher/participant inter-subjectivity is "embodied methodology" (Finlay, 2005; Francombe-Webb, Rich, & DePian, 2014) and, also, a layer of the "ethnographic record" (Spradely, 1979). Treating this tension as part of the data, the research uses the novel method of *transcriptive memo-writing* (Perhamus, 2010b), the act of writing a research memo *during* the interview transcription process, as part of its data analysis. In addition to transcriptive memos, the research employs common CGT methods: initial line-by-line coding; category building; mapping properties of categories and the relationships between categories; developing themes from these properties; and analyzing the presences and absences in these themes during initial write-up. It is through the process of transcriptive memo-writing that theories regarding kinesthetic experience, its assemblages, and circuitries emerge.

Transcriptive memo-writing builds on the grounded theory scholarship of Charmaz (2000; 2006; 2008) and Clarke (2005). Charmaz's work pushes the traditional grounded theory methods of Glaser and Strauss (1967) by incorporating constructivist ideas and acknowledging researcher subjectivity in the data collection/analysis processes, an approach to grounded theory that she calls constructivist grounded theory. In her grounded theory work, Clarke (2005) integrates postmodern notions of multiplicity and fluidity in a mapping strategy that analyzes research situations through a range of relevant contexts, a strategy she calls situational analysis. Transcriptive memo-writing

incorporates the ideas of constructivism, researcher subjectivity, multiplicity and fluidity of meaning, and the importance of viewing a research situation through several contextual lenses. A simple strategy, it is the timing of transcriptive memo-writing (*during* the interview transcription process) that is key for pushing the grounded theory tool of memo-writing to a deeper analytic level.

In contrast to the typical CGT memo (Charmaz, 2006), transcriptive memos are not titled or re-worked through data analysis. The analytic refinement occurs during write-up but leaves the memo itself in tact as it was first written during transcription. When the researcher transcribes, the researcher kinesthetically re-experiences interview moments. Being "in" the interview once again, the researcher not only recalls the interview in more detail, the researcher is "there" again. Sensory memory is activated. The researcher can smell and hear the interview setting again. If a participant cried during part of the interview, hearing those tears again can stir emotion in the researcher that the researcher might have felt while doing the interview. Or, if the boundaries of being in the researcher role restricted the researcher's freedom to fully acknowledge the kinesthetic dynamics in that researcher/participant social interaction—that human moment—there is freedom during the transcription process to feel that which one originally kinesthetically contained.

Transcriptive memo-writing is a strategy for tapping into these sensory-activated moments and is a textual space for recording the researcher's kinesthetic experiences and analysis of these experiences. In this way, transcriptive memo-writing deepens the analytic reflection of data that more conventional memo-writing provides and keeps the data "open" to its theory-building capacity. The researcher's re-experience of the interview, now recorded in the transcript itself, becomes part of the ethnographic record. As part of the ethnographic record, the researcher's re-experience of the interview is textually visible, kinesthetically accessible material for self-reflexive analysis of how subjectivity becomes part of the interview. As both a method and a data source, transcriptive memos demonstrate how "data are a product of the research process…(and) subjectivities are embedded in data analysis" (Charmaz, 2008, p. 402). Cued into the kinesthetic aspects of data analysis because of how the researcher is kinesthetically animated in the memo-writing process, the researcher is positioned to be more affectively open to the kinesthetic circulations happening in the data. The theory of kinesthetic circuitry, and the related concepts of kinesthetic recontextualization and kinesthetic health assemblage, emerge through the data.

Research Findings and Discussion

In addition to the way that the theoretical framework of kinesthetic circuitry and the methodological strategy of transcriptive memo-writing emerged through the CGT process itself, this research yields findings about the *intimacy of health* and the *contingency of health*.

The Intimacy of Health

A primary research finding is that people make sense of health kinesthetically. Kinesthetic meaning-making foregrounds the role of viscerality, the dynamic bodily dimensions of health, and illustrates that health is more intimate and personal than the moral imperatives of the global form suggest.

Kinesthetic

For the purposes of this paper, kinesthetic is defined as visceral, sensory-based experience that influences how one conceptualizes. Based in and through the body, kinesthetic experience evidences the role of the sensory in health meaning-making. For example, a principal research participant discussed the challenges of teaching young students and their families about healthy eating. In describing the limitations of operationalizing health messages in a diverse school setting, she shared,

> Food and smells...are so close to your heart. Um, I'm getting a little emotional about it because I think of my sister-in-law whose mother died...and she wanted to recreate the Thanksgiving dinner of her mother. And everything she had cooking, and I remember her coming down the stairs in her house and going (sniffing, breathing in), Ah, my mom's here...And when you go to your grandmother's or your own family...and those smells are there, it's a visceral response... And I'm thinking about that now, and that was like fifteen years ago, but I remember how powerful a moment that was...I think, if you're going to make a great impact on people, you have to honor that...But you can't do it by calling a PTA (Parent/Teacher Association) meeting to talk about healthy food choices. (Principal Interview)

Reliving this moment, she physically breaths in the rekindled aroma of Thanksgiving dinner cooking. She touches her heart, rubbing it gently in a circular motion, feeling the emotionality of the memory; closes her eyes as she goes back in time and sees the people in the room; and rocks her body ever so subtly as she says, "…my mom's here." Now, fifteen years later, she is kinesthetically stirred by the textures of this sensory memory, and once again experiences the powerful entwinement of food and emotion. She finishes the story by exhaling slowly, uttering an elongated, "Ah…," as she opens her eyes and smiles. It is the feeling of this precise moment that she identifies as critical to reach with people for effective nutrition education, and she acknowledges that conventional health curriculum does not have such kinesthetic depth. Drawing from her sensory experiences with food and family, the principal connects the kinesthetic aspects of cooking and eating with the development of nutrition practices. Her personal experience with and connection to food influences her conception of appropriate and meaningful nutrition education.

Kinesthetic Recontextualization and Health Assemblages

Recontextualization refers to a process of shifting health conceptions according to the particularities of specific contexts. *Kinesthetic recontextualization* is the viscerality of a context-specific conceptual shift. For example, in a kindergarten class, the teacher states that cooking with lard is "bad for you." This message conflicted with the cultural truths of a kindergarten student whose family makes tortillas with lard. This child's face was riddled with confusion, her body crunched over as she tried to make sense of how this cultural tradition, through which her family expresses love and togetherness, could be "bad." The student's kinesthetic experience of this message is evidenced by her body language, including a shift in posture, facial expression, and decreased engagement with the class discussion. In a subsequent interview, this student described her angst in trying to reconcile her new-found health knowledge with her fond attachment to cook-

ing with her family. She rejected the moralizing dynamic of this health message, stating confidently that she loved her abuela (who "is not bad"), but she was affected by the message's emphasis on risk and disease. She repeated, this time more quietly, that she loved her abuela but added that she did not want anything bad to happen to her grandmother. Kinesthetically experiencing a cognitive dissonance, the student was trying to reconcile the biomedical health message that saturated fats are "bad" with what she knew and experienced in her body—that sometimes cooking with love means cooking with lard.

Nuanced, multilayered, and felt through the body, the process of sorting through contradictions to make contextualized meaning is part of kinesthetic recontextualization. In this case, the moralizing messaging (about the use of lard) is complicated by the kinesthetic tension of a good/bad binary—the experience of the biomedical message becomes more fractured and comprised of partialities. Through the tensions, contradictions, and partialities, new, context-specific health meanings—*health assemblages*—emerge. A "composite concept" (Collier & Ong, 2005), an assemblage is a fluid "multiplicity, neither a part nor a whole" (Nail, 2017), that is constituted through heterogeneous elements and which can both take and resist form (Collier & Ong, 2005; DeLanda, 2006; Deleuze & Guattari, 1987; Fox, 2011; Nail, 2017; Perhamus, 2010). By tracing visceralities of in-betweenness, the lens of kinesthetic circuitry affords a way to analyze the recontextualizing dynamics of health assemblages, both in form and in process. Greater understanding of how students kinesthetically experience and kinesthetically recontextualize health can help teachers understand how specific health messages affect students, positively and negatively, an insight which can guide teachers to be more culturally responsive in their interactions with students. Had the teacher in the tortilla and lard story been equipped with knowledge about how her health instruction that day affected the student, she might have presented the curriculum without a moralizing message.

In a study about teacher practices in critical health education, Fitzpatrick and Allen (2019) found that teachers who question biomedical forms of health knowledge are also likely to simultaneously engage biomedical health information in their curriculum. Arguing that this can be a fruitful tension, they describe this pedagogy as a "pedagogy of uncertainty," one which embraces the "messiness" of criticality. The fluidity and shifting-ness of health recontextualizations, and the heterogeneity and partiality of health assemblages, exemplify both the messiness and fruitfulness of such a pedagogy of uncertainty, and provides warrant for embracing a position of criticality.

Kinesthetic Circuitry

As previously stated, kinesthetic circuitry focuses on the sensory experience of affective exchanges between people. Kinesthetic circuitry is the way in which individually embodied experiences affect other people, are shared by other people, or have a social commonness among a group of people. It includes exchanges between researcher and participant. The researcher in the exchange below related kinesthetically to the student participant's story.

> **Student**: We had a sub today (substitute teacher). She yelled a lot, all she did was yell.
> **Interviewer**: What did you think of that?
> **S**: I had a stomachache.
> **I**: What did it feel like in your stomach?
> **S**: Like swords were stabbing me. (Kindergarten Student Interview)

The student told the researcher that he started feeling better once he got home—like the swords "were coming out." Stabbing penetrates, sends bolts of pain through the body, severs the skin and releases gushes of blood—and it repeats. With each sword that "comes out," there is less pain, less severing, and less blood, as the body returns to its state of equilibrium. His graphic metaphor highlights the kinesthetic dimension of a commonplace school occurrence—a yelling substitute teacher—and evidences the intimate and embodied ways students can experience school.

