

Edited by Deana Leahy, Katie Fitzpatrick  
and Jan Wright



# Social Theory and Health Education

Forging New Insights in Research



CRITICAL STUDIES IN HEALTH AND EDUCATION

# SOCIAL THEORY AND HEALTH EDUCATION

*Social Theory and Health Education* brings together health education scholarship with a diverse range of social theories to demonstrate the value and impact of their application to associated health and education contexts.

For the first time, this book draws together cutting-edge research that demonstrates the productive and impactful ways social theory can be applied to the diversity of research in this field. Topics covered include digital health, health education in sexuality, gender and health, food and nutrition, mental health and wellbeing, environment, and alcohol and drug use. In exploring these topics, each author utilises different theorists and concepts to compellingly demonstrate their application to a range of health education research contexts.

This collection provides examples for both students, early career and established scholars that showcase ways that social theory can be utilised in empirical and theoretical research. The collection also highlights how health education scholarship can be enhanced by engaging with social theory. It also explores the viability of various theories for work in this field, and their potential to generate new approaches for research.

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# CRITICAL STUDIES IN HEALTH AND EDUCATION

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Critical Studies in Health and Education explores a range of sociological, critical and political approaches to health-related issues in education. The series highlights various discussions and debates surrounding the practice of health education and the development of solutions to the new ethical, practical, political and philosophical questions that are emerging within the field.

## **Social Theory and Health and Education**

Forging New Insights in Research

*Deane Leahy, Katie Fitzpatrick and Jan Wright*

## **Schools, Corporations, and the War on Childhood Obesity**

How Corporate Philanthropy Shapes Public Health and Education

*Darren Powell*

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# 1

## WHY DO WE NEED SOCIAL THEORY IN HEALTH EDUCATION?

*Deana Leahy, Katie Fitzpatrick and Jan Wright*

In her book *Cruel Optimism*, Lauren Berlant (2011) states that “long term problems of embodiment within capitalism, in the zoning of the everyday, the work of getting through it, and the obstacles to mental and physical flourishing are less successfully addressed in the temporalities of crisis and require other frames for elaborating context of doing, being and thriving” (p. 105). Berlant’s quote, and indeed her whole book, has much to offer those of us who are interested in trying to make sense of health education and its various ambitions and tactics. For the purposes of our present discussion though, her point about the necessity for *other frames for elaborating* is significant. Whilst theory has been a mainstay of health education over time, following Berlant, we want to suggest that there is a pressing need to turn to other frames to help us think differently about the project of health education and ask new questions about how it is imagined, assembled and enacted in the everyday.

What might these other frames be? And how do they help us broaden our understanding of the work of health education? For us, and many others, social theory has helped us think differently about health education and to make ‘the familiar’ and “taken for granted-ness” of health education, strange. Over time we have drawn on the same or different social theorists to help us both frame and do our research. We have drawn inspiration from numerous scholars from an ever widening range of fields. This book includes chapters from many of these scholars, each of whom demonstrate both how and why they draw on particular theorists and/or theoretical concepts and put them to work in their research. This book is thus ideal for those who are newly interested in understanding how social theory can be utilised in research or for those who are interested in exploring new frames. The book should also serve as a useful prompt for those of us who already hold passionate attachments to a particular theorist or concept; to help us question and rethink how and why we rely on particular theorists in our work and whether in fact we need to think otherwise about our research.

## Why social theory?

As we have stated above, social theory offers us necessary new ways for thinking about health education and its different contexts. As Wright (2008) argues, following Ball (2006), “contemporary social theory should not only encourage researchers to avoid foreclosure of ways of describing the world but should also expect that they continue to be reflexive about theory as well as using theory to reflect” (p. 8). As Rasmussen argues in chapter two of this book, theory has a range of possible benefits but it ultimately allows us to explore the boundaries of (our own) thinking, and to open up possibilities of the unthought. Social theory then can help us develop new and different insights into health education's successes and failings. Wright notes that theory is also a kind of toolbox for thinking and that “Without my conceptual toolbox I would not be able to work; it has provided guidance in conceptualising research problems, in framing research questions and in developing an analytical framework to interrogate the data” (Wright, 2008, p. 10). Like Wright and Rasmussen, Lather (2007) notes that theories also have limitations, and she encourages scholars to critique the theoretical tools they use, even while continuing (by necessity) to use them. She describes this as a process of keeping in tension the necessity of using theory, with the limitations and uncertainties that (in this case, poststructuralist) theories engender, in order to “trouble the very categories I can't think without” (p. 41). Crucially though, she states that “My central argument has been that the turn that matters in this moment of the post is away from abstract philosophizing and toward concrete efforts to *put the theory to work*” (p. 157, emphasis added).

In a 2004 paper, Zygmunt Bauman—with reference to theory—compares the work of a sociologist to that of a poet. Drawing on Milan Kundera, he surmises that a poet's work is to break down the walls to reveal something hidden beneath. He argues that “we need to pierce the walls of the obvious and self-evident, of that prevailing ideological fashion of the day whose commonality is taken for the proof of its sense” (p. 359). He argues that “Demolishing such walls is as much the sociologist's as the poet's calling, and for the same reason. The walling up of possibilities belies human potential while obstructing the disclosure of its bluff” (p. 340). For us, the application of social theory helps to break down the walls of the self-evident to challenge the ‘ideological fashion’ that demands the (re)production and relentless repetition of particular views of health education that have come to dominate what is thinkable and knowable.

In the field of health education, such walls are particularly well constructed and reinforced. As we have stated earlier, people are committed to particular approaches to health education. Many of the approaches have strong foundations in health promotion theories and models. These models are often coupled with a sense of crisis and urgency (Leahy et al., 2016). For Berlant and for us, this coupling serves to foreclose what is possible. We want to suggest that this is because the various alliances and repetition serve to prevent us from embracing the wildness of thinking beyond the immediate order (Brown, 2005).

Being too theoretically narrow is ultimately limiting over time. Evans and Davies (2011) observe that, in some areas of research, theoretical monogamy is encouraged so that:

Our students spend years determining what position they should stand for, what approaches they represent, thus learning to enter research environments with eyes wide shut to the possibilities that other perspectives and forms of theory might offer. Counter-theorising is weak, even regarded with suspicion. One learns to be afraid to think outside the frame (p. 275).

With this critique in mind, we offer this book as an example of the value of theoretical diversity so as to enable scholars and students to engage with a broad (but, of course, not limitless) array of social theories to think differently and wildly about health and health education. In a sense we are advocating what might be referred to as theoretical polyamory as a way to consider new ways of, and frames for, thinking in an attempt to get us outside of our usual orbits and habits of thought in health education. The different chapters draw on a range of social theorists and concepts to show both how social theory can be applied to health education and related contexts and to demonstrate the value of using social theory to think about health education and its various contexts. In each chapter of this book, the authors take a different social theory or concept, and demonstrate how they have used this theory in their research and to what effect. The overall purpose of bringing these together in such a way is threefold:

1. To demonstrate to those new to social theory how to apply such concepts to empirical and theoretical materials.
2. To show how the field of health education is moved forward by, and with attention to, social theory.
3. To illustrate how different social theories highlight different aspects of any analysis, and overcome the limitations of descriptive and ‘common sense’ approaches.

The book thus aims to showcase the advantages, complexities, and epistemological issues of various theoretical approaches and addresses the following questions:

- ←What do different theories do in health and education contexts?
- ←How can I go about choosing and applying theory to my work?
- ←Can different theories work together and what are the issues with this?
- ←How does theory shift and extend knowledge in the field of health and education?
- ←How can we better use theory with students in health education?

In terms of organisation, the book has been largely organised by alphabetical order. We have obviously placed this chapter first as a way to set the scene. We

have also purposefully placed Mary Lou Rasmussen's 'Working with social theory in health education' chapter next. Both chapters serve to introduce the need for social theory and thus the book and we would suggest that reading both will provide a useful overview and a guide to how to read the chapters. The remaining chapters are arranged alphabetically. We have included the key theorist/concepts and key words in the Table 1.1 so you the reader can easily identify the chapters that will be of most use to you and/or your students.

We are so very grateful to all of the authors who submitted chapters. We are also very grateful to the authors who have gone before us and published books about different

**TABLE 1.1** Keyword guide to chapters

<i>Chapter</i>	<i>Authors</i>	<i>Title</i>	<i>Key words</i>
1	Deana Leahy, Katie Fitzpatrick and Jan Wright	Why do we need social theory in health education?	Berlant, Brown, social theory, health education
2	Mary Lou Rasmussen	Working with social theory in health education	Social theories, research traditions, health education
3	Lisette Burrows and Jan Wright	Biopedagogies and family life: A social class perspective	Foucault, biopedagogies, food, social class
4	Adrian Farrugia	The ontological politics of partying: Drug education, young men and drug consumption	Latour, Mol, drug consumption and education, ontological politics, young men
5	Katie Fitzpatrick	Using Bourdieu to understand health and education	Bourdieu, field, habitus, capital, health promotion and equity.
6	Nina Hein and Dorte Marie Sondergaard	Poststructuralist and new-materialist approaches to analyses of bullying	Poststructuralism, New materialism, apparatus, intra-action, school bullying
7	Deborah Lupton	Vital materialism and the thing-power of lively digital data	Bennett, vital materialism, personal data, vignettes, self-tracking
8	Peta Malins and Nick Kent	Assembling affects: A Deleuzo-Guattarian approach to school drug education	Deleuze and Guattari, drug education, pedagogy, assemblage, desire
9	Julie McLeod and Katie Wright	Critical policy studies and historical sociology of concepts: Wellbeing and mindfulness in education	Foucault, Bacchi, critical policy studies, historical sociology, wellbeing
10	Catriona O'Toole and Roisin Devenney	'School Refusal': What is the problem represented to be? A critical analysis using Carol Bacchi's questioning approach	Bacchi, school refusal, emotional distress, non-attendance, problematise

**Table 1.1** (Cont.)

<i>Chapter</i>	<i>Authors</i>	<i>Title</i>	<i>Key words</i>
11	Dawn Penney	Health education policy and curriculum: Bernsteinian perspectives and a whole new Ball game	Bernstein, Ball, curriculum, policy, knowledge relations
12	LeAnne Petherick and Moss E. Norman	Navigating health knowledge: Postcolonialism and ethnic minority girls' experiences of health education in school contexts	Bhabha, Spivak, Postcolonial theory, cultural supremacy, health education
13	Darren Powell and Carolyn Plum	Governmentality, school nutrition and the international practice of governing health behaviours	Foucault, governmentality, government school nutrition, childhood obesity, parents
14	Richard Pringle	'Deleuze for goodness sake': Examining health inequities via assemblage theorising	Deleuze and Guattari, assemblage, materialism, transcendental empiricism, determinants of health
15	Kathleen Quinlivan	Re/doing sexuality education research as a rhizomatic pedagogical encounter and its educational implications	Deleuzo-Guattarian theory, rhizomatics, sexuality education, pedagogy, research methodologies
16	Eva Reimers	Education as products and productions of norms	Foucault, Butler, Laclau and Mouffe, norms, norm critical pedagogy
17	Emma Rich, Sarah Lewis and Andy Miah	Digital health technologies, body pedagogies and material-discursive relations of young people's learning about health	Posthumanism, affect, public pedagogy, body pedagogy, critical digital health
18	Karen Shelley and Louise McCuaig	Putting Foucauldian ethics to work in critical health education	Foucault, ethics, genealogy of subjectification, health education, teacher education
19	Venka Simovska, Nis Langer Primdahl and Anders S kriver Jensen	Engaging with normativity in health education research: Inspiration from Continental Critical Theory	Klafki, Habermas, normativity, health education, schools
20	Roz Ward	Destroying the family and civilisation: Marxism, safe schools and sexuality education	Marx, LGBTI, family, schools, sexuality education
21	Megan Warin	Beyond carrot sticks and sermons: The practice of education in obesity interventions	Ingold, anthropology, obesity, eating, social practice theories
22	Benjamin Williams and Jessica Lee	Public health pedagogy and technology as a mode of existence	Latour, modes of existence, cosmopolitanism, public health pedagogy

social theorists and what they offer our research and thinking. They have helped us enormously to grapple with theory in our own research over time and provided us with inspiration to do something along similar lines applied to health education and many associated contexts (see for example, Beliharz, 1991; Jackson and Mazzei, 2012).

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# 2

## WORKING WITH SOCIAL THEORY IN HEALTH EDUCATION

*Mary Lou Rasmussen*

### Introduction

Gayatri Spivak wrote our society is doomed, because

Theory is epistemological and ethical healthcare for our society.

*(Spivak, 2015, n.p.)*

Working with theory in health education means quite different things depending on how one enters the field. Whatever approach one might use, theory is not straightforward, but it is also indispensable to the work of health education. Grappling with theory can evoke feelings of confusion as one endeavours to make sense of new ideas, or to innovate by bringing a new theory to an old problem. People frequently bring different parts of existing theories together; this enables them to address a problem from a new angle. Working with theory requires theorists to understand the basics of a particular approach, but not to feel beholden to that approach. Fidelity to a particular theorist is not necessarily a virtue, but it can also be an appropriate response to an issue one is trying to address.

For example, Foucault's analysis of power and biopolitics has been critical for me in trying to grasp questions related to the body, gender and sexuality in education. Using social theory means understanding that

Power's "grasp" of life (in the double sense of grip and understanding) does not allow us to stand outside of our own lives, to project ourselves, to devise narratives able to change the conditions of our living non-existence. We are the animal whose politics place that existence—note "existence," not "life"—in question.

*(Campbell and Sitze, 2013, p. 13)*

The critical message here is that when using social theory one is not observing from above—taking a dispassionate view. Social theory questions the possibility of theorising in this mode. Which isn't at all to say that this type of theorising has ceased to exist. Rather, social theory is a form of shorthand for diverse ways of grasping that 'health' and 'education' that cannot be separated from existence.

This perspective contravenes common-sense understandings of health and education. In popular discourse, particularly in studies of health, theory is often synonymous with science and the perceived capacity of science to

make things visible or intelligible that are not immediately observable. In the natural sciences theory often performs this function by making plausible why certain laws—such as Ohm's law or Boyle's law—are as they are ...

*(Biesta, Allan and Edwards, 2011, p. 227)*

But social theory, at least as many of the contributors to this book understand it, is not set in stone—and this can be a source of anxiety for people new to theory, precisely because it is viewed as unscientific.

In her essay "The biopolitics of postmodern bodies: Constitutions of the self in immune system discourse" Donna Haraway reminds us that while science may be represented "as a univocal language ... even the spliced character of the potent words in 'science' hints at a barely contained and inharmonious heterogeneity" (Haraway, 1989 in Campbell and Sitze, 2013, p. 275). If science and social theory are as heterogeneous as Haraway suggests, what does this mean for the rigour of arguments that are proposed? Often, the measure of what constitutes good theory in people's minds might be a theory that can stand the test of time and that, like some theories in the natural sciences, is able to proffer a clear answer to a question that can be retested in different circumstances and achieve the same result.

Anxiety about the rigour of theory and methodology in research is widespread. Ien Ang, writing about the field of cultural studies, speaks to an "ongoing sense of crisis, a general apprehensiveness over the question whether cultural studies is able to live up to its own self-declared aspirations, both intellectually and politically" (2006, p. 184). She attributes this anxiety to the field's parameters being "notoriously indefinite" (2006, p. 184) and goes on to suggest that this lack of definition is one of the strengths of cultural studies, ensuring that the field does not stagnate intellectually or politically. I am making an argument that Health Education as a field is, whether we like or not, pliable—answers to key questions cannot be set in stone. Though in making this claim I don't mean to imply that anything goes with theory.

## **What is theory?**

Theory is an invaluable resource, with theory it is possible to apprehend Health Education in ways that shift "power's grasp" in the field. Kalervo Gulson, Matthew Clarke and Eva Bendix Petersen speak to the question of what makes theory useful. They argue:

the task of scholarship is to begin to get a sense of one's own presuppositions, one's values and one's habituated ways of explaining things and of making sense, and, importantly, to get a sense of other possible presuppositions.

(2015, pp. 3–4)

Reading theory isn't just about getting to know what others think, it is also, inevitably, about developing an understanding of how we have come to know, what we know, and to better understand our own prejudices, attachments and affiliations to particular ways of seeing and disciplinary approaches. Working out one's own theoretical affiliations ought not be confused with feeling a need to pick sides between approaches. Who or what we read is always a political, strategic and ethical decision. Though any type of theorising we choose to do—or not to do—reveals our own prejudices and attachments regarding the work of theory. This is also part of the joy, shame, discomfort and disorientation of working with theory. Theory is not disembodied, but nor is it necessarily identity based (see Talburt & Rasmussen, 2010).

Whatever route we choose, debates about theory are always embedded in the politics of knowledge. Raewyn Connell urges us to inquire into the colonising politics that inform the theorists and theories we engage. Consequently, Connell urges researchers to take up the project of decolonising theory—for more democratic theoretical conversations. For Connell, such conversations would surface knowledge from the global south (the periphery), at once refusing the dominance of northern theory—theoretical perspectives generated in the metropole (see Raewyn Connell, 2007).

## Theory and the empirical

Gert Biesta, Julie Allan and Richard Edwards, in a discussion of what they call the “theory question” identify “unhelpful dichotomies such as theory versus practice, the theoretical versus the empirical, or theoretical versus useful. Such rhetorical moves have tended to give theory a bad name” (Biesta et al., 2011, p. 226). These notions are unhelpful, they argue, because theory is not distinct from practice, theory informs practice and practice informs theory—affirming the two as distinct covers over this. Consequently, the connections between the two [the theoretical and the empirical] are often impossible to disentangle. Biesta et al. (2011) also resist the notion that theory is distinct from the empirical. The empirical that they evoke relates to types of data gathering (observation, interviews, surveys, discourse analysis, longitudinal studies, comparative studies, case studies), research methods which have come to be seen as indispensable to research in the field of education. In *Theory for Education*, Greg Dimitriadis and George Kamberelis point to the problem of what “C. Wright Mills called ‘abstracted empiricism’—disconnected studies that take on individual empirical questions without regard to a larger ‘research imaginary’” (2006, p. vii).

In an introduction to a special issue of the *European Journal of Social Theory*, entitled “What Is the Empirical?” Lisa Adkins and Celia Lury, aren’t concerned with making sociologists more accountable through methodological invention. Rather, they argue we are in the midst of “a necessary and productive destabilization of the functioning of the empirical in the determination of the character, status and role of the discipline” (2009, p. 7). Such a crisis won’t be remedied by further refinements to data collection, or in understanding how questions of health are contested across public and private domains because, they argue, inspired by Patricia Clough’s contribution to the special issue

something other is needed because we now live in a world of affects, a world that method concerned with human interpretation and meaning cannot reach. The contemporary world, Clough argues, is one in which the modulation of affect of populations is central ... this world requires not better theory, improved methods or a revised epistemology, but the development of an expanded empiricism.

*(Adkins and Lury, 2009, p. 9)*

What might this mean for research in Health Education? One response is to think about theory that grasps affect, without seeking to control affect. Kathleen LeBesco attempts such a manoeuvre in her article ‘Neoliberalism, public health, and the moral perils of fatness’. Le Besco looks at resistance “biomedical regimes of power”. LeBesco’s project revolves around “Decentering health as the be-all, end-all of human subjectivity” (2011, p. 162), particularly in relation to studies of fatness and obesity. Critical to LeBesco’s theoretical approach is a desire to “leave room for the possibility that such oppositionality is part of what keeps people sane and healthy in a pathologizing environment” (2011, p. 162). Reading LeBesco alongside the challenges to empiricism articulated by Lury and Adkins, it is possible to see the limitations of research that endeavours to grasp the logics of obesity through careful study of why people are resistant to dietary discipline. Inspired by LeBesco, an expanded empiricism in studies of obesity in health education might explore “modulations of affect” associated with oppositionality, not for the purposes of redemption, but rather to better understand the continuing failure of health interventions predicated on combat obesity without interrogating the force of affect.

Turning to the field of sexuality education, one of my own fields of research, it is possible to illustrate how the enactment of divisions between the empirical and the theoretical may lead researchers and consumers of research to assume that it is only possible to understand a phenomenon like sexting at school by doing fieldwork. Amy Dobson and Jessica Ringrose note sexting

combines the words ‘sex’ and ‘texting’ and has been connected to a range of practices where sexually explicit materials are digitally circulated, including the exchanging of nude, semi-nude, or sexually suggestive images and texts of and between peers via mobile phones or on social network sites.

*(2016, p. 8)*

In research on sexting there might be an assumption that going out into the field and observing teachers and students talking about sexting in school contexts is fundamental to understanding the phenomenon of sexting. But we can't really apprehend what we have observed about sexting at school or in any other context, unless we utilise theory. This prompts the question not about "what works best in regard to sexting prevention?" but rather "what type of relationship to sexting are we trying to achieve?" In order to answer this question it is important to have some idea of why people sext. And, to recognise that prevention might not only be impractical, it may also be undesirable if it assumes in advance that all sexting is malevolent. Good research about sexting will bring together diverse observations about sexting in education contexts, and a theoretical understanding of young people, sexuality, health and education. Ideally this research will also be informed by some grasp of the history of debates about young people, sexuality, health and education that continue to shape, in advance, what can and can't be said about sexting within school contexts.

Another contemporary debate about theory revolves around humanism and the more than human in our research. Helena Pedersen (2010), drawing on the writing of Donna Haraway (2008), asks researchers to think more about human–animal relations advocating further exploration of "how pedagogies are creatively tangled up with, and used by, regimes of biopower, biocapital, and other forms of embodied commodification of interspecies relationships" (p. 247). Lisa Slater, also inspired by Haraway, seeks to question how we imagine caring for others in the Australian context where the

art of caring for others or instituting good health and wellbeing continues to be modeled on settler liberal concepts of what is a good life and a healthy subject–citizen. In contrast, many Indigenous people have called upon settler Australia to recognise and take seriously alternative life worlds and thus to imagine different futures. To do so, we need to ask, what are the world-making effects of our caring stories?

*(Slater, 2016, p. 134)*

From these theoretical perspectives, the more than human is the assemblage in which we are currently embodied and entangled—the types of intra-actions it produces are messy, unpredictable and often colonising, even when we think we are endeavouring to promote health and wellbeing.

### **How does theory relate to different research traditions?**

Above I have considered debates about what theory is, about rigour and theory, as well as looking at some contemporary debates regarding questions to consider when determining what theory to engage when conducting educational research. Now I take a step back and consider some different ways of seeing theory. In their introduction to *Theory for Education* Greg Dimitriadis and George Kamberelis make

a distinction between the ways in which theorists inform research, and the “ways in which different theoretical orientations inform approaches to research, particularly in education” (2006, ix). In making this distinction Dimitriadis and Kamberelis are referring to their analysis of “historically and temporally situated ways of reading the world: *objectivism, interpretivism, scepticism, and defamiliarization*” (my emphasis; see Kamberelis, 2005). These ways of seeing are recognised as influential across the social sciences.

While Kamberelis and Dimitriadis break research down into ways of seeing, Biesta, Allen and Edwards find it more useful to classify theoretical approaches in terms of their purposes, highlighting three different roles of theory which perform quite distinct functions; namely “research that aims to explain [objectivism], research that aims to understand [interpretivism], and research that aims to contribute to emancipation” (Biesta, Allen, & Edwards, 2011, p. 226). Below, some of the functions that are largely implicit in these different ways of seeing are elaborated.

Objectivism is a powerful approach—it is important to recognise the continuing value and power of this tradition in educational research. Arguably, objectivism is the approach to educational research that continues to hold the most sway in terms of public policy; it is often characterised as robust, persuasive and, therefore, the least politicised mode of research. McClelland and Fine argue that “without good science, we are not able to see or investigate a broad range of collateral consequences” (2008, p. 71). At the same time, McClelland and Fine rail against what they term “embedded science”; objectivist research that aligns with a specific political, social or economic agenda. Their use of the term embedded speaks to how “the scientific endeavor—in this case, the federal funding of abstinence research [in the US]—is embedded in political frameworks that demand that data conform to already existing assumptions and how these ideologies ‘drip feed’ into research method” (2008: 72). The theoretical tools we utilise will already have a relationship to objectivism—it is important to critically assess such relationships, keeping in mind the value of science, as well as McClelland and Fine’s cautions about embedded approaches to objectivism.

Interpretivism is another key way of seeing identified by Kamberelis and Dimitriadis. Biesta, Allen and Edwards also discuss the notion of interpretivism—describing this as an approach to research that sees a role for theory in

deepening and broadening understanding of ‘everyday’ interpretations and experience. The task for theory here is not to describe *what* people are saying and doing, but to make intelligible *why* people are saying and doing what they are saying and doing. The primary interest of critical theory lies in exposing how hidden power structures influence and distort such interpretations and experiences.

*(Biesta, Allen & Edwards, 2011, p. 226; emphasis in original)*

In coming to terms with theory, it is important to contextualise how the theory we use is situated, relative to other purposes of research. Apprehending these differences enables us to evaluate research with its purposes in mind. Graduate

students who are new to research often make the mistake of assuming that all research has similar purposes, and thus they apply the same evaluative criteria to all the research they read, regardless of the theoretical approach it adopts. Coming to terms with theory requires a capacity to evaluate research according to the field in which it is situated. If we judge an interpretivist study as lacking because it has failed to expose hidden power structures—then we have quite likely misunderstood what the researchers set out to do.

It is also important to consider our own relationship to theory—do certain traditions/theorists make us feel comfortable? It may be valuable to read theory precisely because it challenges our own preconceptions or habits of thought. In this regard it is useful to think about how we are drawn to theory, theorists and concepts, and to actively resist only reading theory that confirms what we think we already know about a particular question. For me, some of the most exciting theory makes the familiar appear strange, thereby calling me to question what I thought I already knew about a particular issue. It is also important to recognise that theory is dynamic, as is our relationship to it. Different theorists/traditions/concepts may appeal depending on the question under investigation—we don't need to be monogamous with theory.

Relationships to theory, theorists and theorising also change over time in the field of education. At particular moments different theoretical ideas are predominant at conferences, in journals and in “cutting edge” academic work. Given trends with theory it also worthwhile being wary of what Mark Dressman calls the “siren song of a good theory” (2009, p. 95)—arguing that “one likely outcome of a slavish devotion to a particular theoretical frame is the premature foreclosure of possible sources and types of data or analytical techniques, such as coding practices, that can significantly limit the range of possible interpretations of data in later stages of a study” (2009, p. 97). In short, not all theories are applicable to all situations—it is important to ask whether or not the theory being utilised is appropriate for the context in which it is being put to work. Which isn't to say that new theoretical approaches cannot be adopted where previously they may have not been applied—it is to reckon with the siren song of theory and to recognise that at some point in our career we may all be susceptible to the seduction of the latest theoretical fashion—even when the fit may not be quite right.

## **Theory building and data analysis in health education**

Theory is not static. Educators utilise existing theories, but they also depend on research to build theory. Below I illustrate how people are building theory in order to look anew at existing approaches to health education and young people's consumption of drugs, in response to data they collected. I also consider some instances of theory building relating to the question of how data is understood and collected. This is recognition of the ways in which data and theory are always interconnected.

In an article entitled “Assembling a health[y] subject: Risky and shameful pedagogies in health education” Deana Leahy observes that a lot of researchers in health education have traced “the myriad ways that neoliberalism and risk imbue both policy and curriculum hopes...” but she also notes few researchers have observed “how neoliberal and risk-inspired governmental imperatives of health and health education are enacted” (2014, p. 172). By observing health education in action via an ethnographic study of health education classrooms Leahy argues it is possible to “develop a more nuanced and sophisticated understanding of the politics of health education, its hopes and enactments” (2014, p. 178). One of the insights Leahy developed through her observations was an appreciation of the ways risk discourses and neoliberal discourses of responsibilisation in health education are interwoven with “affective intensities of shame and disgust” (2014, p. 179) in an effort to cultivate students as particular types of healthy subjects. Through Leahy’s observations it becomes apparent how, at least in the space of the classrooms in which she observed, young people were required to (and often did) acquiesce to the risk discourses that teachers and governments mobilise, further affirming for educators their perceived value as a persuasive form of health education. This style of health education demands interrogation because of the ways in which it reinscribes particular people and practices as unhealthy and abject. It also fails/refuses to apprehend how young people engage/contest/ignore risk assemblages in their lives outside the classroom.

Leahy also utilises contemporary theorising regarding affect, specifically shame and embarrassment, to understand how risk discourses were further embedded via their entanglement in the production of “melodramatic pedagogical moments” (2014, p. 177). Making this theoretical move helps Leahy understand a significant relationship between affect and risk discourse in health education. Those who had theorised the influence of risk in health education did not make this theoretical insight. Observing risk discourses in motion in a classroom setting enabled Leahy to make this theoretical leap. This move is important in shifting thinking about how health education engages risk, and how future health educators might resist the temptation to invoke the melodrama of risk.

In another study Adrian Farrugia argues that many existing theoretical approaches to drug consumption and education are problematic because they are tainted by the risk discourses identified by Leahy above. He observes that such approaches effectively close “off any analysis of the kinds of positive practices and experiences” (2015, p. 247) young men might associate with drug consumption. Farrugia underscores the importance of engaging theories

that allowed for fluidity and change. In doing so, I have been able to map experiences, practices, and affects that are beyond the reach of peer pressure, hegemonic masculinity, and other approaches that assume social forces, working through the action of ontologically distinct bodies, impose themselves from above, or outside, local assemblages.

(2015, p. 252)

Farrugia argues that he is able to trouble common understandings of young people, risk and consumption of drugs via a combination of interviews with young men and the explicit crafting of a theoretical approach that resists framing their experience within the bounds of “risk and harm” (2015, p. 247).

In the context of this chapter Farrugia’s analysis is instructive because it demonstrates an explicit understanding of how different types of theorising lead to specific types of data analysis. When one is crafting theory it is important to not only understand what a theory can do, but also to appreciate what theories might prevent us from doing. This is why it is important to read about different theoretical approaches and to try and become familiar with critiques of these approaches, especially approaches that might inform our own research. If we are not aware of the limits of the theoretical frameworks that we engage then researchers can too easily reproduce and affirm the received wisdom on a particular topic.

A powerful example of the study of data related to my own field of research is Tom Waidzunas’ (2012) article “Young, gay and suicidal: Dynamic nominalism and process of defining a social problem with statistics”. This research is published in a journal with a title that clearly welcomes interdisciplinary scholarship; *Science, Technology and Human Values*. Rather than starting from an understanding of “gay youth suicide” as a point of departure for future research, Waidzunas set out to consider how “gay youth suicide” had been brought into view as a powerful truth.

“Gay youth suicide” (2012, p. 218) is in quotation marks here because Waidzunas wants to complicate the emergence of this category. He asks, how has it come to pass that researchers are able to mobilise “gay youth” as a category for the basis of data collection and analysis? What do researchers mean when they talk about “gay youth”? How is it possible to undertake credible statistical studies of people associated with an identity category that is incredibly heterogeneous and difficult to quantify with any statistical rigour? By studying the effects of a particular study by Paul Gibson that reported on levels of youth suicide among “gay youth” Waidzunas draws attention to the way in which this study became “useful for framing scientific questions and acted as a powerful resource for justifying institutional change in schools” (2012, p. 212).