When this student told me, the researcher, about feelings swords in his stomach, I recalled my own experiences of being yelled at by a teacher and could relate to his physical reaction. Triggered in my body was the pain of a stabbing headache. As the student told me his story, I could feel the sharp and decisive pounding in my head and viscerally remember how incapacitating this kind of headache could be. It interrupts the flow of one's day, affects how one experiences other people, and makes concentration difficult. Stabbing pain demands attention, requires healing, is more pressing than the academic task of the moment.

During the transcription of this researcher/participant exchange, I re-experienced these sensations and recorded them in a transcriptive memo. Similarly, the following transcriptive memo (about sensing that I had missed an important opportunity to ask a child-participant a follow up question) illustrates kinesthetic dynamics of the researcher/participant relationship during data collection:

(Upon my taking a photograph of what Anthony had made while playing our game, he looks into the camera from his side. The flash had gone off.)
Anthony: You look like, you see that, it's like hot black cotton.
Interviewer: Uh hah. (Child Interview)

Although my guess is that his description of "hot black cotton" refers to the camera flash, I fail to confirm this with him. In my transcriptive memo I write,

I do not ask him what he means. I missed this invitation, and I am aware of my own kinesthetic tension during this moment. I am holding my breath, feeling tightness in my muscles. Although Anthony moves quickly from one thing to another, I experience his pace of playing the game as very slow, like he does each activity leisurely. My kinesthetic tension is about restricting my physical impulse to move him along, urge him to hurry up, ask him to stay focused. I restrict myself because I know and feel that I need to just stay in the moment with him. See him. Hear him. Enter his world of reference. Appreciate how he's navigating it. And yet, I am task oriented. Product driven. I made a game. We're supposed to play it. He's supposed to take his turns, go through the prompts I spent so much time agonizing over. I'm supposed to witness incredible narrative making. Then I'll go home and write about the amazing, deeply moving things the child said, did and made. This is my research. Thus the physical impulse, I guess. Apparently, I had not prepared myself for the "everydayness" of playing a game with a child. Actually, truth be told, I feel rather disappointed…(a feeling which registered at the time like a full-bodied sigh, and I realize that)…It is me that needs to shift. Which, of course, increases my kinesthetic tension, because even though I am not articulating all this in my head during this one moment of "it looks like hot black cotton," it is part of everything about me as I hear his comment and don't ask. (Transcriptive Memo)

When I coded this memo during data analysis, I noted the distinction I had made between head and body, and cringed, for I agree that that mind/body dualistic thinking is problematic (Bordo, 1993; Grosz, 1994). As tempting as it was to re-interpret the data of this memo during data analysis so that its theoretical development tightly aligned with my theoretical commitments, such an approach would have cut off part of the data. It would have been a disembodied analysis. Staying open to what the data are saying calls for acknowledging what one is experiencing in and through the body, always. Itself data, the transcriptive memo illustrates a "probing" of my "own embodied responses" (Finlay, 2005, p. 280), to better understand this particular research moment. Descriptive phrases like, "holding my breath," "tightness in my muscles," and "restricting my physical impulse," demonstrate a kinesthetic response to Anthony (kinesthetic circuity). My "cringing" during another round of data analysis signals that the body is implicated in the sense-making of these kinesthetic responses as well.

The Contingency of Health

Again, a finding from this study is that when student health needs are high and school resources are low, school-based health promotion takes the shape of crisis management. The term "crisis" refers to situations in which the acuteness of immediate need exceeds available resources to meet these needs. "Management" is a term employed to indicate the ways that schools address crises systemically, while "intervention" refers to the direct action a school takes to address a particular crisis situation. As a health response, crisis management highlights the importance of context in assessing the crisis situation and in determining health priorities. A dimension of the visceral nature of health, crisis management demonstrates the contingency of health.

Crisis Management

While kinesthetic experience illustrates the viscerality of health, and kinesthetic circuitry demonstrates the sociality of health, crisis management amplifies the contingency of health. Through crisis management, health promotion is recontextualized by the needs of students in crisis. Assemblages of health which emerge through this recontextualization supersede official health curriculum, overriding biomedical health promotion messaging. Recontextualized health assemblages (1) are contextually specific (rather than decontextualized like global health forms); (2) prioritize physical and emotional safety (rather than general well-being); (3) determine action based on available resources (rather than assume human capacity); and (4) are present-moment oriented (rather than future oriented). Contingent upon the details of context, crisis management points to a "crucial present moment," wherein kinesthetic experience is intensified through the immediacy and urgency of the moment and action is determined by intervention needs. The intensification of the kinesthetic in crisis management and the corresponding tensions of competing health needs makes crisis management a keen opportunity for studying kinesthetic meaning-making. Such analysis demonstrates that the intimacy of health is inevitably bound up with its context.

A first grader, whose struggles with angry behavior has led to mental hygiene arrests at school, describes that her "mad parts are right here, everywhere (in her body)." When asked about what happens with her mad parts during a mental hygiene arrest, she said, "They get out." Resonating with this metaphor, the student's teacher describes her own experience of feeling out of control with anger as not having enough air to breath. "It's like I can't swallow enough air," and she kinesthetically relates to how this student might be feeling during a mental hygiene arrest,

"Sometimes I think she can't breathe either." The bodily escape of the "mad parts" yields an intervention, and the health work with this student becomes focused on anger management.

Describing how often she sees this cycle play out in schools, a principal told a story of needing to do mental hygiene arrests with students (i.e. police and paramedics bring the student to a hospital or treatment center for care regardless of the student's wishes).

> I have chased little kids down the streets as they run out of the schools, and you think, Oh, my God, they're gonna be hit by a car. I have physically held students down for mental hygiene arrests and then watched as police take these little first and second graders and handcuff them in their car, just so that they'll settle down. Or put children on stretchers and bat them down as they try to fight you, and they don't settle. They won't stop, and they're screaming and cursing the whole time. And you bring them to the hospital, and the hospital releases them in an hour. And the cycle continues... And I think, how is it that our society is allowing children to get to such extremes, and still expect them to stay in school…I think the system takes too long to identify kids and get them the support that they need earlier… I've seen kids spitting and biting and punching and kicking and teachers doing a body-hold to maintain a child until the police can come and cuff them and put them in a car and take them away only to come back to school the next day. Nothing has changed and nothing is there to help the child…And these are the kids that are running the streets. (Principal Interview)

Chasing kids down the street reflects both a desperateness and a focused sense of purpose. Feeling the fear that they might get hit by a car, the principal runs after the kids in an acute emotional state. This heightened emotionality is intensified by the sounds and sights of the trauma scenes that follow: body-holds, police sirens; ambulance sirens; stopped street traffic; first responders arriving to the scene, fully armed and in uniform; handcuffed little hands still trying to fight; screaming; shouting; crying; cursing; the rolling out of stretchers; the body straps on the stretchers for restraining the children. The desperateness of the chase follows the children to the hospital, the teachers back to the classroom, and the principal back to running the school. Trauma recovery takes time. But the immediacy of the situation does not afford the privilege of time, for the police "…take them away only to come back to school the next day"—while the trauma is still fresh for everyone involved. Healing is now complicated by its compoundedness. Teaching and learning is situated in this crisis management context.

Describing another societal cycle, a mother research participant, who is also a vice-principal, talks about how homelessness impacts students and schools.

> Working in the school every day. You see so much…I remember last year there was one student who, uh, came to school, and she was wearing the same clothing for like 3 or 4 days. And finally a teacher pulled her off to the side, and she told her that, um, this particular girl was in a foster home, and a parent was abusing her so she had left home and was staying with like different friends and so forth. So they found out…but um, a lot of them stay overnight in the building…I'd say fifteen kids were sleeping in the building at the beginning of the year. The night janitors would find them in there....they knew areas of the building we knew nothing about…You know, I don't think people realize, you know, how many homeless kids we have and just the different issues that stem from that. (Parent Interview)

Perhamus—Understanding Health Viscerally

Foster homes, child abuse, homelessness…these stories tell complicated tales of physical and emotional danger, violence, and insecurity. The destructive uprootedness of these stories is encapsulated in the image of youth sleeping in the shelter of their school. An academic hub by day, the school represents a refuge by night. And in the quiet stillness of their nighttime hiding spots, their secret is discovered by the custodial staff whose caretaking job now involves people. Although the school doors still open to a bustle of students come morning time, the nighttime discovery reverberates in multiple directions throughout the school day as teachers understand their student's behavior in a new context; school counselors and nurses offer more informed care; parent liaisons reach out to families with community service connections; and school administrators make decisions about what kind of shelter the school can offer its students. While the custodial staff may not find children sleeping in the school's hiding spots the next night, the children are still on the run from abuse and homelessness, and the school must still find a way to absorb and manage the cyclical nature of these crises.

When students are experiencing body-holds, mental hygiene arrests, and homelessness, biomedical health messages, such as "get enough sleep," fall short of reaching the granularity of students' lives. Contextual details of the crisis, such as the direct, tangible impacts of being homeless or experiencing a mental hygiene arrest, are the conditions through which people kinesthetically assemble health meaning. Because crisis management is particular to the crises it is managing, each new crisis calls for distinct interventions and coping strategies, making crisis management an ever-emergent set of definitions and practices that are contingent upon the details of the context.

Poverty

Poverty is a common denominator to a multitude of health crises. Poverty's prevalence in schools and health crises situations is evidenced by a school nurse participant's calling it, "The life issue" that "is connected to everything." Interviews with the school nurse, psychologist, social worker, and physical education teacher reveal a pattern of school-based health workers associating socioeconomic circumstances with one's capacity to "be healthy." A school nurse participant describes poverty's impact on health circumstances which, in turn, affect a student's experience of school.