Significantly, Waidzunas’ study resists the temptation to refine the processes of data collection pertaining to “gay youth”. Rather, he theorises the implications for social research of having an identity category “gay youth”. One implication of the emergence of this category in this research is the co-production of statistics regarding “gay youth suicide”. Research and practice continues to deploy specific truth claims utilising statistical data to associate “gay youth” and “youth suicide”. These statistics, Waidzunas demonstrates, have incredible power and currency, partially through their constant repetition. Waidzunas’ study helps us question a range of data gathering techniques that have developed a compelling explanatory power. This is an example of theory building that has clear implications for research in health education that may study “gay youth” and mobilise the social problem “gay teen suicide”.

Waidzunas theorises that the power attributed to these statistics is indicative of a political context in which hard data are needed to generate a policy response and argues:

Given the credibility environment of the United States, such processes may be seen as a necessary means for setting in motion the definition of social problems and the generation of needed awareness, if other means fall on deaf ears because they are not sufficiently “objective”.

*(2012, p. 219; emphasis in original)*

Waidzunas is not critical of objectivity here, rather he is utilising theory in order to shine a light on the power of objectivity in framing truth claims regarding specific social problems.

In thinking about the role of theory in this research, Waidzunas’ theoretical framing does not seek to affirm or reject thinking within a particular tradition. Rather, he utilises a theoretical approach that enables us to see how interpretivist and objectivist frameworks can become conflated when the need is great and the context demands the generation of a particular sort of data. Such research is building understanding of how data can morph in relation to a social problem. The *data* collected in Waidzunas’ research comes in the form of a careful tracing of the ways in which statistics are generated, repeated, and authorised in order to make meanings that matter. It is only by theorising about data that it is possible to appreciate the numerous ways in which it is politicised and always already embedded within broader debates within education and related fields.

For Gayatri Spivak (see epigraph) theory is fundamental to the health of society because without theory we will not be able to respond ethically to the challenges that confront us. While theory can be of great value, Becky Francis argues against the enchantment of theory for theory’s sake. She argues that

finding the right theoretical tools is a necessary precursor to attaining impact for our work in educational policy and practice .... While we scoff at the naivety and lack of conceptual sophistication of some of the second-wave liberal feminist interventions in schools, our role in educational change has become muted.

*(Francis, 2013, p. 99)*

Building theory is a part of academic work, but Francis worries that researchers might become so enchanted with theory that it becomes deracinated from practice. But if the role of theory is to effect change—which appears to be Francis’ measure—what is one to do if one’s theory is out of favour with the government of the day? Or, if the purpose of our theorising is not to effect change, but rather to change thinking?

## Conclusion

Engaging with theory is important. The difficult part is determining what theory to engage with. There are many different theorists, theories and concepts from which to choose. Different theorists and theories will be fashionable at different moments, while others will be falling out of favour. Given these challenges, how does one decide what concepts, theories or theorists to engage? In my own experience, the only way to really get to know theoretical debates is to dedicate the time to reading key texts—others' interpretations of these debates are no substitute. It is also important to be able to demonstrate familiarity with theoretical debates pertinent to your inquiry remembering contemporary theorists will most likely be assessing, reviewing or examining contemporary scholarship, dissertations, and grant applications.

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# 3

## BIOPEDAGOGIES AND FAMILY LIFE

### A social class perspective

*Lisette Burrows and Jan Wright*

#### **Introduction**

For nearly two decades the theoretical resources of Michel Foucault have informed our efforts to understand the place and meaning of health in young people's lives. Together with colleagues in Canada (e.g., Beausoleil, 2009; Petherick, 2015; Rail, 2012; Rail & Jette, 2015), the United Kingdom (Cappellini, Harman, & Parsons, 2018; Mulderrig, 2017; Rich, 2012) and Australia (Farrell, 2018; Leahy, 2009; Welch, McMahon, & Wright, 2012), we have found the notion of biopedagogies, in particular, very helpful when analysing the truth claims advanced in obesity discourse and when trying to understand the effects of the discourse on how people come to know their own and others' health. In this chapter, we discuss why and how we continue to work with the resources afforded by bio-politics and biopedagogies in our current work which explores the translation of health messaging between home and school environments.

We explain the notion of biopedagogies and reflect on its value for investigating the relationship between social class, health knowledge and strategies to improve the health of populations. We propose the kinds of research questions prompted by theory and illustrate how these have driven our research agenda. We then draw on data derived from projects we have been working on concerning family food practices to illustrate both the utility and the limitations of biopedagogies when researching within, and across, complex contexts. We suggest that there is potential for biopedagogies to illuminate understanding of the nuances of family engagement with school-based health imperatives, although we also acknowledge and demonstrate later how messy, complicated and visceral places like the family home raise questions that require theoretical resources beyond, or that extend our thinking about, biopedagogies.

## Why biopedagogies?

For Foucault, power is productive, it produces forms of knowledge (ideas), emotions, selves and practices. In the context of health and education and ‘health education’, Foucault’s concept of biopower has been widely used to demonstrate and empirically analyse how particular truths are invoked to govern people, in the name of health (e.g., Ajana, 2017; Kenny, 2015). A classic quote that is much used and has been helpful in our own empirical work is the following from Rabinow and Rose:

Biopower we suggest, entails one or more truth discourses about the “vital” character of living human beings; an array of authorities considered competent to speak that truth; strategies for intervention upon collective existence in the name of life and health; and modes of subjectification, in which individuals work on themselves in the name of the individual or collective life or health.

*(Rabinow & Rose 2006, p. 195, our emphasis)*

As educators researching and teaching in the context of health and physical education, we recognised in the working of biopower, something with which we were very familiar—that is, the multiple ways in which knowledge was imparted in our field broadly in the name of medicine and science to instruct about ways of living healthily. We wanted, however, to go beyond the notion of biopower to draw attention to those instructional/pedagogical practices that we saw enacted in health promotion interventions in schools and the media, in the increasing ‘authoritative’ intercessions by doctors, other health professionals, educators and academic/researchers in the name of preventing obesity. As Harwood suggests, biopedagogies provided “an empirical analytic to interrogate the concealed pedagogic practices of biopower” (Harwood, 2009, p. 21) by directing our attention to “pedagogical sites” that have the power to teach about the body. “These sites are not necessarily (and indeed mostly) in schools, but are everywhere around us, on the web, on television, radio and film, billboards and posters, and pamphlets in doctors’ waiting rooms” (Wright, 2009, p. 7).

In drawing on the concept of biopedagogies, we are able to consider how particular truths are disseminated as instructions/pedagogies (‘strategies of existence’) in educational contexts on how to improve life. The ways individuals, families and social groups take up these instructions is, however, not a linear or predictable process. As Wright points out in her introductory chapter in the book, *Biopolitics and the Obesity Epidemic*:

Biopedagogies can be understood as urging people to work on themselves. However, as the authors in this book point out, this is not always predictable. How individuals take up ideas around fatness and obesity will be mediated by their personal experiences, their own embodiment, their interactions with

other ways of knowing, other truths and operations of power in relation to the knowledge produced around the health, obesity and the body.

(Wright, 2009, p. 9)

A biopedagogical analysis prompts some, or even all of the following questions:

1. How are particular ‘truths’/expert knowledge about health (food and exercise) (the vital character of human beings) constituted as a biopedagogical discourse (a set of instructions on how to live) and with what authority (in what relations of power)? What social and political relations allow certain truths to prevail over others? Who can speak where, when and with what authority (Ball, 1990, pp. 17–18).
2. What strategies/interventions are employed to incite individuals to work on themselves in the name of health?
3. With what effects? What modes of subjectification, where individuals inculcate knowledge by means of practices of the self, are apparent (Rabinow & Rose, 2006)? How are individuals incited to work on themselves in the name of health? (This is where emotions can come into the mix.) From Mulderrig (2017): How are subjects forms of agency activated and brought to work on their own lifestyles?

In relation to our research in schools we have used the notion of biopedagogies to answer the following question: How do the health discourses and their recontextualisation in schools operate as techniques of power to contribute to the regulation of individuals and populations; and with what effects for how individuals (children and young people) understand and act on their own and others’ bodies (see Wright, Burrows, & Rich, 2012).

## Biopedagogies and social class

As a concept, biopedagogy lends itself to a social class analysis. Truths about how to live healthily are not neutral but formulated based on the authority of scientific and medical research and pronouncements that circulate in popular discourse, often derived from research or ‘expert’ pronouncements but changed to address popular preoccupations (see the discussion of ‘brain food’ later). We would argue that these truths best serve and represent the interests and cultural practices of those in the centre/the middle class (see Farrell, Warin, Moore, & Street, 2016). In this way, differences in health outcomes are characterised, not in terms of inequalities, but rather in terms of deficit—of knowledge and will. As many critical obesity researchers and educational and health sociologists have pointed out, in the process of explaining the ‘problem’ of overweight and obesity, poor and working class families and individuals are pathologised for their failure to control their or their children’s weight (Burrows, 2016; Maher, Fraser, & Wright, 2010; Maher, Wright, & Tanner, 2013; Rich, 2011). From Walkerdine (2009) in her final commentary chapter in *Biopolitics and the Obesity Epidemic*:

Poor people, [Murray] tells us, are thought not to make the right choices and so those have to be made for them. This presents us with the centrality of different modes of regulation for class and poverty, race and ethnicity, fat and thin. The already pathologized subject is not treated in the same way at all as a responsive and responsible subject.

(p. 202)

There are various inflections on this pathologisation—much of which attributes a deficiency of knowledge and responsibility to those who are overweight or obese, or regarded (statistically and in the popular consciousness) as most at risk—that is, those not subscribing to middle class values and practices. In her critical discourse analysis of the UK government’s anti-obesity social marketing campaign ‘Change4Life’, Mulderrig (2017) points to how the policy construes the working class as needing to be ‘nudged’ to forgo their irrational lifestyles, that is, to think and act differently. As a biopedagogy, “nudge can be viewed as a biopolitical technique which generates expert knowledge about wellbeing, segregates, and appraises (and potentially stigmatizes), and then devises strategies of intervention designed to shape more compliant citizens” (Mulderrig, 2017, p. 5).

Many health promotion strategies are premised on the notion of ‘ignorance’, with some groups seen as more in need of education than others. As Farrell and her colleagues (Farrell et al., 2016) point out, while such strategies (in her case regulatory practices around food labelling) appear to be targeting everyone, they are based on an assumption that it is only the ignorance of the working class/poor that stands between them and more healthy choices, the cause of their greater incidence of overweight and obesity.

The common framing of obesity as a self inflicted condition ensuing from a lack of knowledge (Henderson et al., 2009; Lupton, 2013; Townend, 2009) is part of the process through which class differences are enacted. This framing implies that averting obesity is a deliberate and rational process; a specific competence arising from education about what is healthy. The notion that normal weight bodies result from rational, informed choice positions of those with the capacity to make healthy choices as knowers; a position of value which can only be maintained relationally by the ignorance of those who are obese. ... Ignorance therefore operates to reinforce social structuration and divisions which marginalise those already marginalised and privilege those already in positions of privilege.

(Farrell et al., 2016, p. 3)

Thus we would argue that, while biopedagogies ostensibly provide instruction on how to live that encompasses the broad population, regardless of circumstances like social class and appear to be aimed at everyone, everywhere (Harwood, 2009), middle class values encode health imperatives targeted at ‘others’ not like themselves. In relation to school-based health messages Petherick (2015, p. 184) describes these

as “insidious and pervasive ways [in which middle] class assumptions take effect within schooling practices designed to promote lifestyle practices for everyone”.

Although we have used the terms middle and working class, without qualification earlier, we acknowledge that these are neither simply about socio-economic status nor culture. With Evans and Davies (2008) we understand social class as experienced in and by bodies often in very subtle but ‘visceral’ ways that cannot be simply correlated with, or explained by, demographics. The families in our research cohort are lived examples of this. None of the 15 New Zealand families could be described, nor considered by themselves, as well off in terms of family income, yet each regarded themselves as rich in their capacity to afford food, access green and blue spaces, and enjoy lives connected to wider family and friends.

## A biopedagogical analysis

In what follows we illustrate how the notion of biopedagogies may be used in understanding the truths advanced, pedagogical practices enacted and moralities invoked in two different data sources. The first is a worksheet developed by Bakers IDI Heart and Diabetes Institute (2003) and is part of a larger resource package, *Primary fight back. Healthy eating and physical activity: A resource for teachers, students & their parents* (see also Pike & Leahy, 2016). The second is data drawn from a New Zealand project, ‘Children as change agents for family health’, designed to examine the transmission and translation of school-based health messages in the day-to-day lives of families.

## What truths?

Figure 3.1 is taken from a student activity designed for 8–9-year-old students in Australia, and draws on a number of key tenets of public health messages around food, eating and health (read weight and related disease patterns). Firstly, the activity embeds explicitly messages about how a family should live. As suggested in much of the scholarly, professional and lay literature (Pike & Leahy, 2016), a ‘good’ family is one that shares meals together, that relishes the opportunities for communication, mutual appreciation of healthy food and maintenance/enhancement of a sense of ‘family’ a family meal table affords. The truth constructed in and by this discourse is that eating around the family table is good for health and family happiness. The legitimacy of this truth is established not via direct reference to research nor other sources of expertise, but rather by an appeal to ‘common knowledge’. The activity’s location in a unit on ‘Healthy Eating and Physical Activity’ together with the inclusion of the final question, “Why is it important for families to eat together as often as possible?” work together to produce a taken-for-grantedness that there is indeed a relationship between families eating together and health. This premise is not up for discussion. Instead, Bill’s unhappiness is a prompt, a reminder to students that to be a proper family, to be a family where health is practised, the family should eat together.

## Student Activity 26



### FAMILY EATING

PC Man's friend Bill is 8 years old and he has an older sister who is 10 and a younger brother who is 5. Bill is unhappy because his family very rarely eat together because:

- Ⓒ Their father is home late from work most nights
- Ⓒ Their mother thinks it is easier to feed all the children first because she doesn't think she could cook a meal that everyone would like
- Ⓒ None of the children help with the meal preparation, setting the table or cleaning up
- Ⓒ The children usually do their homework and bath after their dinner
- Ⓒ Bill and his sister eat their dinner in front of the TV

What suggestions could PC Man give to Bill to make it easier for his family to eat together more regularly?

Why is it important for families to eat together as often as possible?

FIGURE 3.1 Student Activity 26: Family eating

## With what strategies?

Various strategies are used to engage the students, many of which incite moralities and emotions which some students may experience as discomforting. As signalled earlier, the key protagonist, Bill, is someone with whom other children can identify and the scenario affords an opportunity for children to compare their own family routines alongside those displayed in the narrative. Some may feel upset (like Bill) if their own family practices resemble those mentioned, some may remain insouciant (de Pian, 2012) in the face of that familiarity and still others may feel emboldened if none of the family habits featured apply to their own family rituals around meal times. Whatever the response, students are left in little doubt about what is construed as ‘right’ and ‘wrong’ family behaviour. The reasons advanced for Bill’s family’s failure to regularly eat together are all portrayed as unreasonable. For example, it is not that Bill’s mother finds it easier to feed the children first, but rather, she ‘thinks’ it is easier to do so. It is not a pragmatic matter of ease born out of necessity but rather a ‘thought’ that can presumably be changed. “None of the children help with the meal preparation...” is a further admonishment, as is the practice of eating “dinner in front of the TV”. In short, the language of the resource orients the reader in one directional fashion to the conclusion that none of the practices mentioned is remotely alright. The final leading question seals the deal with its overt decree for “families to eat together as often as possible”.

## With what effects?

While this family eating scenario could simply serve as a reminder about what a particular set of social and political relations generates in relation to recipes for living, the first question following the description of Bill’s family practices transparently suggests that it is possible for children to change the behaviours of their families, for them to act as pint-sized pedagogues responsible for taking action to ensure communal eating. It is this final step in the biopedagogical apparatus that potentially yields the most poignant effect, not just for the child but for his/her family, should the imperative to ‘act’ be seriously taken on board by any given child. Fathers who work late, mothers who adopt feeding routines that make life easier for themselves and their children, siblings who eat and watch TV at the same time and children who bath after dinner are all problematised in favour of what must be an impossible scenario for many families—regular meals around the table (if they have one). If the recognition that one fails to measure up is not enough, it is the imperative to act, to intervene in the day-to-day dynamics and relational routines of family life that conceivably places a considerable burden on children.