> I've seen a lot of class issues. Families don't have the money; they don't have the resources to do what they need to do. There may be a free clinic but if you don't have the money for the bus you can't get to the free clinic, but children can't be at school without their immunizations. And then there's issues like children with lice, who can't be treated, can't come to our school because they haven't been treated because the lice shampoo is $5.00 and you have to get to the store to get it and that's just the treatment. Then you have to, you know, the entire apartment, you have to do the linens and the bedding and financially that's more than some people can do, to do what they need to do to get the child back in school. (School Nurse Interview)

This story points to kinesthetic aspects of health and poverty—feeling physically and emotionally exhausted, feeling drained by the wear and tear on one's body from relying on the city's inefficient and unpredictable public transportation system, feeling overwhelmed by competing

basic needs, experiencing the self-knowledge of not being able to fully take care of the child's health needs. At the end of a long work day, the parent in this story has neither the time, money, nor energy to do "the entire apartment," a step required for getting rid of the lice and making it possible for the student to attend school. While the objective of being lice-free might appear relatively straightforward, accomplishing this objective is complicated by the limitation of material and emotional resources. And, so, this student has chronically recurring lice, which is physically uncomfortable, socially isolating, and it prohibits school attendance. At the time of the interview, the student had left and returned to school six times, evidencing the nurse's words that lice treatment is "more than some people can do." In response to this situation, the school has sent lice treatment products home with the student. It is an important school support and intervention, but it is momentary and cannot, in and of itself, break the poverty entrenched lice cycle.

Identifying sleep deprivation as another chronic problem with students, a school psychologist describes the way poverty can elongate how one experiences the day and tax the body with stress.

> Lack of sleep I think is a huge concern for kids...I deplore the late bedtimes, but I also understand what it's like from the working person's point of view. So I've got a couple kids, I'm a single parent, and my kids are in daycare, so I've got to take the bus from work to daycare, pick up the kids, get another bus to go home, I don't have a car. Any time we go to the grocery store or we got to take the clothes to the laundry mat or that kind of thing…I have to use public transportation, so then by the time we're getting home its 6:30, I still got to get dinner, the kids got homework, there's baths and then we got to get ready to start it all over again tomorrow. (School Psychologist Interview)

Contextualizing a student's fatigue with the realities of living, working, and raising a family in poverty, the school psychologist considers sleep deprivation to be one of the horrendous home situations which affects students at school. By connecting poverty to sleep patterns, the psychologist identifies a concrete illustration of the relationship between poverty, sleep, and school engagement. When she shares her story within the research context, the kinesthetic circuitry between researcher and participant is again evident. As the researcher conducting the interview, I could mentally picture the sequence of events she outlined and kinesthetically connect to the profound kind of exhaustion poverty induces. A single mother living below the poverty line and raising two children at the time of this research, my body ached from kinesthetically relating to how poverty can feel: muscle soreness; stress headaches; physical tension and fatigue from realizing that there is not enough time in one day to take care of things; physical and emotional weariness from realizing that after a very long day, there is still more that needs to get done; and the anxiety in every fiber of my being about not having enough money to pay the rent, buy groceries, get the kids new shoes as their feet grew, etc. As I made sense of the severity of poverty's impact on health, I recalled my own kinesthetic experience of poverty. Through the kinesthetic circuitry of the researcher/participant relationship, there was a kinesthetic flow of sense-making that affected how the researcher understood the participant story. This kinesthetic circuitry is also data.

Biopolitical Implications of Kinesthetic Circuitry

Understanding power in a Foucauldian sense as productive relations that are exercised throughout the social body (Foucault, 1980), this article defines "political" as the effects generated

by interactions of power-relations. Kinesthetic circuitry analysis offers a way to examine how these effects travel between bodies, affording theoretical exploration of how this traveling circulates power between the individual and the social body. For example, the principal's narrative about mental hygiene arrests is political in this sense, both in terms of effects travelling between student and principal, and in terms of the way that power circulates between the social systems of policing and individual students. The relationality and sociality of health, demonstrated through the intimacy and contingency of health, point to the traveling of these effects.

Simultaneously intimate and contingent, kinesthetic circuitry encapsulates, and is co-constitutive of, the effects generated by interactions of power-relations. It is an analytic framework that understands visceral experience as fluid, relational, contextual—and political. Deeper understanding of how power operates viscerally can yield greater capacities for resistance to normative health messages and more nuanced insights about the political implications of how the visceral circulation of power travels between and upon bodies. For example, the first-grade student who resisted the normative health message that cooking with lard is bad determined, through a process of kinesthetic circulation, that sometimes, "Cooking with love means cooking with lard." Making sense of kinesthetic distributions of power involves registering the sensation of the kinesthetic experience itself.

Understanding the political implications of kinesthetic circuitry is, arguably, a collective process of this kind of registering—a social body kinesthetic embodiment. In her writing about the bodily experience of illness, Susan Griffin (1999) describes the importance of being able to name one's experience and reflects on the way that this individual body-articulation is part of a healing process upon which the democracy of the social body depends. She writes,

> The return of bodily experience to public consciousness has great implications…for democracy...Those who lose the authority of experience can no longer govern themselves. (1999, p. 291)

For the purposes of this article's discussion, naming refers to the process of sensory sense-making. When meaning registers for someone, the visceral experience is "named." The affective exchanges of kinesthetic circuitry animate a social recognition of individually embodied experience. Visceral responses between people, like the students and educators of this study, are communications of social recognition. The kindergarten student who relates his feeling that swords are "stabbing" him is naming his affective response. The first grader whose body slouched when told that cooking tortillas with lard was bad was communicating, through her body, a discomfort with the health message. The principal's terror as she runs down the street after children is communicating her fear through her body: frantic running, scared look in the eye, and determination chiseled on her face. These examples illustrate how kinesthetic experience is circulated among people whose social interaction is a series of visceral communications. The ways in which kinesthetic expressions register between and among bodies point to the meaning-making, including the naming, aspect of kinesthetic circuitry. It is precisely this kinesthetic naming that registers during kinesthetic recontextualization which can resist the normativity of the global health form.

Through kinesthetic recontextualization, biopolitical dynamics can shift and concepts can be reassembled with new meanings. As exemplified in the crisis management scenarios, the health idea of safety takes on particular meaning when a child is thrashing in the middle of the street. The immediacy of the moment is characterized by the flush of the teacher's worry, the frenetic running of the child, and the siren sounds of first responders rushing to the scene. The kinesthetic circuitry

charged in this moment recontextualizes the meaning of safety and risk in keenly context-specific ways. If the kinesthetic aspects of this moment could be understood by the social body, it might invite a public consciousness about the acute health needs of some children. An embodied, kinesthetic understanding of safety and risk might honor the authority of experience.

> Illustrating kinesthetic circuitry, a kindergarten teacher shares a pedagogical metaphor: Kindergartners are sponges and my concept of being a sponge is that you can take anything that comes your way in, but then learn how to squish it, and let go of anything that you don't want—and keep what you do want. (Kindergarten Teacher)

It is a common metaphor in the U.S.—kids are sponges. Usually people are referring to how children absorb everything. This metaphor is different and speaks to the heart of this article. It is not that children absorb everything; it is that they can "take anything that comes (their) way in" and learn how "to squish it and let anything that (they) don't want go and keep what (they) want." Many children spend their childhoods having to suck up a lot they do not want. Having absorbed difficult life experiences as a child himself (e.g. witnessing stabbings, seeing people jump off roofs, learning that his mother had once been a live U.S. military target), one participant teacher learned to metaphorically squish the pain out of his body. Knowing that he does not want violence and oppression in his body, he squishes it out through kinesthetic recontextualizations. The health assemblages which emerge from squishing the pain out and "letting it go" reflect the parts that he wants to "keep." Like many people with marginalized identities, he developed strategies for dealing with oppression. The sponge metaphor represents one such strategy, and he states that he wants his students to learn how to "squish" out the oppression, "let go" of the pain, and "keep" the resiliency. To support the large population of minority student identities at this school, he pedagogically weaves the sponge metaphor into his daily teaching practice, thereby resisting global-form health messaging. Students learn to "squish" the oppressive aspects of health messaging out of their bodies, which is a practice of resiliency. Again, the kinesthetic circuitry between the individual body and the social body, the biopolitical relationship invoked in this sponge metaphor, is one of the individual body resisting oppressive aspects of the social body with a goal of fostering a more inclusive, equitable social arrangement.

The implications of children learning this embodied practice are enormous. Recalling the five year-olds going through mental health arrests; the homeless children sleeping in the school; and the children who may not know that they are "somebody," the article argues that the biopolitical implications of kinesthetic circuitry include a visceral redistribution of power—a kinesthetic circulation of sensation that shifts one's meaning-making in ways that are rooted in contextual particularities. For example, a student may absorb the message, "I am overweight," but squish out the fatness stigma associated with this message, and keep the knowledge that, "I am somebody." In this way, the valuating health message ("I am fat") is recontextualized through the kinesthetic ("I feel sad and angry in my stomach when I am called fat"), forging a new health assemblage ("I am not my weight; I am somebody"). Extending this individualized example to populations of people offers insight into how a shift in meaning-making can shift the meaning itself.

Remembering Leahy & Malin's (2015) call for "a more nuanced understanding of the embodied and affective workings of governmentality and its biopedagogies" (p. 400) provides a political impetus for considering how the students' and educators' kinesthetic experiences/exchanges/meaning-making can resist global health forms' biopolitical reach. Students experiencing school as a refuge in the homeless children example demonstrates the sociopolitical complexity of

the health message to "get enough sleep" and shows how the school is not just an external building, but also a place of embodied experience. The researcher's visceral connection to the lived realities of poverty in the school psychologist's story illustrates how the body is implicated in the meaning-making of kinesthetic circuitry and shows how the reciprocity of viscerality is highly contingent. Normative messages about safety are complexified in the narrative about young students running down the street, resisting handcuffs, screaming, crying, fighting and shows that the physicality of safety is acute. These stories exemplify a relationship between viscerality, meaning making, and biopower, and they demonstrate the resistive, resilient power of kinesthetic circuitry.

Conclusion

Finding that people make sense of health kinesthetically and that health promotion takes the shape of crisis management when needs exceed resources, this study evidences that health meaning-making is porous to viscerality. Making sense of health in ways that are both kinesthetic and contextual (kinesthetic recontextualization) acknowledges the dynamic dimension of viscer-ality and points to the embodied sociality of health. As contexts shift, experiences shift (and vice versa)—and the recontextualized kinesthetic experience yields new health meanings (health as-semblages). Illustrated through the intimacy of health (viscerality) and contingency of health (con-textuality), kinesthetic circuitry speaks to the experiential transferences of power between people. Through these transferences of kinesthetic circuitry, power is redistributed, highlighting the polit-ical implication of kinesthetic circuitry. A kinesthetic circuitry analysis can yield insight about the experiential ways people make sense of health.

In the work of teaching, especially in the ways that teachers are positioned to translate standardized curriculum with students, the constructs of kinesthetic and kinesthetic circuitry, as pedagogical frames, meaningfully foreground the role of the experiential. Somatic memories and experience resist the potentiality of culturally decontextualized health promotion and directs the analytic eye toward the experiential "grit and heart" of schools' health story of crisis management. Deeper understanding of how young children and their educators kinesthetically come to define health can offer insight into how to resist decontextualized biomedical definitions and support culturally and context-specific health assemblages.

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Image of Transition: Using Embodied Pedagogy to Facilitate Difficult Topics and Build Empathy

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Abstract

> *In this paper, we share the process of introducing embodied learning techniques to a kinesiology undergraduate class that critically examines power relations and (in)active bodies through a social justice perspective. Drawing on insights from the sociology of the body and applied theatre pedagogy, we sought to use bodily intelligence to interrupt the typical focus on linguistic engagement in the classroom. More specifically, we implemented and assessed an embodied learning activity called "image of transition" which is a branch of Boal's system called "theatre of oppressed" (1979). "Image of transition" seeks to put the challenges of people's social lives at the heart of the theatrical process, and to empower audience-participants to create, rehearse, perform, and analyze aesthetic enactments of social problems and potential interventions. In this paper, we reflect on relevant aspects of the facilitation process (what worked well, what did not, and changes made), and also assess the efficacy of our intervention, with a specific focus on whether or not our intervention facilitated the examination of socially-charged topics and if/how it engendered empathy, and the intellectual and affective impact of this perspective taking on students. By way of conclusion, we identify three insights for future research and practice using embodied pedagogy in critical health education contexts.*

Keywords: *embodied learning; Boal, theatre of the oppressed; social justice*

In this paper, we share the process of introducing embodied learning techniques to a kinesiology undergraduate class focused on the intersection of physical activity with public health. In the course, the lead instructor (second author) uses a social justice approach to examine the diverse range of factors that shape physical activity practices and population health. Drawing on insights from the sociology of the body (Shilling, 2003) and applied theatre pedagogy (Boal, 1979; Bolton, 1979; Jackson, 1993), we sought to use bodily intelligence to interrupt the typical focus on linguistic engagement in the classroom. Embodied learning is the concept that refers to this bodily intelligence and, more specifically, is the active process through which shifts in perspectives, behaviors, and/or actions are experienced "in, through, with, and because of the body" (Munro, 2018, p. 6).

We hoped that the use of embodied learning techniques might enrich the students' comprehension of the relationship between social injustice and health disparities in American society,

a major focus of the course.[1] More specifically, we aimed to supplement students' cognitive understanding of health disparities by pushing them to explore their relationship to, complicity within, and affective responses to structures of power—and the resultant health disparities—in an embodied fashion (see Bolton, 1979). Thus, and in line with developments in the field of cognitive science and performance studies (McConachie, 2011), we were particularly interested in how/if embodied learning techniques might engender empathy (i.e., putting yourself in another's shoes). Also informing our pedagogical intervention was our collective experience that discussions of discrimination in general, and racism in particular, appeared to illicit student discomfort and limited meaningful student engagement. As such, we sought to explore how embodied pedagogy techniques functioned as an alternative mode to explore these sensitive topics, as well as how these techniques might help students better relate and build empathy across difference.

We thus view embodied learning as a potentially transformative health education practice intended to challenge traditional classroom pedagogy. Driving our intervention were the following research questions: Did using movement instead of words only help students engage more courageously and robustly in sensitive topics such as how discrimination and privilege operate in American society? Did this technique help students build empathy and, in doing so, better relate across difference? With these questions in mind, we implemented and assessed an embodied learning activity which is one of Augusto Boal's (1979) radical "theatre of the oppressed" techniques called "image of transition." Image of transition seeks to put the challenges of people's social lives at the heart of the theatrical process, and to empower audience-participants to create, rehearse, perform, and analyze aesthetic enactments of social problems and potential interventions.

While there is a growing focus on embodied learning in the field of education (see Nyugen & Larson, 2015), with some examples of how to critically engage bodies in pedagogical spaces (see Bresler, 2004a; Davidson, 2004; Perry & Medina, 2011; Powell, 2004; Sutherland, 2013; Wagner & Shajhahan 2015; Warren, 2003), such analyses are limited in the field of kinesiology. A handful of scholars in the area of physical education have provided embodied pedagogy case studies (see Lambert et al., 2018; Sparkes, Martos-Garcia & Maher, 2019; Standal & Engelsrud, 2013), but engagement with the body in social science/humanities kinesiology classes tends to be theoretical in nature. Additionally, despite the increased focus on embodied learning modalities in education, there appears to be a paucity of research that explores how or if embodied learning fosters feelings of empathy and enriches student understandings of course concepts. We looked to address this gap through our interdisciplinary collaboration that brings together the fields of kinesiology and applied theatre.

In what follows, we share the process of undertaking our intervention with the aim of providing guidance to other critical health educators who wish to use the pedagogical technique of embodied learning in their classrooms. We begin by situating our project with an overview of the theory and praxis that grounded our pedagogical intervention, as well as the identification of our contributions to the literature. A methodology section follows in which we describe the intervention in more detail, as well as data collection/analysis. Our thematic findings are organized as *reflections on facilitation* through which we share two themes ("meeting students where they are" and "disrupting hierarchy") and *evidence of learning outcomes* from which we identify and discuss two additional themes ("nuancing right and wrong" and "engendering empathy"). We close by

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1. In their online publication, *Healthy People 2020*, the U.S. Department of Health and Human Services state that health disparities adversely impact groups of people who have systematically experienced greater social or economic barriers to health than the general population due to such factors as race or ethnicity, religion, SES, disability, gender, age, sexual orientation, gender identity, and/or geographical location.

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reflecting on future directions for the use of embodied modalities in critical health education contexts.

Situating our Pedagogical Intervention Embodiment and Embodied Learning

Examining the role of the body—and embodiment—in pedagogical spaces is not a new endeavor. In line with a growing focus on the body in the late 20th century by those working in and with critical social theory (see Shilling, 2003), scholars have also been seeking to center the body in the classroom (for instance, Bresler, 2004a; Davidson, 2004; Evans, Davies & Rich, 2009; Perry & Medina, 2011; O'Loughlin, 2006; Pillow 2000; Powell, 2004; Warren, 2003). A common sentiment amongst these scholars is that bodies are inseparable from teaching and learning, not only in terms of power relations being written upon bodies (i.e., subjectivities inscribed) but also in terms of bodies as agentic, creative, and thinking entities that "write" upon society. This interest in embodiment, which refers to the inseparability of mind/body, is a counterpoint to the Western philosophical tradition of privileging the "rational" mind over the "unruly" body (Shilling, 2003) which has dominated educational theory and practice, and not without consequence (Peters, 2004). As Peters (2004) explains: "[t]his dualism historically has developed as an instrument of "othering": of separating boys from girls, reason from emotion, minorities from the dominant culture, and classes from each other…it remains one of the most trenchant and resistant problems of education…" (p. 14). As such, attention to embodiment in pedagogical spaces is simultaneously about improving learning and enacting social justice.

The move towards embodiment in pedagogical spaces has, however, tended towards the theoretical, with less attention to connecting theories of embodiment to embodied pedagogy techniques, or what Davidson (2004) terms "enacted curricula" (p. 197). Exceptions include Davidson's (2004) examination of embodied knowledge in arts education and Warren's (2003) use of role playing in sociocultural courses to critically examine the performance and privileging of whiteness in the classroom (see also Bresler, 2004; Powell, 2004). Adding to this, performance studies, one of the theoretical bedrocks of applied theatre, has long posited performance—situated and embodied action carried out and witnessed by groups of people—as a distinct episteme and means of knowledge transfer (Taylor, 2003), as well as a ground level, culturally- and site-specific counterpoint to the more distant and abstract textualism dominant in Western scholarship (Conquergood, 2002). However, in line with recent developments in neuroscience, there has been a growing interest in "enacting curricula" in the field of education (Munro, 2018; Nguyen & Larson, 2015; Stolz, 2015), including how it can be used to critically engage questions of social power, oppression, and privilege that operate both outside and inside the classroom setting (Perry & Medina, 2011; Sutherland, 2013; Wagner & Shajhahan 2015).[2]

Despite the increasing interest in embodied pedagogy in the field of education, attention to embodied learning modalities in kinesiology has tended to be limited, which may seem paradoxical given that it is a field of study with an inherent physicality in terms of subject matter (see Nguyen and Larson (2015) on the latter point). This paradox can be explained by considering the historical trajectory of the field: in an attempt to legitimize and advance physical education (the precursor of "kinesiology") as a field of intellectual inquiry, the discipline underwent a process of specialization and fragmentation beginning in the 1960s which resulted in the decline of teaching via movement (i.e., physical education) toward the creation of sub-disciplinary units that study—and create

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2. Nguyen and Larson (2015) acknowledge Dewey's explorations of sensorimotor cognition and Freire's understanding of socially conscious praxis as significant contributors to current scholarship around embodied pedagogy.

knowledge about—various aspects of the moving body (i.e., exercise physiology, biomechanics, motor development, sport sociology, sport psychology, sport history) (Andrews, 2008; Fran-combe-Webb et al., 2017). Undergraduate curricula have followed a similar trajectory, diminishing the presence of pedagogical spaces that encourage moving bodies in favor of spaces where static student bodies learn about the bodily knowledge that their professors (and others) produce. In step with this pedagogical shift has been the creation of an epistemological hierarchy whereby biological/human science orientated sub-disciplinary units are privileged over not only physical education pedagogy but also social science/humanities scholarship and pedagogy. Andrews (2008) notes that the scientific hegemony of kinesiology aligns with the neoliberal, corporate university model more broadly, whereby "rationally conceived, objective knowledge" has achieved primacy over "critical and reflexive forms of intellectualizing" (p. 49), with embodied pedagogy falling in the domain of the latter[3] (see also Francombe-Webb, 2017; Silk et al., 2015).