In sum, the *PC man* scenario exemplifies the techniques of power evident in a single resource that transparently seeks to regulate, not only children’s dispositions and behaviours, but family dining practices. *PC man* incites individuals to work on their families in the name of health, to activate their agency to work on their own

and their families' lifestyles. The effects, in relation to how children come to know and act and how they feel about what they hear and learn, can only be speculated on, yet a narrow range of subjectivities is permissible given the particular way Bill's problem is framed and the thinly veiled solutions proposed.

As we have endeavoured to point out here, the attributions of deficit/ignorance to families who fail to embrace the preferred mode of living a good, healthful life and the ethnocentric and classed nature of prevailing 'norms' for family eating work to "marginalize those already marginalized and privilege those already in positions of privilege" (Farrell et al., 2016, p. 3).

### **Biopedagogy in translation: affective effects**

In our second example of a biopedagogical analysis, we turn to the narrative of one family in our cohort of New Zealand families who participated in a project entitled 'Children as change agents for family health'. We do so in a preliminary effort to understand what strategies of intervention deployed in schools around food choice can (and do) yield in terms of affect for children and their families. While discourse analysis of written documents permits speculation over the emotive effect of truth statements contained within, interviews, images and parent-child discussions about school-based health intervention strategies potentially yield more direct access to the material effects of the latter on hearts, minds and patterns for living.

### **The brainfood incident**

Kris is a single mum, recovering from a chronic illness and has recently moved to a small town in the South Island of New Zealand. Her daughter, Alice, is eight years old and goes to the local school. For Kris and Alice, food is both a nutrient source and a substance that brings them delight and togetherness. Family rituals include pancake making in the morning, crafting kombucha tea and preparing meals together for consumption at their table for two in the living room. As someone who has worked in the public health sector, Kris has plenty of professional resources to draw on when making decisions about food in her family. While she has few qualms about the kinds of messages her daughter's various schools transmit, there are two moments that stand out for her in relation to the ways school-based health activities reach into their home. The first relates to a 'brainfood' programme her daughter was enrolled in at primary school. The second is linked to the health promotion efforts of iconic All-Black 'ambassadors' in her daughter's intermediate school. Both incidents exemplify the resistances that can, and do, take place at the boundary of home and school. They point to the ways families can and do intervene in the biopedagogical attempts of government when it messes with the realities, comforts and culture of family life. They also gesture to the visceral impact seemingly micro pedagogies can yield in the family space.

The brainfood incident referred to earlier is a simple thing, a one-off moment that provoked Kris to withdraw her daughter from her school's programme.

Basically, she (and other parents at the school) were advised that her child needed to bring ‘healthy’ snacks to school (preferably of the fruit or vegetable variety) in a separate container for consumption at particular times during the day when energy levels amongst students were thought to be failing. After discussing this with her daughter and considering her child’s food preferences, dried banana pieces were agreed upon as the best solution to the school ‘rule’. On sharing her ‘brain food’, banana pieces, in class, Kris’s daughter, Alice, was advised they did not meet the criteria for healthy brain food, to take them home and not return with that offending food another day. Below is an excerpt from the conversation Kris, her daughter Alice, and the interviewer had about this incident:

A: Oh yeah, but then my teacher said I wasn’t allowed dried bananas with peanuts.  
 K: ...and that became a little tricky didn’t it and we ended up totally pulling out of you taking brain food, didn’t we, because what I was sending as brain food was apparently not on the list...yeah I kind of got a bit lost and the rules were a bit hard for me to follow and what I considered brain food, considering it was kind of a snack...I was getting it wrong and she was coming home saying it was not brain food...

RESEARCHER: How did you feel? (question asked of Alice)

A: Really sad.

K: Yes, cos then the other kids in the class were having theirs and you weren’t allowed yours...I thought dried food—peanuts, raisins...I wasn’t sending chippies or even crackers, it was just dried fruit...so that was...it became a little bit of an issue...I thought it was a real shame about the brain food thing...at the end of the day we just took a pass on that.

In this excerpt we find Kris and her daughter being ‘nudged’, in Mulderrig’s (2017) terms, to think differently about what constitutes brain food. The ‘rules’ have been established, yet Kris finds them unfathomable. She finds the school’s outright rejection of Alice’s banana chips equally unfathomable, especially given the social isolation her daughter experienced as other children munched on acceptable brain food. Banana chips, and by association, Kris’s parenting practices were pathologised in this moment. The ‘sadness’ Alice felt coupled with Kris’s concerns about why a banana chip failed to rate as brain food were sufficient to prompt a withdrawal from the programme.

### **The All-Black incident**

The ‘All-Black’ incident was arguably even more of an assault on Kris and Alice’s family traditions. As discussed earlier, the making and eating of pancakes is a ritual relished in this family. Pictures shared by Alice proudly announced the joy of making pancakes with her Mum, the pleasure experienced in the preparation *and* consumption of a food that Alice loved and her Mum enjoyed sharing with her daughter. As part of a school health initiative, players from New Zealand’s

famous rugby team, ‘The All Blacks’, visited Alice’s school to spread messages about the value of health and physical activity. As Kris puts it, “they said there are good foods and bad foods, and pancakes are bad”. A small sentence, a small message, yet the impact on Alice and Kris was/is big. Unwittingly the attempt to inculcate ‘healthy habits’ by young men hailed as idols in New Zealand culture, the presumably genuine desire to make a difference in teaching about the body—what it needs and should/could do—misfired on this occasion. Pancakes were rendered a morally reprehensible food on the health landscape. In an instant, something Alice loved (the pancake), the relationship (mother and daughter), the meaning (an integral part of this family’s identity) and the process (joy in creating it) were denigrated, cast as ‘other’ in the context of ‘truths’ embraced in the name of improving health.

Both the aforementioned examples illustrate how at odds the school discourse was in relation to what Kris wanted her daughter to know and feel about food. Both incidents generated feelings of sadness and, if not for Kris’s solid sense of what was ‘good’ for her child and her family, may well have elicited a sense of shame. The teaching and learning that went on in both the banana chip and pancake moments bear little relation to the truths, personal experiences and interactions with other ways of knowing that Kris and Alice embrace in their family life. In the case of Kris and Alice, the pedagogical site of the family, encompassing Kris’s expertise regarding healthy eating and their shared experience of creating and sharing food ‘made with love’ trumps the nudge to think and live differently urged by the school authority. However, for families with fewer resources to both recognise and resist school health messages/biopedagogies that position families that do not comply as irresponsible, children and their parents can be left feeling shamed, guilty and angry (Burrows, 2009).

## Conclusion

The ‘interventions’ above are not simple one-off events but are recognisable as instances of a system of biopedagogies motivated by, and taking their imprimatur from, broader popular, political and medical concerns about overweight and obesity and the role of schools in addressing this (see for further examples, Powell, 2014). In this context, foods are designated, simplistically, ‘good’ and ‘bad’ on their assumed value in preventing or contributing to obesity. ‘Fresh’ fruit and vegetables thus become the gold standard, and prepared foods, especially those containing fats and sugar (no matter in what amounts or in what contexts they are prepared), become abhorrent and stigmatised additions to a healthy diet.

The *Family Eating* activity, as part of a classroom unit of work on ‘eating well’, strategically combines the notion of eating healthily (home-prepared food) with a moral imperative in relation to “how families should (and should not) eat together” (Pike & Leahy, 2016, p. 89). The ‘facts’ about healthy food are paired with a prescriptive context (the family) for consuming it via a scenario that barely conceals its ideological commitment to the notion that “a family who eats

together stays together” (Pike & Leahy, 2016, p. 84). As Pike and Leahy (2016) attest, this imperative supports wider governmental aims to both ameliorate social breakdown and halt obesity rates.

In all of the cases/strategies we have outlined, the ‘authority’ is not so much ‘scientific knowledge’ but mythologies that have come into play in the context of expectations that schools will participate in the moral governance of families through practices which may seem ‘insignificant’ and self-evident, yet inevitably yield effects for those at their centre. It is not a stretch to suggest that these strategies are loaded with emotions and attributions that stigmatise children, mothers and families who do not conform. In biopedagogical terms, they are ‘dividing practices’ which differentiate responsible citizens who conform to ‘healthy’ practices from those who do not (miscreants such as Kris and Alice). The latter’s practices demonstrate and display an apparent ignorance and position them, by virtue of their choice to do otherwise, as in need of education.

The ‘brainfood’ episode provides a particularly apt example of a practice that has proliferated in schools. While we can see no problem with providing children with an additional opportunity to have a break and a snack, it is the apparently arbitrary specification of particular kinds of foods, none of which seem to be related to foods promoted as assisting in brain function, and the policing of foods (and therefore children and their families) that accompanies this specification that is troublesome. From popular interpretations of medico-scientific research, we learn that whole grains, oily fish, blueberries, nuts, eggs, beans and dairy products (amongst other things) are foods that fuel the brain (see Delaney, 2016)<sup>1</sup>, yet somehow, via the authority of a constant and widespread recitation, a narrow and somewhat irrational selection of foods comes to ‘count’ as brain food in a school setting.

In contrast to the pleasure Kris and Alice derive from their foodwork, much of which is premised on their own research and experience in the health sphere, the ‘shoulds’ to which they, and Bill in the ‘Family Eating’ activity, are exposed are drawn from questionable evidence. In short, the expertise claimed is dubious and the imperatives are devoid of any understanding of the structural and relational nuances of family life. Furthermore, although health promoters may desire children and parents to exercise agency in making ‘healthy’ choices, this can be thwarted when subjects have the resources and/or solidity of family identity to think and do otherwise. Truths may indeed be invoked to govern in the name of health, yet, as signalled in our analysis, there is no guarantee the presumed ‘ignorant’ subject will necessarily act on these in the ways imagined.

We anticipate on-going research that seeks to understand what permits some subjects to elide the ‘shoulds’, to engage with biopedagogical interventions (and inventions) in ways that eschew the moral imperatives, dodgy expertise and invocations to act in accord with narrowly conceived governmental purposes. We think biopedagogies will continue to provide a useful analytic, yet, as other chapters in this book signal, there may be alternative resources needed to engage with the delightfully messy and visceral contours of family homes and food.

## Note

1 Research on the relationship between particular foods and cognition is far less definitive—see, for a review of the research, Gómez-Pinilla (2008).

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# 4

## THE ONTOLOGICAL POLITICS OF PARTYING

### Drug education, young men and drug consumption

*Adrian Farrugia*

#### **Introduction**

It is commonly argued that young people's alcohol and other drug consumption is an issue that can be resolved either by more or the right kind of education, including focussed drug education.<sup>1</sup> Despite the politically fraught and moralised nature of drug education debates, formal classroom drug education remains an official part of Australia's drug policy (Commonwealth Department of Health, 2017) and researchers are committed to developing 'effective' education strategies that reduce 'drug-related' harms (Midford, 2010; Teesson, Newton & Barrett, 2012). While the concept of effectiveness generally remains taken for granted, it tends to encompass improvements in certain kinds of drug-related knowledge, reductions in consumption, decreased positive social expectations of consumption and increased safer choices (Lee, Cameron, Battam, & Roche, 2016). Hoping to achieve these aims, researchers have made a number of recommendations including that drug education should be structured and include multiple classes and 'booster sessions' (Champion, Newton, Barrett, & Teesson, 2013; Cuijpers, 2002); be interactive (Nation et al., 2003); and focus on drug 'abuse' rather than 'use' (Nicholson, Duncan, White, & Stickle, 2013). Researchers also argue that effective curriculum should incorporate information on the population level rates of alcohol and other drug consumption that emphasise that it is not as widespread as often assumed (Champion et al., 2013; Lee et al., 2016) and provide 'accurate' drug information (Allsop, 2012).

As the focus of these recommendations suggest, the notion of effectiveness used and measured in this large body of work is primarily concerned with the design and implementation of drug education interventions. In this way, this area of research does not address any ethical and political questions that emerge when designing approaches to inform young people about alcohol and other drugs.

Contrastingly, a small but growing area of critical scholarship asks politically and ethically motivated questions of drug education. Much of this literature is introduced as further reading at the end of this chapter but for now it is enough to say that critical drug education research analyses the politics and ethics of these interventions. Researchers argue, for example, that these strategies actively limit the kinds of information about drugs young people can access (Blackman, 2004), position young people who consume drugs as psychologically compromised and either bad (deserving punishment) or sick (requiring treatment) (Tupper, 2014), reproduce the stigma faced by people who consume drugs (Meehan, 2017), and, overall, emphasise the potential for drug education to produce certain harms whilst trying to reduce others (Farrugia, 2014). This research points to the limits of a depoliticised paradigm of ‘effectiveness’ and suggests drug education research and praxis need to be attuned to the ethical and political effects of the ways they articulate relationships between young people and alcohol and other drugs.

### **The ontological politics of drug education**

In this chapter, I contribute to this project by offering politically and ethically motivated analyses of drug education and young men’s discussion of drug consumption practices. Specifically, I focus on how youth sociality and drug consumption are articulated through narratives on parties and partying; narratives that are commonly deployed in drug education (Farrugia, 2016), as well as in popular accounts of youth consumption. To attend to the ethical and political dynamics of these phenomena, I work with concepts drawn from Science and Technology Studies (STS) theorists Annemarie Mol (1999), John Law (2004) and Bruno Latour (2004), whose work has much to offer health education researchers.

Law, Mol and Latour are three significant theorists associated with STS. All have contributed many important and useful concepts with potential for education researchers; however, in this chapter I work primarily with the notions of ‘ontological politics’ drawn from Law (2004) and Mol (1999) and a concept of ‘sensitivities’ drawn from Latour (2004). Like many conceptual orientations inspired by constructionist insights, STS thinkers argue that reality is ontologically multiple: the world is constantly in flux, emerging in different ways as heterogeneous forces come together to produce particular realities. Reality or realities are thus multiple and fluid, made and unmade in different spaces and times and, of particular importance for my analysis, assembled by different practices (Law, 2004). In this way, an STS inspired analysis of drug education texts and interview data does not approach them as representations of a single reality, but as ‘enactments’ made in networks of relations, including discourses, practices and objects that produce specific realities of drug consumption. This conceptual orientation attempts to make explicit the different ways practices of enactment, such as education practices, attempt to establish the conditions of possibility we live in (Mol, 1999). For the current context, if education practices co-produce realities then the realities made are a political concern.

If the world is not a stable reality to be found and described accurately (or inaccurately), objective ‘truth’ can no longer be the sole arbiter of good research or even good education (Law, 2004). Rather, the process of enacting and amplifying particular relations and realities is an intimately political one.

If the term ‘ontology’ is combined with that of ‘politics’ then this suggests [...] That reality does not precede the mundane practices in which we interact with it, but is rather shaped within these practices.

*(Mol, 1999, pp. 74–75)*

For this chapter, this approach suggests that drug education does not simply represent the relationship between young people and drug consumption accurately or inaccurately; rather, drug education plays an active role in working to produce specific realities of youth drug consumption. Conversely, the process of research interviews and the interview data developed in evaluations of them also operates to enact a specific account of youth consumption practices. From the approach outlined here, drug education and qualitative interviewing can be approached as an ontological politics that articulates realities in particular ways for particular ends.

Bruno Latour (2004) theorises a process in which forces in the world, including people, become sensitive to certain possibilities in the world. Through a discussion of the use of ‘odour kits’ for training people in the perfume industry, Latour presents a process of becoming sensitive to sensory possibilities. An odour kit is made of a range of fragrances arranged from the sharpest to the subtlest contrasts. A ‘dumb’ nose, says Latour, is only able to register the sharpest contrasts. However, with the right training, we acquire a nose with a fine appreciation of these fragrances, registering even the most subtle differences. In this way a person may “acquire an organ [...] that allow[s] her to inhabit a (richly differentiated odoriferous) world” (Latour, 2004, p. 207, original emphasis). Through the development of a ‘nose’, a person becomes sensitive to new possible capacities and realities in the world and has not only acquired a sensory medium but also now enacts a new sensory world. For Latour, this is a process of learning which forces in the world we can affect and how these forces may affect and change us. Working with these ideas, drug education can be seen as a practice that takes part in an ontological politics that attempts to enact young people’s capacities and sensitivities and shapes their conditions of possibility in particular and always political ways.

The approach introduced here inspires me to ask questions of drug education’s role in sensitising young people to certain capacities and possibilities and to analyse the sensitivities and capacities articulated in young people’s accounts of drug consumption. While traditional research on the effectiveness of drug education may ask how effective education strategies are at reducing young consumption, following Mol and Law, I ask whether the realities enacted in them are ethical. While some drug education research might ask whether the information provided to young people is ‘accurate’, I ask what role drug education plays in constituting specific potentially harm-reducing or harm-producing realities? While many drug

education researchers are concerned with young people learning the appropriate risks of consumption, inspired by Latour, I ask: what capacities and sensitivities does drug education work to enact? Together I analyse whether the realities and sensitivities produced here are harm-reducing. What are the ethics of sensitivities and realities drug education aims to enact through its articulation of youth sociality and alcohol and other drug consumption? What realities and sensitivities emerge in the young men's accounts of drug consumption?

## Analysis

I analyse two datasets in this chapter: (1) examples of youth alcohol and other drug consumption drawn from an Australian drug education text; and (2) interview data drawn from 22 in-depth interviews with 25 young male MDMA and other party drug consumers undertaken in 2014. The methods I used to assemble these two datasets have been described elsewhere (Farrugia, 2015, 2017; Farrugia & Fraser, 2017a, 2017b). Suffice to say in this short chapter that the texts were drawn from an extensive review of available classroom drug education resources and the interviews were qualitative and semi-structured. Participants were invited to share narratives of MDMA and other drug consumption and asked questions about social relationships, positive and negative drug consumption experiences, the places and times of use, preferred information sources and experiences of drug education. Analysing both datasets with my STS-inspired approach means that neither are thought of as presenting a neat representation of a stable reality; rather both take part in an ontological politics that materialises particular relations, concerns and realities while relegating others to the background.

## Realities of partying enacted in drug education

Within Australian drug education resources, young people's social alcohol and other drug consumption is generally articulated through narratives of partying that are riddled with dangers, including peer pressure. Here I present two articulations of youth drug consumption and sociality and explore their ontological politics. The examples appearing in this chapter are found in a teaching resource entitled *Get Ready* (Department of Education and Early Childhood Development [DEECD], 2013). Published by the state Victorian Government's DEECD, now known as the Department of Education and Training (DET), and designed for Years 9 and 10 students (ages 15 and 16 years), this resource contains a number of activities that ask students to create 'strategies' to deal with drug consumption events. For example, students are offered the following:

Steve has been invited to a party with a group of guys he has started to hang out with. When he arrives, he finds the guys sitting in the basement, listening to music. As they talk, Joe lights up a joint, takes a few drags and starts to hand

it round the circle. Steve is next in line. He hasn't given this much thought but feels like now he's expected to join in... Think of 3 things he could do.

*(DEECD, 2013, p. 19)*

What reality of youth drug consumption is enacted here? The first and perhaps obvious point is that, while the dangers articulated are quite banal, youth consumption is enacted as a taken for granted problem. The scenario suggests that the appearance of a joint alone transforms a social situation otherwise focussed on listening to music and fostering new friendships into one laden with danger. Steve's feeling that he should participate in smoking the joint implies that the presence alone of cannabis entails peer pressure. Further, the presentation of this scenario as a problem to be solved, in which the students must develop three 'strategies' to do this enacts a specific audience or drug education subject. This is a young person who is articulated as being someone who would have avoided such a social engagement altogether had they known cannabis might be available.

In chiefly sensitising young people to the very simplistic dynamic of peer pressure, this activity operates to present the development of refusal skills and ways to 'say no' as a legitimate and indeed primarily important approach to drug education (Farrugia, 2014). This occurs at the expense of other potential sociality that can and often is enacted during drug consumption. For example, enactments of care (Fraser, 2013), the development of new friendships, shared responsibilities and trust (MacLean, 2016) and shared experiences of intimacy (Farrugia, 2015). These are sensitivities that drug education attempts to efface in an effort to assemble normative social relations and conservative, or at least conventional, health practices.

The next enactment of youth sociality and consumption presents a narrative in which a young woman has a regrettable experience dancing at a party. In a lesson entitled 'Regrets: Before and after plans', students are first required to read a series of scenarios. The activity then requires students to develop three pieces of advice to give the protagonist (in this case, Tracey) if they were able to travel back in time before the event and three pieces of advice for after the event so they can 'deal with their needs now this has happened' (DEECD, 2013, p. 33).

#### Hitting the dance floor

Tracey (17): I had been keen on Jed forever. Finally we ended up at a party together. I had a few drinks just to get up the confidence to talk to him. Maria was pouring them. I don't know what she put in them. I went over to join where he was dancing with his friends. Maria told me to try dancing up close to him and then to pretend like I was falling so I could fall onto him and he would catch me in his arms and we could take it from there. It didn't work like that. I kind of threw myself harder than I meant to. He didn't catch me – he ducked like he thought I was attacking him! I fell over the coffee table. Everyone laughed. I felt like an elephant. I didn't even realise I had broken my tooth until I got home.

*(DEECD, 2013, p. 33)*

This narrative fleetingly draws attention to alcohol consumption before articulating a tale of compromised feminine comportment and regret. Tracey's fall is presented as occurring primarily because of alcohol consumption and potentially due to Maria providing drinks that were stronger than expected. Yet, aside from this, the reality enacted here focuses primarily on feminine comportment and reproduces very conservative gendered dynamics common to health promotion campaigns (Brown & Gregg, 2012). The use of the image of an elephant plays on gendered expectations of feminine beauty and 'grace'. Rather than Maria or other party attendees showing care for Tracey, we simply read that 'everyone laughed' and that, by breaking her tooth, she again damaged her beauty and position as a legitimate feminine subject. This activity is as concerned with sensitising young people to appropriate feminine comportment as it is with warning them of the dangers of alcohol and other drugs. Pleasure and positive sociality are absent again and, perhaps most importantly, no questions are asked of the gendered social relations that position young women to be extra vigilant of their physical appearance, conduct and reputation. Tracey simply must feel regret at this event and young people must offer advice on how to avoid such regret in the future. This is not to argue that the students of the class are not able to offer a critical perspective on the activity. However, gendered morality tales such as this one are very common in Australian drug education resources (Farrugia, 2017). In this way, drug education takes part in a troubling gendered ontological politics that operates to instruct young people in normative gender moralities and reduce, rather than increase, their sensitivity and potential capacity to ask critically motivated questions of them (Dobson & Ringrose, 2016).

If I had approached this drug education text using traditional research approaches and questions of 'effectiveness' I would have simply asked whether using peer pressure and gendered moralities of regret to define parties and social drug consumption would reduce consumption or harm. Of course, the reduction of alcohol and other drug harms is an important goal. However, such an approach does not engage with the ethics of the realities of youth consumption enacted here. That is, I would not have engaged with the ontological politics of drug education that operates to materialise the forms of consumption, sociality and gender that it then describes and asks young people to think of strategies to avoid. In this way, an ontological political approach encourages an analysis that is able to ask if drug education inadvertently works to produce a range of broader harms in efforts to reduce alcohol and other drug consumption (presented as itself an intrinsic harm).

### **Realities of partying enacted by young men**

I now focus on analysing the ontological politics and sensitivities articulated in interviews with young men about 'party drug' consumption. Unlike the realities of parties enacted in the drug education text, the young men articulate sensitivities for interpersonal connection, corporeal pleasures and positive sociality. Most simply, the partying articulated by these young men indicates sensitivities to an array of forces active in social consumption events that are not comprehended by narratives of risk, harm and regret.<sup>2</sup>

My first example of these sensitivities is articulated in Karminu's (age 17) discussion of a New Year's Eve party he attended. About half an hour after consuming ecstasy, Karminu walked into the house to use the toilet.

I walked inside and I see this huge grand white piano [...] It was amazing, so I sat down. I saw the girl who owned the house and I was like, 'do you mind if I play your piano?' she was like, 'yeah go for it'. I started playing and the chords just vibrated through me, I felt amazing. And the thing is, I don't usually sing in front of people [...] but I felt so amazing I just had to sing and the girl who owned the house joined in and we jammed [...] It was just amazing and now I am dating that girl, because after that song we just started talking and we connected. We just connected right away.

Traditional approaches to drug education research would focus primarily on the potential risks posed by the drug consumption described here. Indeed, such experiences may be constituted as partly the result of ineffective or no drug education. An analysis based primarily on risk and harm would also obfuscate the pleasures of the sociality described by Karminu here. However, by analysing the ontological politics of the sensitivities that emerge here, a more sophisticated account of Karminu's experience is possible. Karminu draws attention to many different forces often ignored in drug education. For example, the corporeal pleasure produced through the agency of objects (the piano) and the music he felt compelled to play emerges as significant. He also articulates an expansion of agential capacities, his ability to play music and sing in front of a group of people, many of whom he does not know. This is what Latour might call a new sensory medium, a process of learning to affect and be affected by the world in new ways. Importantly, for Karminu the particular mingling of these forces at this moment produced a specific connection between him and a young woman, the beginnings of a meaningful relationship.

In the following exchange, Jonnie and Sloan (both aged 17) emphasise sensitivities and capacities comparable to those of Karminu. Interviewed together, these young men offer the following story about a party.

JONNIE: Our friend has a holiday house and the first time we went there I brought up like 400 mushies [psilocybin mushrooms] or something that I had picked the day before. Everyone was mush tripping and I said, 'No. Everyone has to get rid of their phone'. We had this technology drawer; so like no electronics were allowed for the whole night. It was full of everyone's phone and it just ended up being a much better night because people start sitting on their phone just looking at something.

[...]

SLOAN: Yeah it definitely does [separate the person from the group] because you're less talkative. Like the communication's lost, you're just sitting there [looking at the phone].

Again, in contrast to the realities of partying enacted in the drug education document, rather than experiences of risk, harm, peer pressure and regret, Jonnie and Sloan emphasise sociality, pleasure and communication. Importantly, both young men want to shape the event in a particular way. Considering the array of forces active at the holiday house, the young men cannot take full control of the event, they want to make some things more likely. Specifically, Jonnie wants to ensure that members of the group are not separated and communication is not lost. He cleaves phones and technology from the experience and, in his words, this leads to a 'much better night'. This sensitivity and capacity for communication is a particularly important pleasure offered by social drug consumption and one that was emphasised throughout this research (see Farrugia, 2015). In this way, these young men also take part in an ontological politics of youth drug consumption. Their practices and the way they articulate them in an interview have material affects that work to shape sensitivities, capacities, possibilities and realities. In this instance we can see the capacity to affect and be affected by the agential force of a particular object (the mobile phone) in order to shape social relations and drug consumption in a particular way. This is a capacity that the focus on risk, regret and peer pressure present in drug education not only ignores but actively attempts to diminish (Farrugia, 2014).

### **Analysing the ontological politics of drug education sensitivities**

It is pertinent to ask, as I did of the drug education realities, what sensitivities and capacities are fostered here? Perhaps most obviously, these young men participate in an ontological politics of youth drug consumption that does not enact such practices as intrinsically dangerous, harmful or regrettable. They speak to the possibility of assembling events of consumption that produce pleasure and meaningful social relations. Partly through their consumption, they acquire a medium or nose to experience and assemble the world in particular ways. However, I do not analyse these two datasets alongside each other to argue that one offers 'truer' accounts of youth consumption than the other as my approach does not invest in a singular reality to represent 'accurately' or 'inaccurately'. Rather, I want to analyse the different sensitivities and possibilities that traditional engagements with drug education and much youth drug consumption are unable or unwilling to consider.

Using this approach, it is possible to consider whether perhaps drug education and understandings of youth drug consumption generally can move beyond notions of 'bad drugs' and 'bad people' to instead attempt to address the different possibilities that emerge out of such practices and encourage young people to become sensitive to the different capacities and possibilities that they themselves take part in assembling. Such complex experiences are already emerging, providing important opportunities for researchers, educators and policy makers to reconsider the practices that drug consumption makes possible. As it stands, drug education strategies that enact youth consumption within two-dimensional rigid morality tales do not operate to foster such harm reducing capacities. Instead, the kinds of

realities enacted may actively efface such possibilities and sensitivities and in doing so can be understood to take part in a troubling ontological politics of youth drug consumption. This analysis suggests the need for a more courageous approach to drug education, one that is able to engage with the heterogeneity of such practices, their pleasures and risks, and the multiple capacities, sensitivities and realities that they produce. This is not to underplay the potential for harm but to avoid attempts to determine young people's alcohol and other drug consumption according to this possibility. Indeed, by portraying practices in such rigid terms and refusing to acknowledge other experiences, drug education may stimulate a scepticism of the information offered (Farrugia & Fraser, 2017a). It seems by obfuscating the many possibilities offered by drug consumption practices and continuing to rely on tired narratives of pressure and regret, opportunities to foster new harm reducing realities are lost and harm is courted rather than averted.

## Notes

- 1 For brevity I use the term 'drug education' in this chapter. This should be taken to refer to both education about illicit drugs and about licit drugs such as alcohol.
- 2 In contrast to the analysis of the drug education resource, I do not focus on gender in my exploration of these young men's articulations of social drug consumption. Such a focus warrants a specific and detailed analysis beyond the scope of this short chapter. Please see Farrugia (2015) for an analysis of masculinity and young men's drug consumption and Farrugia (2017) for an extended analysis of how gender shapes Australian drug education resources.

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# 5

## USING BOURDIEU TO UNDERSTAND HEALTH AND EDUCATION

*Katie Fitzpatrick*

Unlike various other social theories, it is not possible to use parts of Pierre Bourdieu's theory and ignore others. While a number of scholars highlight particular aspects over others, Bourdieu's theory is rooted in the relationality between elements, so that each concept cannot exist except as it is relative to—and constituted by—the other elements (Grenfell & James, 1998). This is fundamental to Bourdieu's thinking: that relations of power are inherently both relational and located in specific contexts. Bourdieu's key concepts are: field, capital(s), doxa, symbolic violence and misrecognition. The concept of habitus—which has been used a great deal in education and other disciplines—is a form of capital, as I explain further below.

In this chapter, I briefly overview these concepts and make links with how they have been applied to research in health and education. In so doing, I argue that Bourdieu's sociology is particularly useful for examining certain kinds of questions and concerns because it highlights the intricate intersections between the body and culture over time. Shim (2010) argues that, in terms of health equity, we know that race, class, and gender have an epidemiological relationship with health outcomes but that this operates like a 'black box' in that we do not know how these complex intersections work across different social contexts. Bourdieuan theory offers an explanation for the black box or, at least, a way to unpack and analyse the complexities underlying the social realities that reproduce (for example) health status over time (Pinxten & Lievens, 2014). This concerns analysing how forms of capital are more or less available to individuals according to their history, place of dwelling, cultural context, familial relations, education and so forth. Such understanding has implications for health education in that it enables a nuanced understanding of the social and political contexts of health.

## A relational theory

In brief, Bourdieu argues that social relations and hierarchies can be understood with reference to various forms of capital. The notion of capital has been used in multiple ways to understand how sources of power (money, skills, attributes and so forth) are accumulated, expressed, converted, used and traded in a range of situations. In economic terms, capital refers to the exchange of money or possessions. Sociologically, capital is a more nuanced concept that allows analyses of how esteem and social hierarchies are maintained and reproduced (Bourdieu, 1986). For Bourdieu, the notion of capital is fundamental to understanding how power works in social settings. Capital in this sense is both physical and symbolic but it only exists in a particular physical and social context—what Bourdieu called a *field*. The field is the site of production of capitals, and capitals only hold meaning in relation to their fields of production and expression.