In response to this epistemological hierarchy, some scholars working out of the United Kingdom (UK) are advocating and implementing what they term a critical curriculum of the corporeal that centralizes the performance of the physical while questioning (and reshaping) dominant understandings of "(ab)normalcy, wellness, inclusion/exclusion, the presence/absence of the body, its experiences and representations" (Silk et al., 2015, p. 802; see also Francombe-Webb, 2017). Critical corporeal curricula attempt to center students by slowing down the learning process, thus providing opportunities for critical reflection through a range of techniques including engaging in digital public sociology and videographic practices as well as class assignments that encourage reflexivity with the aim of developing new insights about one's self and "wider permeations of physical culture and everyday practices" (Silk et al., 2015, p. 804) more generally. However, while outlining several strategies to slow down the learning process, most appear to entail static, critical reflection upon (in)active bodies with less attention to using moving bodies in the learning process.

In contrast to the theoretical focus of critical corporeal curricula discussed above, curricula in physical education teacher education (PETE) programs continue to engage moving bodies such that movement and learning are inextricably linked, although such programs are in decline in the United States (SHAPE America/NAKHE, 2018); however, scholars working in this field are calling for the theorization of embodiment—and embodied learning—in physical education contexts in order to enrich learners' experiences and the meanings they attach to movements, especially in relation to the world around them (Brown 2013; Standal & Engelsrud, 2013; Thorburn & Stolz, 2017). Despite this call, case studies of embodied pedagogy in action appear to be limited (although see Lambert, 2018; Sparkes et al., 2019; Standal & Engelsrud, 2013). Most relevant to our own project is that of Sparkes and colleagues (2019) who look to embodied pedagogy to better prepare physical education teachers to be inclusive educators. They share their analysis of a PETE class in which the lead instructor adapted the classroom environment to allow a person with Osteogenesis Imperfecta (OI), a rare fragile bone condition, to actively participate in the class. This process required the other students to better understand this condition as well as adapt their behaviors to create an inclusive environment which necessitated "a thoughtful awareness of bodies, sensations and movement in social space" (Sparkes, et al., 2019, p. 343)—or embodied pedagogy.

We seek to build upon these attempts to embody pedagogy in kinesiology by integrating and implementing insights and tools from applied theatre, a field of study in which the body itself

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3. That said, the growing interest in embodied pedagogy is arguably tied, in part, to developments in the field of cognitive neuroscience (the interdisciplinary study of mind, brain and behavior) which have afforded a measure of scientific legitimacy to the notion of embodiment.

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is considered a place of learning and experience (Bolton, 1979; Jackson, 2007). A strength of applied theatre is that it provides an array of tools for how to engage bodies and space in learning, thus facilitating a connection between the theoretical aspects of embodied pedagogy with concrete aspects such as bodies and space (see Nguyen & Larson, 2015). Nguyen and Larson (2015) argue that such a connection is crucial, explaining that: "[f]or a conceptual framework to be more than a collection of laudable ideals one must be able to discern concrete guidelines for implementation. Actionable curricula for embodied learning call for guidelines that describe *how* to engage bodies and space in learning" (p. 337, emphasis in original). With this in mind, we felt that bringing techniques from applied theatre to a kinesiology classroom that critically engaged bodies and health, but in static ways, would be a promising collaboration.

Applied Theatre

Applied Theatre's three main tributaries are theatre of the political left, drama and theatre in education, and community theatre (Nicholson, 2005). As theatre artists and educators were looking to engage publics experiencing the upheavals and unrest of the 1960s, they began to outline alternative methodologies of theatre creation and performance that often aimed to assist leftist activism, and be a form of activism unto themselves by upsetting traditional, hierarchical theatrical models (Harding & Rosenthall, 2006). These endeavors demanded new theories that began to codify as fields of study and webs of practice in the 1990s as community-based performance in the United States, and Applied Theatre in the UK (Cohen-Cruz, 2005; Nicholson, 2005). Both interrelated traditions leaned heavily on the methods and theories of Brazilian theatre director and facilitator, Augusto Boal.

In the 1970s, Augusto Boal built upon critical pedagogue Paulo Freire and theatre director Bertolt Brecht in theorizing theatre as a site of action and reflection where participants could engage their whole bodies to understand and potentially shape their social realities (Boal, 1979). Boal was inspired by Freire's (1970) pedagogical intervention that theorized the teacher and student 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. Boal saw parallel hierarchical structures in theatre practice and concluded that the relationship between the actor and the audience required alteration (Vine, 1993). Boal was also inspired by Bertolt Brecht's Epic Theatre, though he wished to move beyond it in key respects. Brecht's Epic Theatre used distancing techniques to highlight theatrical artifice and interrupt easy empathic identification with the main characters in an attempt to engender a critical social analysis of dramatic works (Barnett, 2015). Boal applauded Brecht's theatre as a form of problem posing education, but he thought that the hierarchy remained such that "the spectator delegates power to the character who thus acts in his place" (Boal, 1979, p. 122). Boal wished to go further than Brecht in transforming the performer and audience relationship by applying Freire's co-intentional ethos to the process of *creating* theatre. The result was the proposal of theatrical methods in which a participant "…assumes the protagonic role, changes the dramatic action, tries out solutions, [and] discusses plans for change…" within the dramatic event (p. 122). In terms of theatre practice, this created a workshop style of theatre where audiences became co-creators with theatre professionals. In terms of education, Boal's practice added an embodied methodology to flesh out Freire's theories. While Boal did not theorize embodiment per se, he "saw in the language of theatre the means to help [audience participants] think through their whole being" (Vine, 1993, p. 111). In contrast to traditional classroom contexts where learning tends to

be static, Boal's system of *Theatre of the Oppressed* saw bodies in action as a site of knowledge and productive of knowledge, as evidenced by his system's first two stages, "knowing the body," and "making the body expressive" (Boal, 1979, p. 126). Our workshop shared these assumptions, and we structured our plans according to this map, starting with familiarizing our students with their bodies in space, moving to using their bodies to express thought, and then analyzing these enactments.

Our employment of embodied pedagogy, anchored by Boal's technique of image of transition, was done primarily to foster a particular type of learning. That is to say, traditional educational models can leave social problems such as discrimination as abstractions, and often fail to connect students to the issues personally. We supposed that the thickness of an embodied process could engender within our students a "change in 'felt value'…in respect of [them] in the objective world" (Bolton, 1979, p. 90). Particularly, in our deeply polarized time both nationally and within our campus community, we were interested in fostering empathy for both those hurt by discrimination and those complicit within discriminatory systems. Theatre in general, and workshop theatre processes like those pioneered by Boal in particular, rely on empathy as a part of their functioning. In the history of dramatic criticism—which is the history and theory of theatre by its leading artists and thinkers—empathy has been theorized differently and to different ends by such prominent figures as Aristotle (Carlson, 1984) and Brecht (Cohen-Cruz, 2010). Most pertinent to our focus, however, is the recent scholarship of McConachie (2011), who has reached into the evolving field of neuroscience to better understand the cognitive and physiological processes at work in a theatrical event, thus adding empirical data to the theorization of empathy in theatre.

McConachie (2012) highlights how, in the field of neuroscience, empathy is now understood to be a cognitive process and not an emotion and draws upon two types of empathic responses that help us understand how audiences respond to theatre. The first is sensorimotor coupling. In this form of empathy, "[w]hen we observe actions performed by other individuals, our motor system 'resonates' along with that of the observed" (McConachie, 2012, p. 154). In theatrical events, spectators experience this sensorimotor coupling and resonate with the actions of characters on stage naturally, like an automatic reflex. The second type of empathic response, "imaginary transposition," is similar to the common-sense definition of empathy that "…can range from simple emotional agitation to a rich understanding of another's situation" (McConachie, 2012, 154). McConachie asserts that while this form of empathy requires more active cognition it is also "natural, easy, ubiquitous, and largely unconscious" (McConachie, 2012, p. 155). We took up McConachie's definition of imaginary transposition not only as an assumption of what was happening in our dramatic work, but also as a rubric in analyze student responses to the activity. We did this to see if the theory is as "natural, easy, ubiquitous, and largely unconscious" (p. 155) as McConachie asserts, even when being applied to subject matter as polarizing as social discrimination.

Methodology, Pedagogical Rationale, and Workshop Structure

We chose Boal's image of transition as our core activity due to the first author's previous success with this technique as he and colleagues challenged workshop attendees to disrupt the rigidity of their thinking by exploring pertinent issues with their bodies in space instead of the typical linguistic mode of academic inquiry. Because of the large class size (129 students), we conducted the image of transition activity in each of 8 (50 minute) discussion sections as opposed to in the large lecture hall. The first and third author facilitated the intervention which occurred

near the end of the Fall 2018 semester. The first author identifies as a cis gender white male and the third author identifies as cis gender African American female. The remaining authors (the lead instructor and two teaching assistants (TA's)) participated in and/or took detailed field notes of the process.[4] The classes began with ice breaker activities to acclimate the students to embodied pedagogy, and to help mitigate anxieties about this pedagogy shift. These included a brief physical and vocal warm-up, establishing four norms (try and have fun, take care of yourself, there are no right or wrong answers, and lean into discomfort), as well as a "snapshot" activity in which students simultaneously froze in poses of their choosing. These mirrored Boal's first two workshop phases of awakening the body and making it expressive. The lead instructor (second author) also engaged in this activity so as to show her "buy in" and encourage student involvement.