## Field

A field is a social space with particular recognisable cultural practices (although these are contested, diverse and non-static). Bourdieu likened the field to a game, the rules of which are known to players. Various roles, forms of power (capital), and dispositions, are employed in the game and players believe in the game, and are invested in its workings. As Veenstra and Burnett (2014) observe:

Employed as a spatial metaphor, fields can be thought of as social arenas endowed with a specific gravity and force that influence the actions and reactions of social actors who have tacitly agreed to the rules of the game.

*(Veenstra & Burnett, 2014, p. 189)*

Fields are highly relational, both internally (interactions within the field itself), and by comparison with other fields, some of which overlap. This is crucial because, although fields exist in and of themselves, they only matter in relation to the forms of capital operating within them and how they are positioned in relation to other fields (fields are hierarchically positioned). Forms of capital in any field are expressed directly in the bodies of actors and manifest at the intersection of the biological and the social as, what Bourdieu (2005) called, ‘habitus’. Habitus, other forms of capital, and field work in combination—relationally—to produce and reproduce social practice. As Abel (2008) argues: “cultural resources affect the use of economic capital for health”; “economic and social resources affect cultural capital for health”; and “cultural resources affect social capital for health” (p. 3). Important to note, however, is that the body is intimately implicated in all of these. Bodily—or physical—capital also affects and reflects how social, cultural and economic capitals are both accrued and used (Iisahunter, Smith, & emerald, 2015b; Shilling, 2012). Forms of capital carried in the body are also read and misread in relation to health (a point I return to later).

The contexts capital operates within are of central importance then to understanding how capital affects people's actions, and what kinds of capital are valued. The context, or field, of practice produces the forms of capital operating within it. For Bourdieu, how capital is expressed and articulated differs "depending on the field in which it functions" (Bourdieu, 1986, p. 84).

## Capitals

Individuals amass capital over time—even over generations—but not only in the form of possessions and money. Bodily dispositions, style, likes and dislikes, values, accents and physical expressions, as well as social relations and behaviours are reproduced within social contexts. For Bourdieu, "the social world is accumulated history" (Bourdieu, 1986, p. 83). Veenstra (2007, p. 16) notes that "Bourdieu essentially argues that the social space based upon the possession of capitals serves to frame cultural tastes and practices, and that these tastes then serve to manifest social class inequalities." Bourdieu defined three different types of capital: economic, social and cultural:

*economic capital*, which is immediately and directly convertible into money and may be institutionalized in the form of property rights; as *cultural capital*, which is convertible, on certain conditions, into economic capital and may be institutionalized in the form of educational qualifications; and as *social capital*, made up of social obligations ("connections"), which is convertible, in certain conditions, into economic capital and may be institutionalized in the form of a title of nobility.

(1986, p. 84, *emphases added*)

Forms of capital, then, are not limited to directly tradable commodities but can be located in cultural artefacts, possessions, and are expressed in bodily actions (Shilling, 2012).

In Bourdieuan sociology, capital is connected inextricably, but in complex ways, to social class and access to resources of every kind. Social relations, forms of status and capital are reproduced in families, communities and in the body. Bourdieu thus critiques the notion of equal opportunity, the idea that everyone has roughly the same chance to achieve social status and 'success' in life; he argues that, underlying this myth are complex social realities that reproduce status along specific lines over time.

As outlined in the previous section, for Bourdieu, economic capital, cultural capital and social capital can only be understood in relation to each other, and in light of how they are formed and operate within a particular field of practice. In the sections that follow I overview how these different forms of capital coalesce in relation to health.

## Economic capital for health

Economic capital is perhaps the most straightforward concept as it relates to money, possessions and wealth. This can be gained by the individual or passed down through familial inheritance and the like. Of course, economic capital

structures access to goods and services, and also determines food security, access to health care, medicines, supplements and complementary practices. Security of income affects levels of stress and mental health (Marmot, 2015). However, absolute income is perhaps not as important as relative income within particular societies. Wilkinson (2000, p. 411) argues that, “people in deprived neighbourhoods do not have bad health because of inequalities within the neighbourhood, but because the whole neighbourhood is deprived in relation to wider society”. Economic capital thus intersects dynamically with cultural and social capital in that how people choose to spend their money (or indeed the level of choice they have at all), can only be understood in relation to cultural settings, values, social relationships and so forth, as well as in relation to the relative choices of those in other places. While, as Abel (2008) argues, cultural and social capitals structure how people use their economic capital for health, the relative material conditions structure the level of choice people have in the first place. In other words, the relationship between capitals explains “how people’s behavioural options and preferences are constrained and structured by their cultural, social and economic resources” (Abel, 2008, p. 3).

### **Social capital for health**

Significant work has been done on how forms of social capital operate in relation to health. Social capital “refers to the network of connections that one can mobilize and to the volume of the capitals—economic, cultural, and symbolic—possessed by each person to whom one is connected” (Cemalcilar & Gökşen, 2014, p. 98). As Veenstra and Patterson (2012) note:

education, income, and social relationships are to some degree interconnected in their effects. For instance, plausible mechanisms for the health effects of education include acquisition of health-promoting material resources such as income and quality housing, and one plausible explanation for the health effects of both education and income pertains to acquisition of large, wide, and varied social networks. (p. 278)

Social relations in this sense are embodied as habitus, and so are dynamically structured by (different) fields. In this sense, social capital might take on quite different forms in different places and across cultural contexts.

### **Cultural capital**

Cultural capital was of central concern for Bourdieu in understanding how people achieve success and gain access to economic capital. He explains that:

Cultural capital can exist in three forms: in the *embodied state*, i.e., in the form of long-lasting dispositions of the mind and body; in the *objectified state*, in the

form of cultural goods (pictures, books, dictionaries, instruments, machines, etc.), which are the trace or realisation of theories or critiques of these theories, problematics, etc.; and in the *institutionalised* state, a form of objectification which must be set apart because, as will be seen in the case of educational qualifications, it confers entirely original properties on the cultural capital which it is presumed to guarantee.

(Bourdieu, 1986, p. 84)

In this sense, the notion of cultural capital is complex, in and of itself, and it is also interrelated to the other forms of capital discussed on p. 00. Furthermore, it is also reliant on and located in relation to *field* (the social and cultural location of practice).

If we take Bourdieu and Passeron's (1990) ideas about education, but apply them to the health context, we can see the role of cultural capital vis-à-vis health. With respect to education, the argument goes like this. There is a 'common sense' notion that children who work harder and/or are more able, naturally achieve greater success in the education system. While this is true to some extent, it ignores the overwhelming evidence of the role that cultural capital plays in schooling achievement. It ignores the "the contribution that the educational system makes to the reproduction of the social structure" (Bourdieu, 1986, p. 85). Children from middle class families do consistently better in education than those from working class families. This pattern is both self-fulfilling—as children with more highly educated parents are more likely to have success in education—and obscured by a persistent and unshakeable belief, in western societies at least, that hard work is all it takes (Kenway et al., 2017). What lies beneath this social pattern is a whole system of hidden practices that ensure cultural reproduction. These practices range from access to particular books at an early age, to whether academic language (in the dominant language) is used in the home, to the provision of particular knowledge, travel opportunities, and so forth (Bourdieu & Passeron, 1990; Grenfell & James, 1998). Of crucial importance is how cultural capital is inscribed in the body and is recognisable in the way that people dress, speak (including accent), walk and behave in social situations. Indeed, one's social class location and access to particular cultural mores can be read in the body (Ishahunter, Smith, & Emerald, 2015a; Shilling, 2012). In relation to health, this has extensive application in how health-related behaviours, dispositions, and even views of health, are approached in different social settings and communities. Abel and Frohlich (2012, p. 237) argue that, "[i]n the form of knowledge and skills, cultural capital is a precondition for most individual action and, as such, is a key component in people's capacity for agency, including that for health." For example, health literacy (Nutbeam, 2000), as a form of cultural capital, affects both access to health and the way health is approached, conceptualised and practised. Abel and Frohlich (2012) provide a useful overview of how this works:

The active acquisition and development of such capital is part of individual and collective agency, as is making health-relevant use of them. In other words, in order for cultural, social and economic capital to become health promoting, individuals have to actively use them. For instance, money is “spent” on health-relevant behaviours (such as physical activity classes), support in health matters is “sought out” (such as participating in self-help groups) and knowledge is “applied” by individuals in order for it to function actively to engender health (for instance decisions about what one eats).

(p. 238)

What is missing in this reading, however, is the critical importance of *field*. There is, rather, an assumption in this statement that ‘what one eats’ or how one spends money on ‘health-relevant behaviours’ is both a given and a matter of choice. In fact, if we adhere to the concept of field, what is actually practised, perceived and experienced as ‘healthy’ may be quite different from one field to the next.

## Habitus

The experience of health is also structured by habitus (which is itself a product of the field in articulation with other forms of capital). Embodied capital—or *habitus*—is expressed in, and by, bodily dispositions. Habitus relates not only to bodily movements and actions but also how a person views particular actions and behaviour (forms value judgements) and how they see the actions of others. Habitus is then highly specific culturally, socially and with regard to location.

Bourdieu notes that the politics of field/s are, of course, inscribed within the bodies of individuals, and therein can also be read the social history of the site:

Because practice is the product of a habitus that is itself a product of the embodiment of the immanent regularities and tendencies of the world, it contains within itself an anticipation of these tendencies and regularities, that is, a nonthetic reference to a future inscribed in the immediacy of the present. Time is engendered in the actualisation of the act, or the thought, which is by definition presentification and de-presentification, that is the “passing” of time according to common sense ... habitus, adjusted to the immanent tendencies of the field, is an act of temporalisation through which the agent transcends the immediate present via practical mobilisation of the past and practical anticipation of the future ...

(Bourdieu & Wacquant, 1992, p. 138)

A study of habitus is, by necessity, a study of social history and how the field (a product itself of historical politics and relations of power) is inscribed in and expressed by the body.

## Doxa and symbolic violence

If we then understand the field as a social and cultural space, the boundaries of which are determined by recognisable and accepted forms of capital, it is possible to understand that each field has what Bourdieu (1990) called a ‘logic of practice’ operating within it. He likened the logic of practice to a game, the rules of which are understood and rarely questioned by participants. Indeed, if one is fully immersed in a particular field, the rules of the game become second nature to the extent that they are almost invisible and may be followed unconsciously. Bourdieu called the alignment between habitus and field *doxa*, an embodied reinforcement of the rules of the game, and an attestation that the forms of capital are ‘good’ and ‘right’. This is not to suggest that forms of capital go completely uncontested; indeed, as Bourdieu (2005, p. 47) argues, every field is a site of “tensions and contradictions ... that means that it is simultaneously a field of struggles or competitions, which generate change”. Nevertheless, hierarchies within fields are relatively durable so that:

the structure of the distribution of the different types and subtypes of capital at a given moment in time represents the immanent structure of the social world, i.e., the set of constraints, inscribed in the very reality of that world, which govern its functioning in a durable way, determining the chances of success for practices.

*(Bourdieu, 1986, p. 83)*

This means that simply shifting fields or gaining economic capital does not necessarily enhance a person’s access to social status or other forms of capital. Access, then, to the various forms of capital—economic, cultural and social—determines the potential for success across different social fields. While fields are in some ways distinct, they also overlap and individuals may cross between fields as they engage with work, study, family, children, travel and so forth.

In any particular location, there is also a general social field (which Bourdieu called the ‘field of power’) and forms of capital that traverse almost all fields. For example, as Shilling (2012) argues, particular bodily traits (such as thinness, clear skin, muscularity and white teeth) are almost universally recognised forms of cultural capital in relation to health and wellbeing, at least in western countries (but increasingly in non-western sites as well) (Shilling, 2012). While these traits are contested, the rules of what is desirable, beautiful, and deemed to be healthy are fairly consistent. This is then a form of *doxa*. *Doxa* describes the ‘taken-for-granted’ in fields; it is the acceptance of power relations, forms of capital and status as ‘natural’ or ‘just the way things are’. *Doxa* begets symbolic violence because arbitrary social hierarchies that marginalise and discriminate are accepted as normal and right (Isahunter et al., 2015a). The relationships between field, capital and habitus are of particular importance in considering a Bourdieuan sociology of health. While health promotion research acknowledges the role of community and social

interactions in health behaviour, Bourdieu's understanding of field—and its relationship to capital—is a much more articulated, complex and located concept. It insists that an individual experiences field as an ontological reality; to be immersed in a field is to accept the 'rules', the logic of practice, and forms of capital as normal, and to live this in the body.

## Misrecognition

The final concept I want to briefly explain here is Bourdieu's notion of *méconnaissance* or misrecognition. Bourdieu asserted that "Belief is ... an inherent part of belonging to a field" (Bourdieu, 1990, p. 67). Belief in the field, belief in the social game is a compulsory part of field membership. If members cease to believe in the field, then the game is up, or it is exposed as only a game. The common belief in the forms of capital in the field hold the field together. Bourdieu explains misrecognition in relation to school in the following way:

Legitimation of the established order by the School presupposes social recognition of the legitimacy of the school, a recognition resting in turn on misrecognition of the delegation of authority which establishes that legitimacy, or, more precisely, on misrecognition of the social conditions of a harmony between structures and habitus sufficiently perfect to engender misrecognition of the habitus as a product reproducing what produces it and correlative recognition of the structure of the order thus produced.

*(Bourdieu & Passeron, 1990, p. 206)*

In relation to health, the complex production of capitals that ensure health (or how health is read and enacted in the body within social contexts) creates the misrecognition of health whereby people are assumed 'healthy' or unhealthy on the basis of body shape and size, and a range of arbitrary practices. How health is judged and brought about—according to the capitals discussed earlier—is obscured in the same kind of 'black box' that Shim (2010) discussed.

## Asking research questions with Bourdieu

While the theoretical framework undoubtedly informs the kinds of questions that are asked, as well as methodological and analytical possibilities, theory can (debatably) also be applied to research materials post-hoc. The kinds of research questions that might be asked within a Bourdieuan framework will involve the researcher engaging in analyses of power, social relations, place and space, the possibilities of practice, and how practices are inscribed by (and only possible in relation to) cultural contexts. Issues of marginality, social hierarchies, exclusion and equity all lend themselves well to a Bourdieuan analysis, as do questions of place, space, materiality and embodiment. In health and education, there are many questions that might emerge from a Bourdieuan

analysis. In this final section, I begin with the notions of field to ask how young people and teachers in one school drew on different fields to understand the body, beauty and health.

The examples are from a critical ethnographic study of young people in health education (and physical education) in New Zealand. The study was a year-long, in-depth investigation into youth experiences at the intersection of ethnicity, social class, place, gender and sexuality (see Fitzpatrick, 2013). I focus here on two moments in this project. First, the approach taken by one teacher at the school (Ms W) to teaching about obesity and health and, second, how notions of field and capital framed students' approaches to their own understandings of body, beauty and health.

#### Ms W's lesson

In a new, brightly lit, prefabricated classroom, year thirteen (17–18 year old) students, sit in grouped desks. In their final year of school, most of these young people identify this subject, physical education, as their favorite. On the whiteboard, their teacher, Ms W, reminds them about the guidelines for critical thinking. She writes: *summarize the author's main points; canvass all opinions in the article; critique opinions; state your own viewpoint*. Students diligently copy down her notes. The topic under study is the 'obesity epidemic'. Students have collected various articles from newspapers, magazines and medical journals. They begin to summarize the findings. Mary is sitting next to me, she pulls out a newspaper article titled: "Pacific people fail to get health message" (New Zealand Herald, 2007). She begins to make a list:

- 56% of New Zealand adults are overweight or obese
- 41% of Maori children are overweight
- 61% of Pacific Island children are overweight

She turns to me and states, "gosh, people in this community really need to lose weight, maybe everyone should do PE eh?" Others in the class are working on essays. Most state the reported 'facts' of the obesity epidemic and make suggestions that more gyms be built in their community.