For Boal's image of transition activity, students were placed in groups of 4-5, and staged binary snapshots that demonstrated an oppressive institutional status quo and what a utopian ideal of the same institution might look like.[5] In preparation for the staging of these binary snapshots, students had been placed in groups the previous week and engaged in a brainstorming activity in order to both save time on the day of the workshop, and to encourage students to engage the problem-based questions being posed. The workshop plan was to facilitate a discussion of the images created, focusing on what the oppression is, how the people and institutions depicted are enacting this oppression, and what the utopian ideal looked like. In each discussion section, one pair of oppressive status quo and utopian ideal tableaux would be chosen for further exploration. The students in these tableaux would then restage their images and the larger group would be asked to stage "images of transition" that provide one step from the oppressive tableau toward a utopian ideal. These images were to be made without discussion in order to privilege spatial and kinesthetic thinking.[6] These embodied interventions in the status quo would then be analyzed with questions such as "what was accomplished?"; "might there be any unintended consequences?" and "is this magical or wishful thinking?"

Since the group of students was predominantly white—reflecting the demographics of the Kinesiology department—two choices were made up front to mitigate re-inscribing marginalization, particularly of people of color. Firstly, we purposefully put students of color together in groups so that no student of color was the only one in their small groups. Secondly, we used blue and green bandanas to demarcate social marginalization and social privilege in the tableaux the groups created. This was done to interrupt the often de-facto casting of people in marginalized groups into marginalized roles in the tableaux. This also offered the possibility of people with social privileges to play socially marginal roles and to alleviate the pressure to move or behave like their perception of the people of these groups in doing so. Our aims were to offer possibilities of building empathy by playing a role different than one's own, as well as discouraging the deployment of stereotypes in these tableaux. The use of bandanas proved quite fruitful and helped us successfully facilitate a racially charged moment in the workshop, as discussed further in our findings section.

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4. The second and fourth authors (lead instructor and TA, respectively) identify as cis gender white females while the fifth author (course TA) identifies as a cis gender Asian American female.

5. The students were asked to focus on a specific institution and were given the choice of: health care, fitness industry, education, criminal justice.

6. Howard Gardner (1983) defined bodily-kinesthetic intelligence as "an ability to use one's own body to create products or solve problems" (p. 205).

Data Collection and Analysis

Data collection consisted of field notes and photographs taken during the workshop activities, written notes based on between-workshop-discussions amongst the authors[7] and the subsequent changes in workshop structure based on these discussions, and a digital recording of the authors' "postmortem" discussion immediately following the workshops. We also had students reflect (in writing) on the following question at the end of each of the 8 sessions: "Did this approach impact your thoughts and/or feelings on the subject of racism impacting public health outcomes differently than a discussion based inquiry would? How so?"[8]

Data analysis entailed two group meetings in the months following the workshop in which we collectively looked at the photographs of the tableaux created over the 8 discussion section periods and analyzed them for successes and failures in meeting our workshop objectives. In between these two group meetings, each of us spent time reviewing the photographs and were tasked with identifying three photographs that we found evocative and writing a paragraph as to why. Many of the same photos were selected across our respective analyses, and a consensus interpretation of the various tableaux was arrived at in almost all cases. The result of this group process was the identification of "important pedagogical points" that were grouped as follows: disruption of power hierarchies in the classroom; moments of student empathy; learning through physical discomfort; and, challenges to using embodied pedagogy and the image of transition, in particular.

The first and second authors also coded the written student responses to the above-listed reflection question. Student responses, which ranged from a few words to a few sentences for a total of 96 responses, were entered into an excel spreadsheet. Because responses were limited in terms of length and depth, we analyzed them at a semantic level (i.e., based on what was written) and created codes individually. We then compared our respective codes and created a collaborative codebook based on our discussion. Following this, and guided by our new codebook, we each recoded the student responses. At a subsequent meeting, we found that we agreed on the majority of the codes that we assigned to the student responses and came to an agreement on the remainder through a process of discussion and consensus. We then further discussed, interpreted, and theorized the codes, identifying patterns that, in combination with the observational data collected above, were grouped into themes via a process of thematic analysis (Braun & Clarke, 2006).

Findings/Discussion

Our findings are grouped into two sections: "reflections on facilitation" and "evidence of learning outcomes." The first section relies on our internal reflections of the process, either in preparation for the workshops, during the facilitation, or during the debrief sessions. In particular, we highlight some pedagogical choices made prior to the workshops, and one key change made early on (after the second discussion section) that could prove useful to future educational encounters. The second section utilizes our field notes and student survey responses, and evidences how our embodied pedagogical process helped to create more nuanced and concrete understandings of

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7. In these discussions we addressed the questions of "what is working?"; "what needs to be changed?"; "what are you noticing so far?"; and "which objectives are we achieving so far, which ones are we not, and why or why not?"

8. While our workshop explored multiple identity-based discriminations, not just racism, we are assuming students took "racism" to be an umbrella term describing this broader web of discriminatory practices.

structural discrimination within public health, while also engendering empathy across difference as students worked through the workshop scenes.

Reflections on Facilitation

Meeting the Students Where They Are: A Dance Between Embodied and Discursive

Early in the workshop process (between the second and third discussion section), the facilitators decided to cut the third step of "image of transition" whereby the students use their bodies—without speaking—to move from the image of the oppressive status quo toward the image of the utopian ideal. While it could be argued that cutting the third step neuters the essence of Boal's activity, and cuts out the embodied brainstorm of moving from "problem" to "potential solution," we believe this was a fruitful decision. Firstly, due to the limited duration of discussion sections (50 minutes), we found ourselves rushing through the analysis of the status quo and utopian images in order to get to the images of transition, and even then we were only able to complete one or two per period. Additionally, the entire process felt limited in that we were unable to take the time to facilitate a deeper understanding of the workshop images. This was problematic because the facilitators also realized early on that the images of the oppressive status quo and the utopian ideal being created by the students were institutional in nature, as opposed to focusing on interpersonal manifestations of institutional discrimination.[9] Because of this scale issue, the images of transition tended to be overly simplistic and/or illustrative of magical thinking (e.g., making a door out of what was a representation of a physical barrier keeping people out of an institution like a hospital) and did not facilitate an understanding of the interpersonal aspects of discrimination. Thus, although our omission of the image of transition shifted focus away from possible solutions to discrimination, it allowed us to more robustly interrogate the interpersonal *how, why* and *who* of discrimination, while also meeting the students where they were in the learning process.

In order to facilitate this examination of the how, why, and who of discrimination, the facilitators applied thought tracking to our discussions of the images the students created. Thought tracking is a technique where the facilitator asks the participants to speculate on the thoughts and/or feelings of particular characters in an image. These questions can be answered either by the person portraying the character or audience members. For example, if the image was a stereotypical marriage proposal with one person bending their knee in front of another person who is standing, people might speculate that the person proposing might be thinking: "I hope they say yes!" or "Maybe this will finally get my parents off my back." This addition, which was enabled by cutting the image of transition, directly asked the participants to take on the perspective of people within the aesthetic depictions of discrimination in public health. While it could be argued that this is a return to the discursive, we feel that embodied processes are not meant to completely replace more traditional, discursive classroom strategies; rather, the intent is to enrich and enhance them. In its purest, Boal's approach gets people to think *through* their bodies by enacting their images of transition physically without discussion, and the results can be profound. However, as educators, we moved to meet our participants where they were by providing them with more guidance in the

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9. When the tableaux created in "image of transition" depict characters enacting an oppression—even when these characters wield institutional authority—there remains a possibility of interrupting the oppression by the people being targeted. These interventions are not without risk, but they are possibilities for enactment on a human scale, as opposed to the impossibility of acting against an entire oppressive structure.

process of using embodied pedagogy techniques. Indeed, their lack of experience with such a process, alongside the limited class time, was making for a superficial analysis of power hierarchies so that more facilitator guidance was required. This required cutting the element that can be thought of as more purely *thinking through the body*, but it retained its characteristic of being embodied learning in that the discussion was generated *because* of bodily engagement. In our view, there is a qualitative difference in discussing discrimination when the social actors are being represented by real people in aesthetic space. We believe this turn towards the discursive that was still grounded by an embodied process helped us to engender "imaginary transposition," the deeper sense of empathy McConachie (2011) described, a point to which we return below.

Disrupting Hierarchy

As discussed in the methods section, in an attempt to mitigate marginalization within our workshop, we used blue and green bandanas to demarcate social marginalization and social privilege in the tableaux the groups created. This choice proved useful on two fronts. Firstly, the bandanas as social signifier released the participants from needing to depict stereotypes in order to communicate difference to their audience. Theatre as a representational medium is particularly susceptible to the deployment of stereotypes, so their absence is a significant outcome. Secondly, the bandanas gave the participants and the facilitators a vocabulary to use in discussions that did not necessitate commenting on the actors' bodies in order to unpack the images.

One moment in the workshop that crystallized the bandanas' utility in both regards was when one group of four created a set of images depicting traffic stops. In the first image (see Image 1), a person with a blue bandana was arrested forcefully while a participant with a green bandana appeared to get off with a warning. In the second image (not depicted), both were ticketed, no one got off with a warning, and no one was arrested. We found their idea of utopia to be odd—everyone getting ticketed equally—but their comment on how identity shapes interactions with the police was well taken. However, in discussing the image, one class participant commenting on it as a spectator mentioned that the person in the blue bandana being arrested had brown skin, which was perhaps an accurate assessment but antithetical to our desire to refrain from commenting on actor's bodies. From a facilitation perspective, it was useful to have set up the theatrical convention of the bandanas at the beginning of the workshop, because we were able to redirect this comment by reiterating the convention. The first author reminded the group that we were using the convention in order to refrain from needing to comment on people's physicality, reframed their comment highlighting the bandanas as the mark of social difference, and asked everybody to stay disciplined with this discussion protocol.