(Fitzpatrick, 2013, p. 148)

#### Student approaches to body, beauty and health

Although they didn't seem to me to be obsessed with bodies and food, they [the students] categorize food as unhealthy or healthy, bad or good. Unsurprisingly, given the widespread public acceptance that obesity is a problem, fat content is the basis of these divisions. Admissions such as "I like these, but I know they're bad" accompany the consumption of meat pies. Bread rolls filled with salad, on the other hand, are "healthy and good for me". Students acknowledge fruit as the healthiest of all food, even though it's "quite boring".

(Fitzpatrick, 2013, p.149)

While Maori and Pasifika bodies are represented in obesity campaigns as problematically overweight, the young women at Kikorangi also view their bodies in some ways as problematic. The bodies they see in their communities though, along with the acceptance of a range of bodies in their local Maori and Pasifika cultural environments, ameliorated this view. Malia, for example stated that “in a way I feel pressure to be skinny but there’s other girls out there and they’d die for a body like this.” Malia valued her brown body as strong, attractive and competent, acknowledging that she sometimes wanted to be skinny but, by comparison with other girls, she was satisfied.

*(Fitzpatrick, 2013, p.150).*

These two examples (taken from the book on this study) show the intersection between field and capitals in the lives of these young people. I analysed this as an intersection of fields whereby the students drew on two different fields: the general field of power in which slim, white bodies are inherently connected to notions of both health and beauty; and the field of their own cultural context (in this case Pacific Islands communities in South Auckland, New Zealand) where slimness and whiteness do not hold capital value. However, the location of fields is also important more broadly in the sense that the general field of power is located hierarchically in relation to the local field of practice. So, racist and classist logics of practice still prevail. In this book, I also explored how social class and place coalesced to produce particular health-related practices based in necessity, and so notions of health and choice were circumscribed by social class and economic realities. Body size was invariably implicated in this, as the following example highlights:

obesity research and interventions can be viewed, in Bourdieu’s terms, as a cultural field. The underlying assumption of this field is that there exists a worldwide trend of people getting fatter; indeed, that this trend is of ‘epidemic’ proportions. Slim bodies have more symbolic value in the field than ‘fat’ bodies because they are seen to be ‘normal’ and healthy bodies, not at risk of disease. There is a hierarchy of bodies in this field that is both classed and racialized. Māori and Pasifika communities are disproportionately targeted in obesity campaigns. The logic of practise of the obesity/intervention field in New Zealand constructs Māori and Pasifika bodies, *brown* bodies, as overweight, unhealthy and in need of remediation. Brown bodies have far less physical capital than white bodies.

*(Fitzpatrick, 2013, p.149)*

## Conclusion

Bourdieu was, and continues to be, (mis)interpreted as a ‘grand’ theorist, a label he rejected, insisting that his work was deeply located in practice (Bourdieu, 1990). While his writing continues to be enormously sociologically productive, it is

located deeply in both his empirical research and his own reflexive accounts of practice, including those of the academic and sociological fields within which he was immersed. Bourdieu also constantly revisited, critiqued and extended his own analyses and, in so doing, furnished his ideas with examples, case studies and reflections taken from his own and others' research practice (for example, Bourdieu, 1990). In this, he exposed his own processes of theory and method by commenting explicitly on the possibilities of thought rendered by doxa, his own habitus and the limitations of the fields of practice. His work then contains layers of, not only spatial, but also temporal, reflexivity. Albright and Luke (2008, p. 23) argue that "Bourdieuian reflexivity cuts through forms of misrecognition at the heart of fields to ignore how questions are typically asked and pursue lines of inquiry thought unthinkable in those fields". His methods of inquiry have thus extended the fields of practice because of his attention to the theoretical and epistemological within.

Because health is somewhat ubiquitous and traverses almost all social fields, it is of the utmost importance to understand how people accrue and maintain 'healthiness'. Bourdieu's sociology can assist here because he was interested in, not only symbolic forms of capital but, crucially, how capital manifests in the bodies of agents and is expressed at the intersection of both society and bodily dispositions. While health is often assumed to be a physical 'state', decades of research show that it is, of course, determined by social, economic, political and environmental, as well as psychological and biological factors. Health then is inherently related to forms of capital available to individuals at the intersection of culture, location, economic status, and identity. So, where a person lives, and what resources they have available to them are equally as important to their health as biological inheritance. Bourdieu's ideas remain valuable for exploring how social, political and geographical contexts frame, not only health-related behaviours and possibilities, but how health is viewed, judged and conceptualised.

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# 6

## POSTSTRUCTURALIST AND NEW-MATERIALIST APPROACHES TO ANALYSES OF BULLYING AMONG CHILDREN

*Nina Hein and Dorte Marie Søndergaard*

Poststructuralist and new-materialist theory share the epistemological ambition of understanding the emergence of phenomena as complex processes that involve the interaction and entanglement of heterogeneously combined elements and forces. These elements and forces are open-ended, continually enacted and productive. This broad epistemological ambition has developed over time—from the work of Michel Foucault in the mid-1970s, Gilles Deleuze and Felix Guattari in the 1980s, Bruno Latour and Judith Butler in the 1990s, through to the newest branch of new-materialist theory in the form of Karen Barad's agential realism (2007). Specifically, the shared focus of their ambition is to understand the complex processes of becoming and transformation related to the world, societies, humans—and within psychological and pedagogical traditions—the social and the subjective. This goal guides the attempts to continually refine the development of the theoretical conceptualisations that are applied to understand specific empirical phenomena's fluid processes of becoming.

In this chapter we first introduce a few of the key concepts used in the pursuit of this research ambition. Here, we focus mainly on the development from Foucault's concept of the *dispositif*<sup>1</sup> to Barad's material-discursive apparatus. In developing her notion of the material-discursive apparatus, Barad reads Foucault's *dispositif* and Haraway's apparatuses of bodily production diffractively with Niels Bohr's concept of experimental apparatuses in physics. We bring these conceptualisations together with Butler's concept of subjection and the reflexive strategies of inquiry that are an intrinsic part of her approach to concept development, to enhance sensitivity to particular phenomena enacted in such more comprehensive apparatuses. Taking these theoretical approaches and conceptualisations as our point of departure, we give two examples of how this line of thinking can be implemented in an analytical approach to empirical material within a pedagogical, psychological field. The first example concerns the development of conceptualisations into analytical strategies

of inquiry and reading that aim to process the research material and generate the analytical points that form the backbone of one's knowledge claims. The second example is inspired by sociologist Adele Clarke's work with situational analysis (2005) and her use of 'situational messy maps' as an analytical tool to retain focus on the numerous forces and elements that work together in a given situation and produce meaning, truth, consequence and subjects (Hein, 2017).

### **Social and subjective becomings of material-discursive intra-activity**

Foucault developed his conceptualisation of the *dispositif* in the mid-1970s. He was interested in the history of madness (Foucault, 1965), the emergence of the prison system (Foucault, 1977), and the ways in which the regulation of sexuality manifested as a societal issue that could be problematised (Foucault, 1978). He argued that all of these phenomena were made thinkable and manageable through a distributed power that was installed in knowledge, institutions, discourses and practices.

Foucault had a particular way of approaching historical genealogy; instead of thinking in terms of origins and the culmination of development, he focused on investigating the proliferation of complex and mutually intersecting elements that create the present in a specific form. Expanding upon this, he developed the concept of the *dispositif* as productive and aimed at providing answers to the problematisations that were in focus in a given historical period (Foucault, 1971; Rabinow & Rose, 2003). In an interview, Foucault said that the *dispositif* is:

a thoroughly heterogeneous ensemble consisting of discourses, institutions, architectural forms, regulatory decisions, laws, administrative measures, scientific statements, philosophic, moral and philanthropic propositions; in short, the said as much as the unsaid. Such are the elements of the apparatus. The apparatus itself is the system of relations that can be established between these elements.

*(Foucault, [1972]1980, p. 194)*

This basic idea—i.e., that phenomena and their agency are always a distributed effect of interactions and intersections between heterogeneous forces—can also be found in Deleuze and Guattari's concept of the rhizomatic assemblage (1987), in Latour's work (1993) on networks or assemblages composed of 'actants' (a concept developed to designate sources of action across the human/non-human distinction), as well as in Barad's concept of the material-discursive apparatus (2007).

In the 2000s, Karen Barad developed an understanding of the enactment of phenomena, which she called agential realism (2007). Inspired by Foucault, one of her main contributions to the idea of entangling processes in a relational, heterogeneous ontology, is an understanding of the material-discursive apparatus as agential and productive, and as open and *intra-acting*<sup>2</sup> with other apparatuses and with the phenomena produced by the apparatuses themselves. With his concept of

the *dispositif*, Foucault emphasised that all kinds of elements and forces can be included in a *dispositif*'s heterogeneous connections and groupings. Thus, it is necessary to thoroughly investigate which elements and forces are involved in the shaping of which phenomena. He also stressed that it is the network, or connections, linking these forces, which are productive, and he emphasised the importance of studying the shifting dominance and movements in these networks when trying to understand the emergence of phenomena.

In Barad's further development of Foucault's concept, she emphasises the idea that a network among forces in an apparatus is indeed agential and productive. She introduces the physics term *diffraction* and the concept of *intra-action* as alternatives to *interaction* to qualify this point about agentiality. Diffraction refers to the movements that light, sound and water waves make when they move through each other and enact new waves 'from within' the motion.

In research fields where social and subjective processes of becoming are of particular interest, these concepts can be applied metaphorically and as an analytical tool in order to achieve an analytical ambition that is sensitive to complexity. By introducing her conceptualisations of *intra-action* and *diffraction*, Barad aims to highlight not only the network and mutual entanglement of elements and forces in apparatuses producing phenomena, but also their mutual agential permeation. When forces *intra-act*, they move agentially through each other and produce effects from within, like the diffractive movements of waves. Barad writes:

The neologism "intra-action" signifies the mutual constitution of entangled agencies. That is, in contrast to the usual 'interaction', which assumes that there are separate individual agencies that precede their interaction, the notion of *intra-action* recognizes that distinct agencies do not precede, but rather emerge through, their *intra-action*.

(2007, p. 33)

Therefore, the concept of the apparatus developed by Barad emphasises the intense and intricate entanglement of the forces that an apparatus entails in its productive *intra-action*; it also emphasises that apparatuses *intra-act* with other apparatuses.

One may discuss whether the increased fluidity, complexity, and open-ended mobility that Barad weaves through her definitions of the apparatus as material-discursive, *intra-active* and agential, actually downplays Foucault's conceptual focus on the shifting dominance between the different elements and forces in the *dispositif*. Foucault was interested in the network but also in the collision between and among elements, and in how some elements and forces in some *dispositifs* could dominate or be subordinate in certain situations and historical contexts (1977). With Barad's focus on *intra-activity* and the constant permeability and movement of forces, the possibility of focusing on shifting dominance and its effects tends to dilute.

The idea of productive processes between heterogeneous elements—as seen in the concepts of the *dispositif*, *assemblage*, and the apparatus—is fundamental to the

analytical tool of ‘messy situational maps’, which we present later in this chapter. Here, the goal is to empirically analyse which forces are involved in specific situations, and which are involved in producing particular social and subjective phenomena. Moving further into the analyses it may, however, be necessary to lean on Foucault’s perspectives—particularly concerning the possibility of distinguishing between and identifying more or less dominant forces in the apparatus of bullying production. By analytically focusing bullying practices as enacted through and by a material–discursive apparatus, the researcher can see the comprehensive and heterogeneous entangling of forces involved in the processes that feed bullying among children and young people.

### **Subjection and the critical ambition in poststructuralist thinking**

The poststructuralist understanding of the subject is inspired by Foucault and further developed by Butler with her conceptualisation of the process of gendered subject formation in the 1990s (1990, 1993, 1997). Butler explains: “To claim that the subject is itself produced in and as a gendered matrix of relations is not to do away with the subject, but only to ask after the condition of its emergence and operation” (1993, p. 7).

Butler focuses on the tension that is always inherent in the simultaneous formation of the subject, which is subject to its formative conditions, and simultaneously enacted as an agential subject through the very same conditions. This search for emergence and operation focuses on the conditions—i.e., the power, from a Foucauldian perspective—that act on a subject and through which a subject emerges. Again, the idea of what makes the subject thinkable and manageable informs the analysis. Butler specifies:

Power acts on the subject in at least two ways: first, as what makes the subject possible, the condition of its possibility and its formative occasion, and second, as what is taken up and reiterated in the subject’s ‘own’ acting. As a subject *of* power (where ‘of’ connotes both ‘belonging to’ and ‘wielding’), the subject eclipses the conditions of its own emergence; it eclipses power with power. The conditions not only make possible the subject but enter into the subject’s formation. They are made present in the acts of that formation and in the acts of the subject that follow.

*(1997, p. 14)*

Questions about how subjects, social interactions, positioning, etc., become thinkable, and how the disciplining that occurs through this thinkability and its involvement in more comprehensive processes of emergence—apparatuses, dispositifs—are of interest to both Foucault and Butler. Butler scrutinises such processes of becoming by posing theoretically informed questions, destabilising taken-for-granted and inviting reflection. In her texts, Butler poses many theoretically informed and often surprising questions that challenge preconceptions about what can be taken for

granted. Her strategy of inquiry takes a consistently open approach in order to prompt analytical curiosity about the complex, the composite, the disciplinary, and the formative. Through having curiosity about all of this, the analytical gaze simultaneously becomes open to the possibility that all these processes and formative movements—and all that they produce—could potentially take other forms and perhaps emerge in different ways.

## Analytical questions

As an empirically analytical researcher, choosing an approach informed by post-structuralism means abandoning efforts to merely describe and categorise; instead, one must find other—sometimes offbeat and unexpected—points of departure from which to inquire, thereby opening up the analytical engagement to new perspectives and understandings. In our research on bullying, for example, after posing analytical questions to a large amount of research material, this approach resulted in our being able to read and illuminate the material from angles that have often led to surprising knowledge and new analytical points.<sup>3</sup>

Our research material was generated in several different ways: through interviews with children, teachers, administrators, and parents; and through observations in schools and recreation centres. The material also included drawings and essays about bullying that the children produced, as well as documents that specify the rules and routines for work in schools, documents about the distribution of responsibility between municipalities, schools, parents, and much more. Our approach to this research material focused on systematic processing with analytical questions.

Our analytical methods of inquiry draw upon Butler's strategies of inquiry, among others. For instance, when Butler (2004) asks whose lives are real, whose lives are acknowledged and even grievable—as she did in relation to the effects of the 9/11 attacks on the World Trade Center in New York City, and the social and subjective effects they had on different population groups—this is also a question that can inspire and be transferred to other fields. 'Whose vulnerability, emotions, reactions, and desires are speakable and can be acknowledged?' may be asked in other arenas, for example, in relation to the research material we generated about school classes affected by bullying practices:

- ← Whose vulnerability is thinkable and speakable in this social group, in this classroom, among these 10-year-olds?
- ← Whose vulnerability, anger, frustration, sorrow, desperation, excitement, are thinkable? In which ways are they understood, and by which other children, teachers, parents?
- ← Which consequences do these interpretations and understandings have for both the children and the adults involved?
- ← Which reactions and responses are produced?
- ← Which positionings are enacted? How are these positionings assumed? By whom?

These analytical questions were developed when we allowed theoretical information from Foucault and Butler to enter the analytical readings of the empirical material, assisted and inspired by Butler's strategies of reflexive interrogation. By posing these analytical questions to the research material, it becomes apparent that the material responds to the researcher in ways different to those most often encountered—such as when a researcher focuses on a class affected by bullying as one that merely consists of clashes between aggressive and defensive personality types.<sup>4</sup>

In order to make the analytical questions manageable when reading through the empirical material, their level of detail must often be increased—usually by adding still new sets of questions until they begin to produce answers and analytical points that can provide a foundation for the final text and its scientific contribution to a particular field of knowledge.<sup>5</sup> Thus, this way of handling the theoretical informings occurs through processes in which the researcher gradually specifies and breaks down the concepts' abstractions into something that makes it possible to ask the material questions and get answers from it, without ever losing sight of the concepts' analytical potential.