The bandanas thus allowed the first author to disrupt hierarchy by interrupting the articulation of a students' difference in our space, and the coupling of this particular students' difference to the discrimination depicted. The larger point highlighting racism's impact on traffic stops remained, but the student's body was no longer the signifier, and the bandana gave the first author an avenue to redirect participation without attacking the person who broke protocol. The bandanas gave us this avenue, and it was useful in what was one of the most charged moments of our workshop.

<div align="center">**Evidence of Learning Outcomes**</div>

Nuancing Right and Wrong

As mentioned in the methods section, one of the guidelines we gave at the top of each discussion section was that "there is no right and wrong." We believe this guideline, the embodied nature of our workshop, and inquiry-based pedagogical choices led to a richer and thicker exploration of the issue of identity-based discrimination in public health than a solely linguistic and teacher centered approach. And, as discussed above, one of the reasons for engaging in embodied pedagogy was our experience of student reticence when discussing socially charged issues in a typical classroom discussion where the teacher remains powerful, centered, and armed with the correct answers to their questions. Our problem-posing workshop pedagogy—grounded in Freire's praxis (1970) and highlighted by Nguyen and Larson (2015) as a bedrock of embodied pedagogy in higher education—troubled this hierarchy by asking participants to offer multiple perspectives to open ended questions. We asked questions such as "what do you think the discrimination is in this scene?"; "what do you think the bandanas signify?"; and, "what might this character be thinking?" By asking for their opinion, by emphasizing words such as "might," and by fielding multiple answers per question, the fount of knowledge shifted from the facilitators, as is typical in traditional classroom approaches, to the participants. One student commented on this shift, writing that the process "left it up to us to decide what was the answer." This openness enabled the discussion to begin to fill out the how, why, and, who of social discrimination, facilitating nuanced understandings of the complicated phenomenon of social discrimination in public health in a way the lead instructor (second author) had not been able to achieve in the typical classroom setting.

It is hard to pinpoint which choices exactly helped to engender this learning, but there is significant evidence from the student responses that, taken in totality, our embodied approach created these rich understandings. Of the 96 students who responded to our question about whether the embodied learning activity influenced their thoughts and feelings about the impact of racism (as a marker of social discrimination) on public health outcomes, 76 (81%) replied with an explicit or implied "yes," while only 8 (8%) explicitly or implicitly replied "no." It is important to highlight that we used this to gauge students thoughts and feelings on the subject—their opinions and their affective responses—as opposed to assessing the retention of facts that tests and essays often assess. While we de-emphasized brainstorming solutions to these acts of discrimination when we removed the "image of transition" from the workshops, a first step in creating social change is to impact people's thoughts and feelings on our urgent social issues. The data from the student responses evidences success on this front.

Individual responses to the "how so?" part of our question provides insight as to the ways in which student perception and feeling were impacted. The responses were most notably expressed in terms of engaging the problem in an embodied fashion, visualizing the problem, demonstrating real world applications to the theories explored in class, and disrupting overly determined linguistic ruts on the issues. Speaking directly to the body being centered in the learning process, students commented: "it allowed me to have more in depth thought about the problems because I had to engage my body," and "using our bodies allowed me to visualize each issue first hand." In other words, the embodied process opened up a more nuanced understanding for the first respondent and implicated the second respondent in the issue by placing them physically within the scene of discrimination. As far as visualizing the discrimination in public health, students provided the following insights: "I was able to visually see and interact with the problems"; that it was "easier

to visualize [discrimination in public health] and the impact on multiple people"; and, that "this was a better way to visualize the issues and actually see how these issues affect people." These responses suggest that an embodied process not only appeals to kinesthetic learning—as evidenced by the 81% "yes" rate—but it helped students to visualize and concretize the issues as well. As such, an embodied process like the one we engaged adds spatial/kinesthetic and visual pedagogical strategies to the dominant aural/linguistic mode found in universities.

Adding to this, student responses indicate that the embodied learning process personalized the issue for these respondents. For instance, one student wrote, "I can see the way it translates to the real world better instead [sic] of theory only" and another explained that "it demonstrated [sic] the reality of structural discrimination in [a] real life situation." Engaging our social problems linguistically alone can make the problems seem abstract or distant, whereas depicting the problems with bodies in space helped students think through the impact on real people. Another trap in spoken-language-only discussions on discrimination are the rhetorical patterns shaped by attitudes and ideologies. One student spoke to how this process disrupted this over-determination with the comment that: "Discussions are generic and tend to follow what is expected. This opens it up to more nuance and honesty." Similarly, others gestured to how the process allowed for multiple interpretations as opposed to a "right" answer: "there are many interpretations of situation [sic] and scenarios" and "even if you have a solution, it can always be interpreted/analyzed differently." Taken as a whole, these responses offer powerful evidence of the efficacy of this embodied process in creating more complex, concrete, and personal understandings of the issues than a teacher-centered, primarily linguistic, right and wrong educational paradigm.

Engendering Empathy

As discussed in the literature review, empathy is a slippery term that has been debated throughout Western theatre history, but we looked to McConachie's (2012) concept of imaginary transposition when evaluating our ability to engender empathy through our embodied learning process. Imaginary transposition, or seeing the world through someone else's lens, is a natural and ubiquitous cognitive function that flows from watching people doing things, such as witnessing a performance event (McConachie, 2012). Based on our interpretation of student responses, as well as our analysis of moments within the workshops themselves, we feel that we found evidence of a broadening of perspective amongst the students.

In coding the survey responses, we found that 23% of the students provided responses that we interpreted as evidence that the workshop facilitated perspective taking or imaginary transposition. As we were addressing these divisive social issues in our polarized social climate of the contemporary United States, the fact that such a high number of participants spoke to this broadening of perspective is a substantial outcome. The responses broke into two groups: how the perspective-taking helped build understanding, and how the perspective-taking impacted participants' affectively. Examples of responses that spoke to increased understanding included: "makes you go into the other person's head;" "everyone has different perspectives;" and, "made me realize that I need to look at others['] perspectives." These are but a few responses that spoke directly to perspective-taking. The following quotation connects the dots on what kind of learning that perspective-taking engendered: "This helped me to better understand disparities people face." Respondents also spoke to their affective responses to the workshop. For instance, one respondent indicated that the workshop "made me more aware of emotions felt by those unprivileged," leading us to

assume that this is a person with social privilege, and that the workshop elicited in them a sympathetic affective response towards people experiencing health disparities. Importantly, one response also spoke to an affective experience in enacting an oppressive role: "I got to put myself in the shoes of someone of power. Realized how uncomfy [sic] it made me feel." Imaginary transposition, according to McConachie (2012), ranges from "simple emotional agitation to a rich understanding of another's situation" (p. 154), and our evidence points to both affective and intellectual shifts in relation to enduring health disparities.

The multivalent empathetic perspective taking was also evidenced by a moment of thought tracking within the workshop. In one oppressive status quo tableau about the fitness industry, two figures stood like guards at a door, and one guard had a hand forward like they were blocking access while the other guard stood erect, hands folded in front of them on the other side of the door (see Image 1).[10] The person being denied access was reaching in their wallet, with the implication being that they could not pay for entrance. An interesting feature to this image was that the people on the inside in workout poses wore green bandanas, the person looking for access had no bandana, and the guards wore blue bandanas. We asked the group what the bandanas signified, and the consensus was class. The first author then used the thought tracking technique to get the group to speculate on what the people in the tableaux might be thinking. One of the observers speculating on the thoughts of the "guard" said something to the effect of, "I don't want to be doing this." This led to a group discussion on how people that are lower on the socio-economic ladder are often coerced into guarding the privileged and their spaces. Instead of a simple binary of the big, bad oppressor and the put-upon masses, we got a more complex picture showing a broader complicity with oppressive systems, and some thinking on why sometimes people are complicit even against their moral compass.

Image 1: Denied Access to Gym due to Class Tableau. Photo by Daylin Russo.

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10. All images are re-enactments by the authors and student-actors. As such, they do not depict students from the class.

Another anecdote is illuminating in that it suggests how the physicality of the embodied learning activity facilitated student learning and empathetic perspective taking. This occurred when one group created an image depicting the violence and intimidation prisoners experience at the hands of prison guards. One student playing a prison guard had their finger pointed at the head of a student playing a prisoner (see Image 2). The student playing a prisoner was bent forward and to the side at the waist awkwardly, showing the painful contortions as a result of the guard's behavior. The student playing the prisoner mentioned that it was uncomfortable to hold the pose. The first author said that they should adjust as needed so they could continue to hold their pose for our discussion; however, the third author urged him to "use it!" and when asked for clarification she said to use the physical experience of the student to infer about the experience of the prisoner. She proceeded to ask a series of questions designed to link the discomfort of the student playing the prisoner, and what it must be like as a prisoner under threat by those tasked with "guarding." Our embodied process offered avenues for dialogue that a strictly linguistic approach would not have opened up; the image work gave this student an opportunity to *feel* an inkling of what the effects of living under threat could be, and the other students got a chance to empathize with someone in a social position—that of a prisoner—that is often dehumanized.

Image 2: Prison Guard Intimidation Tableau. Photo by Daylin Russo.

Empathizing with people being *hurt by* and *participating in* oppressive social systems are both important precursors to changing systems. Thus, while were not able to measure and/or quantify the desire to create change, the evidence that we have shared in this section regarding participants' experience of imaginary transposition suggests that the activity helped to foster perspective taking, a precursor of sympathy (McConachie, 2012). In turn, we hope that engendering empathy is also suggestive of the *potential* for a desire to create social change.

Concluding Thoughts: Lessons for the Future

In this paper, we articulate a pathway for using performance in critical health education, more specifically, a kinesiology class with a social justice orientation. We reflect on relevant aspects of the facilitation process (what worked well, what did not, and changes made), and also assess the efficacy of our intervention, with a specific focus on if it facilitated the examination of socially-charged topics and if/how it engendered empathy, and the intellectual and affective impact of this perspective taking on students. By way of conclusion, we identify three insights for future research and practice using embodied pedagogy in critical health education contexts.

Our first point of reflection concerns a process change that we were unable to make during our workshop, but which we would recommend for the future. We had the students brainstorm aspects of the oppressive status quo and utopian ideal of various institutions in the week prior to the workshop so as to save time on the day of the workshop. However, the unintended consequence of this choice was that when the students were tasked with creating the tableaux, they represented an idea that they had previously generated in a linguistic modality which mitigated against one of our primary objectives: to privilege the body in thinking through these issues. The embodied experience of creating the images gave us thick material to facilitate from, but it was more of an embodied representation of predetermined ideas than embodiment as its own thinking process. Moving forward, we would use an embodied process for the group to brainstorm, or "bodystorm" about the status quo and utopian ideals prior to the workshop.

Secondly, and as discussed above, we feel that using McConachie's concept of imaginary transposition as a rubric was useful, and could be applied by other educators desiring that their students take on the perspective of what life is like for people across difference. McConachie claims that imaginary transposition is "prior to the kind of judgment that induces…sympathy and antipathy" (McConachie, 2012, p. 155). As educators with a social justice orientation we clearly were more interested in engendering sympathetic feelings across difference, but our data did not speak to this. This theory of empathy could use further study within embodied pedagogy to look at the relationship between imaginary transposition and sympathetic feelings.

Finally, we wish to emphasize the utility of having a diverse team in both identity and expertise. The first author's professional experience with and training in *Theatre of the Oppressed* and related pedagogies enabled the substantial mid-workshop adjustment to cut the "image of transition." Indeed, while these techniques were disseminated for broad application, the chance of success in deploying them is directly related to having highly trained and experienced facilitators (Howard, 2004). Other diverse elements of our team were also beneficial. The third writer's identity as a person of color as well as her experience as a diversity facilitator helped us think through how to mitigate oppressive structures at play within our workshop. The second author's mastery of the course content and modeling within the workshop were hugely beneficial. The TAs' direct experience with the students, organizational skills, and ability to take photographs and field notes helped the facilitators prepare for the social dynamics in the classroom and lead the workshops without worrying about data collection. In short, we advocate creating a team of people who can bring their expertise to bear on discrete elements of the process. Like any social process, there is no "right way" to engage embodied pedagogy as a way of interrogating social problems, but we hope this paper opens up possibilities, strategies, and mistakes to avoid for future educators.

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Philip Deering (B.A, MBA) is a Mohawk entrepreneur from Kahnawŕ:ke Mohawk Territory. From 1972 to 1982, Philip developed and administered the Indian Way School, the first native-designed high school in North America. In 1978, he articulated the project-education design plan for the Kahnawŕ:ke Survival School, the community's second high school. In 1979 he and the senior Indian Way School students created a third student-driven initiative, The Kahnawŕ:ke Institute for Advanced Studies in Native Self-Sufficiency. Presently Philip works as a cultural interpreter for the Montreal art collective Native Immigrant, is involved in the Tamarack Institute's Communities Building Youth Futures initiative, and sits on the KahnawaĚ:ke Schools Diabetes Prevention Project executive committee.

Stephanie Dotto has a PhD in Canadian Studies from Trent University. Her dissertation, titled *From Toronto to Africville: Youth Performing History as Resistance*, discusses her work using Augusto Boal's theatre of the oppressed to explore episodes of Canadian history with Black middle-school aged youth.

Jessica Francombe-Webb is a senior lecturer in physical culture, sport and health at the University of Bath. Jessica's research draws from the discipline of feminist physical cultural studies and her interest in these areas pertain to issues of power, gender, social class, race, age and disability across the lifespan. Her work also critically interrogates the impact of the media and technology in everyday life.

Tricia Homer is a lecturer in the Smith Business School at the University of Maryland and has developed (and teaches) the core course Business Communication: Storytelling with Data for the MS in Business Management Program and part-time MBA program. As Executive Communication Coach, offers workshops, one-on-one sessions and group coaching that addresses students' oral presentation skills. She is co-founder of HGVenture, LLC a mission-driven management consulting firm. Clients have included the Center for Law and Social Policy, the US Institute for Peace, Theater Alliance, the City of Rockville, American University's School of Communication, CET Academic Programs, Lakeland Community Heritage Project, and Peak Grantmaking (formerly known as Grants Managers Network).

Shannon Leigh Jette is an Associate Professor in the Department of Kinesiology (School of Public Health) at the University of Maryland. Her research focuses on social, cultural, and historical aspects of knowledge production in the disciplines of kinesiology, medicine, and public health. She is particularly interested in studying exercise and fitness practices as technologies of health that have the potential to shape how we understand and experience our bodies.

Jordan Koch is an Assistant Professor in the Department of Kinesiology and Physical Education at McGill University. His research examines the delivery of sport, physical education and health promotion programs in both rural First Nations and urban Indigenous contexts. His research has been funded by SSHRC, CIHR and Sport Canada, and was also recognized by the Sport Information Research Centre for the 'Impact of Sport on the Community' category. He is Co-Investigator on the CIHR-funded Indigenous Mentorship Network Program; an inaugural member of the Sites of Survivance Indigenous Research Network; and a longstanding member of the Native American and Indigenous Studies Association. He recently became Co-Director (with Drs. Lee Schaefer and Alex McComber) of the CFI-funded Centre for Culturally Responsive Research in

Kinesiology and Physical Education at McGill University—an emergent interdisciplinary research centre forged in collaboration with Quebec-based Indigenous partners.

Amelia Tekwatonti McGregor is a Kanienkeha:ka Elder of the Bear Clan family in the Mohawk Territory of Kahnawŕ:ke. She is a proud wife, mother, foster-parent, grandparent, and great grand-parent. Amelia has volunteered on the KahnawaĚ:ke Combined Schools Committee for over 30 years. The combined schools committee assures high-quality Indigenous curriculum and programs of study throughout the Kahnawŕ:ke education system. Amelia is also an active member of the Kahnawŕ:ke Schools Diabetes Prevention Project Research Team (KSDPP) and has been in-volved in health promotion and the KahnawaĚ:ke School Diabetes Prevention Project (KSDPP) Community Advisory Board since 1994. Amelia has served as Elder of the KSDPP Executive Committee since 2004. Amelia has represented KSDPP and KahnawaĚ:ke at several national and international gatherings around diabetes, wellness, and Indigenous health.

Laura Palmer: Gained her Postgraduate Certificate in Education from the University of Exeter, UK, in 2016. She is currently a PE teacher and maintains an active interest in promotion girls' participation.

Lisa M. Perhamus is a mother, activist, and educator. Originally from upstate New York, she now lives in Western Michigan, where she is an Associate Professor at Grand Valley State University and Director of the university's Civil Discourse Program. As a sociologist of urban education, her work focuses on how young children, their families, and community members kinesthetically experience and create emotional and material conditions of resiliency.

Carolyn Pluim is a Professor and Chair of the Department of Leadership, Educational Psychology and Foundations at Northern Illinois University in Dekalb, Illinois. Her research interests focus on the ways in which health and physical education policies and practices are discursively positioned within formal and informal school mandates. Her work explores how students take up these imperatives, how health priorities influence the responsibilities and obligations of teachers, and impact the affective environment of schools.

Anna Posbergh is a doctoral candidate in Physical Cultural Studies at the University of Maryland, College Park. Her research interests include the governance/medicalization of women's bodies and sport policy. The focus of her dissertation is on the rationales behind and implementations of 'protection' for women athletes in science-driven sport policies.

Lee Schaefer is an Assistant professor in the Department of Kinesiology and Physical Education at McGill University. Dr. Schaefer's research focuses on the health and wellness of Indigenous youth in both urban and reserve settings, promoting the physical and social benefits of quality developmental programming and engaging future practitioners in advocating for social justice and culturally responsive pedagogies. Alongside a number of Indigenous community partners (Saskatchewan, Alberta, Quebec), this research has become focused around diabetes prevention, with an interdisciplinary emphasis that includes, physiology, epidemiology, and psychology. Both of my areas of research are responsive to the Truth and Reconciliation Calls to Action, which offers a unique opportunity to study the role that physical activity and health research can play in recon-

ciliation. A recent Canadian Foundation for Innovation grant will provide the state-of-the-art infrastructure to facilitate community-based research that places a primacy on Indigenous ways of knowing in kinesiology and physical education and allows for ways forward in regards to reconciliation between Indigenous and non-Indigenous Canadians.

Janine Schrijver is a documentary photographer and participatory health researcher. She worked for a national newspaper and her work is in collection of the Rijksmuseum Amsterdam, amongst others. Final years she initiated KLIK and works participatory with children to increase their health and well-being from an arts-based approach.

Michelle Teegarden is a recent MPH graduate from Benedictine University. She is a strong advocate of whole-body wellness—treating the whole person—body, mind, and spirit. Her research interests mostly have been in mental health epidemiology. She delves into topics such as socioeconomic stressors affecting mental health, including the lack of access and poor utilization of mental health services, as well as effective coping mechanisms to sustain personal resilience. Since the pandemic began, Michelle has been dedicating her efforts to communicating evidence-based data to the general public about SARS-CoV-2, while promoting public safety measures to reduce the spread, based on CDC and WHO guidelines. Currently, Michelle is a freelance Public Health Consultant whose services are to help improve women's mental, physical, and spiritual well-being in times or crises.

Derek Wasyliw (B.Ed, M.A) is a non-Indigenous Canadian Ph.D. student in the Department of Integrated Studies of Education at McGill University. He is the proud recipient of the 2017-2018 SSHRC Joseph-Armand Bombardier Canada Graduate Scholarship, 2018 Physical Education-Health Education Canada Research Council Emerging Scholar Award and 2018-2022 Fonds de recherche du Québec—Société et culture Doctoral Research Scholarship. Derek works collaboratively with the Indigenous Mohawk community of Kahnawá:ke, the Kahnawá:ke Schools Diabetes Prevention Project, and Growing Young Movers Youth Development. Through culturally responsive and collaborative frameworks, Derek's community-based participatory research projects inquire into culturally responsive physical health education pedagogies, Indigenous knowledge systems, physical activity, youth mentorship and diabetes prevention.