How specific the analytical questions need to be in order to be analytically productive varies from field to field and researcher to researcher. The process must be exploratory and experimental. If the material does not provide responses, if it evades dialogue and remains silent and closed, then the analytical questions must be further broken down and made more specific.

When one is concerned with analysing subjective processes of becoming, the possibilities for social positioning, and practices of relating among children—with or without bullying and marginalisation—then including a question about social categorisations, gender, sexuality, ethnicity, race, socio-economic background, is an obvious choice. If one aims to open up this analytical focus, then some examples of analytical questions to the research material could be:

- ← Which social categories are actualised—materialised and discursified—in the interaction between children and adults in these schools, classes, and groups? And how are they actualised within and outside of bullying actions? What are the effects?
- ← How do the categories intersect? How do the intersections become involved in the children's negotiations of the meaning of the social categories for the distribution of dignity, resources, opportunities for development, access to activities, access to social communities, etc.?
- ← How do they become involved in the formation of hierarchies, in marginalisation and potentially also in bullying practices?

Other analytical questions could also be developed, further bringing to the forefront the new-materialist focus on material-discursive intra-action. Questions that aim to illuminate the dispositifs/apparatuses that work formatively on the children as subjects and as social beings—and which focus on the material, the discursive, the social, and the subjective<sup>6</sup>—could, for example, go:

- ← Which forces are involved in the children and young people's subjective and social becomings in and across the different contexts through which they move: school recess, classrooms, recreation centres, home, sporting activities? And across school curricula, physical activities, and digital and analogue interactions?
- ← Which connections and movements are established, and which are dissolved and transformed, when children move together across time and space, and when activities are observed across involvement and abandonment, inclusion and marginalisation or when materialisations and discursifications congeal, get challenged, negotiated or repeated?

For this type of analytical engagement, Adele Clarke's (2005) suggestion to develop 'situational maps' may be useful, and may add yet other, potentially more specifying, layers to the analyses.

### Situational analysis of parents' positions in school bullying

Situational analysis is inspired by Adele Clarke's work in her book *Situational Analysis* (2005) combined with concepts and perspectives selected from poststructuralist and new-materialist thinking (Hein, 2017).

In Clarke's approach, a 'situation' for example, 'parents' positions in school bullying in Denmark' is viewed as an open-ended whole; a dynamic jumble of numerous and mutually enacting elements. Similar to the basic idea of Foucault's *dispositifs* (1997), Deleuze and Guattari's rhizomatic assemblages (1983), and Barad's apparatuses (2007), the 'situation' is understood as an assemblage of heterogeneous components that combine and transect what social research would usually think of as 'levels' and 'categories'. Thereby, it facilitates empirical analyses of how, for example, economy, feelings, politics, discourses, bodies, understandings, knowledge, local or societal practices and arrangements combine and matter. A given discourse or school policy only becomes relevant to the situational analysis if it becomes apparent in the empirical material that it has a direct or indirect consequence on the situation.

Clarke's 'situational analysis' is based on different types of analytical maps of a given situation. Here, we only use the term 'messy map' (2005), which refers to a specific situation and includes (without any structuring or editorialising) all of the elements from the empirical material that might be relevant to the question under investigation. The analysis emphasises productive relations, couplings, and connections rather than categorisations or patterns of generality.

The aim of a situational analysis is to grasp how everything in a given situation is part of mutually constitutive processes. In our use of the approach, we strengthen this notion of mutual constitution by applying Barad's concept, *intra-action* (2007), which we discussed earlier in the chapter. This concept refines the understanding of how what matters as meaningful is enacted in *intra-actions* between the various material-discursive forces and elements present in the situation. By using messy

maps, it is possible to visually display everything that is *potentially* part of the answers to the questions: ‘What *matters* in this situation?’ and ‘What constitutes the becoming of subjects, truths, and reality in this situation?’

In the first stage of the analysis, these messy maps should include everything that is known about a given situation without any attempt at ordering: the directly and indirectly involved subjects; the material objects and spaces; the everyday practices; the feelings and understandings; the past and present incidents to which the subjects involved refer; the manifestations of power; the implicit and explicit references to various discourses, binaries, laws, obligations, and economic conditions; the shared memories, etc. The intra-activity between all of these elements produces understandings, truths, affects, and consequences—all of which are subsequently added to the messy map as additional elements intra-acting in the situation.

Our example of a situational analysis is based on a local situation: an empirical case in which a 13-year-old boy Frederik experienced being bullied and excluded by five of his former best friends from his class. The analysis is part of a broader analysis of the apparatus that has emerged around the ‘problem’ that can be called ‘the parents’ relationship to and agency in children’s bullying in schools in Denmark’.

The analysis of the situation around Frederik is based on the following parts of our empirical material:

- ← Notes from observations during a meeting between the parents involved
- ← Qualitative interviews with the parents of two of the boys identified as bullies
- ← E-mail correspondence between the parents about the case
- ← Qualitative interviews with the head teacher at the school and the boys’ class teacher
- ← A range of research about parents in bullying situations and empirical material about relevant parental discourses, school policies, etc.

Rather than focusing on *definition* (is this a case of ‘real’ bullying?) or *causality* (what/who is the cause of the bullying that occurred?), the analysis was driven by our curiosity about *becoming*: what processes of subjective becoming do Frederik and his parents, and the other boys and their parents undergo in this situation; how do assumptions, expectations, and action-oriented knowledge about the case emerge from the combination of forces and elements that comprise this situation?

### Compiling a ‘messy situational map’

When we sketched out the first messy map, we had been observing the situation for a while, and a large amount of empirical material had been produced. Based on a few general questions, we noted down everything we knew about this particular situation:

- ← Who and what is present in the situation?
- ← Who and what matters/has consequences in the situation?
- ← What is involved in producing knowledge about XX in the situation?

Because our research interest was primarily directed at some subjects' conditions for becoming and their possibilities for action, we began by noting on the messy map that, in this situation, there was a 13-year-old boy, Frederik, who felt bullied and excluded by his former best friends. We noted that there were five boys whom Frederik and his father had identified as *bullies*. There were also the six sets of parents of the boys, the class teacher, other students in the class and their parents, the head of the school, and the school's so-called 'wellbeing teacher', who is a teacher specialising in students' 'behaviour, communication, and wellbeing'. We noted what the various interviewees said about what happened between the boys. Based on our observations at a meeting between the six boys' parents and our subsequent interviews with two of the boys' parents, we also noted the understandings, recollections, and discourses that were brought forth in the situation. This included, for example, specific understandings of what characterises bullying, bullies, and victims of bullying; understandings of children having a personality with them in school which develops in their early childhood in the home; and understandings of what is 'normal' and 'abnormal'. The messy map also included recollections of Frederik's parents' turbulent divorce six years earlier, among other things.

The individual parents' understandings of the situation between the boys and how they saw their own sons in it were also included as potentially agential forces intra-acting with other forces and elements illustrated on the messy map. For example, several of the parents expressed that they had had *numerous, exhausting conflicts* with their boys over the past year and could not bear to have any more arguments with them; that they were *unsure* about what was going on between the boys; and that the parents of the five boys who were allegedly bullying Frederik were *very uncomfortable* with being put in a position as being parents of a bully. All of these understandings, emotions, recollections, experiences, discourses, etc. that arose from our observations and interviews were noted down as forces involved in the situation; these worked together to produce the reality that presented—and materialised—itsself to the actors involved.

As our work with the messy map progressed, some elements moved into the background while others were scrutinised in more detail. The latter were elements and forces that were analytically assessed to have a particular agency—in intra-action with the situation's other elements and forces—in the constitution of the understandings and truths, the phenomena and subject positions, and the actions and consequences that seemed to comprise the reality of the situation here and now. The observing presence of the researchers at the parents' meeting and our subsequent interviews with the parents, the head teacher, and the class teacher were also considered to be a force that needed to be taken into account in the situational analysis.

It is impossible to analyse *all* of the situation's constitutive processes. In dialogue with one's research questions, one must select those most relevant to pursue and eventually include in the analysis. The analysis and the researchers' attempts to communicate it will always provide a limited understanding of how a piece of reality has emerged.

## From micro/macro levels to a situational meso level

The next step in the analysis is to include other types of research material than those produced through interviews and observations. We now begin to include forces, which in social sciences and humanities research are often treated as ‘*contextual factors*’ or as belonging to a ‘*macro level*’ in relation to what happens between the people in focus. However, in a situational analysis, everything is placed *in the situation*. Clarke writes:

*The conditions of the situation are in the situation.* There is no such thing as ‘context’. The conditional elements of the situation need to be specified in the analysis of the situation itself, as *they are constitutive of it*, not merely surrounding it, framing it, or contributing to it. They *are* it. Regardless of whether some might construe them as local or global, internal or external, close-in or far away or whatever, the fundamental question is “*How do these conditions appear – make themselves felt as consequential – inside the empirical situation under examination?*”  
(2005, pp. 71–72, emphasis in the original text)

It is a central element in the particular potential and contribution of the situational analysis that all the different elements in a situation work together, mutually constitute each other and, together, *are* the situation. As Clarke emphasises, with regard to the elements we typically understand as ‘structural’ or ‘contextual’, the key question is how these specifically have *agency* and *consequences* in the empirical situation.

From the interviews with the headmaster of Frederik’s school, his class teacher, and the parents in the group, it became apparent that they all drew upon widespread folk-psychology<sup>7</sup> understandings of what is important in children’s development and what ‘personality’ is. These perceptions had consequences for how the adults involved understood, reacted to and handled the situation, and thus, ‘*folk-psychology understandings*’ was added to the situational messy map.

Our observations and interviews also indicated how popularised versions of dominant bullying research informed the adults’ understandings of bullying, bullies, and victims of bullying, and therefore also their understanding of whether the situation in question between the boys could be interpreted as *bullying*. Thus, ‘*dominant bullying research*’ became an element on the messy map.

In addition, in an interview with the headmaster of the school about the matter, we learned that he was attempting to operationalise a school-policy strategy that has been dominant in Denmark since the country first participated in the PISA study in 2000 (Hein, 2017). This strategy focuses on *allocating* the responsibility for children’s schooling between the school and the home in such a way that the school’s responsibility for the students’ *academic results* is emphasised, whereas the main responsibility for what is perceived to be social—the tone, relationships, and well-being between students—falls to the parents. Thus, ‘*school-policy strategy regarding the allocation of the school’s responsibility*’ also became an element on the situational messy map.

## Analysis of the processes of intra-action in the situation

At this point, we began a process of asking questions about the *relationships*—using Foucault, one would say *the lines of connection*—between the various elements on the messy map. Together with the concept of intra-action (Barad, 2007), it helped us investigate how these diverse elements and forces work together, and what is enacted. For example, it became clear in the analysis how a shared recollection about Frederik’s parents’ turbulent divorce six years earlier intra-acted with the folk-psychology understanding that children’s early experiences in the home form their ‘personality’. The intra-action between the recollection of the divorce and the implicit understanding of children’s development produce both understandings about the divorce and its current consequences, and new, specific understandings of the folk-psychology theory about the significance of the home in children’s early development. Among other things, this created the new element in the situation: specifically, that Frederik’s current problems in relation to his peers were being constituted as a matter of Frederik’s personality problems, which were produced in the home in relation to his parents’ divorce six years earlier.

On the situational messy map, popularised understandings of ‘dominant bullying research’ were also noted as a potential force in the situation. When we scrutinised the relationship between these understandings and our interviews with the adults involved with respect to the situation between the boys, it became apparent how such widespread and stereotyped understandings of ‘bullies’ and ‘victims of bullying’ intra-acted with the local understandings of the boys’ current behaviour in school. Frederik could not be perceived as a ‘victim of bullying’ because he was not considered ‘innocent’ in how the situation developed. But also because, as one of the boys’ fathers and the head teacher explained, Frederik was “not standing alone in the corner of the schoolyard, looking forlorn”, but had instead “allied himself with another marginalised boy in the parallel class”. Similarly, the other five boys were not perceived as ‘bullies’ because none of the adults felt that they were “vile, evil boys” or “tyrants”.

The illustration below (Figure 6.1) depicts how different types of forces drawn from the empirical material can be seen as potentially intra-acting in the situation under scrutiny. For the sake of clarity, the various elements are font-coded here: the elements in **bold** show the understandings and actions that the head of school (and class teacher) brought to the situation; the elements in *italics* refer to understandings and actions among the parents of the five ‘bullying’ boys; and underlined elements represent other forces in the situation. The **grey, bold** elements are forces that would typically be identified as belonging to the macro level but which, through analysis, can be identified as agential in the situation; they are thereby also part of the situation.

As previously mentioned, the analysis of the local situation around Frederik is part of an ‘apparatus’ (Barad, 2007), which can be understood as an open-ended entanglement of material-discursive forces and practices that produce differences and boundaries; phenomena and potential subjects. Thus, the apparatus comprises

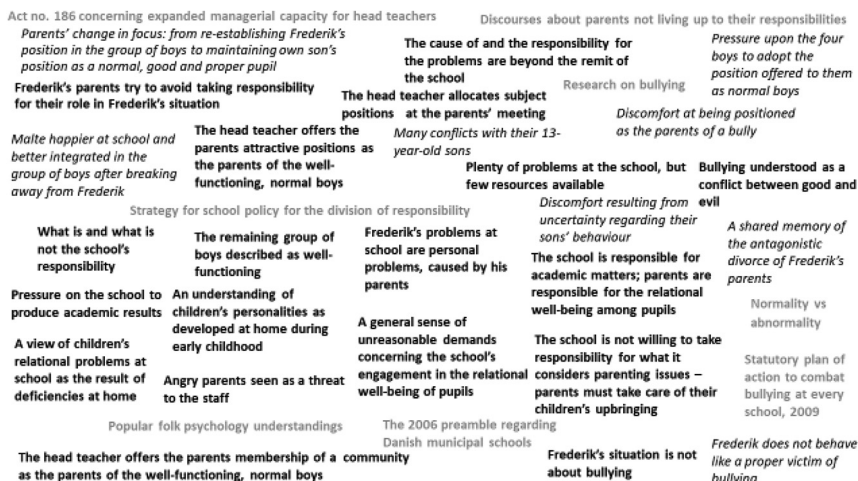


FIGURE 6.1 Extended situational messy map—Frederik<sup>8</sup>

the conditions for what can matter and have agency in a given context. This apparatus, which can figuratively be seen as a powerful zooming-out from the local situation, consists of several conditions and forces at a societal/cultural material-discursive level, as well as of numerous local situations, of which that containing Frederik is but one. These two levels (i.e., the situational level and the apparatus level) are mutually constitutive and indivisible. With the concept of the apparatus, we can understand the discourses and understandings, proposed legislation, political notes, and much more regarding parents' positions in children's bullying in school as intra-acting with each other. But they also intra-act with all the local situations in which children bully other children in school, and where their parents are involved. Together, they constitute a type of 'machinery' (*an apparatus*), which produces potential subjects (pupils, parents, teachers, headmasters, etc.), potential phenomena (school-home collaboration, bullying, parental responsibility, etc.), and potentially meaningful relationships, positions of power, and material arrangements.

The next illustration (Figure 6.2) shows the apparatus produced by, and reproducing, the specific situations regarding parents in children's bullying problems. It illustrates a number of the material-discursive forces involved in situations where parents enter into a dialogue with school administrators about specific problems with bullying in their child's class. The dual-ended arrows in the figure illustrate how what occurs in local situations is also involved in confirming, directing, and giving meaning to the forces that comprise the apparatus.

A situational analysis is one way to achieve the theoretical ambition to investigate mutually constitutive dynamics between many different forces. This approach allows us to spot the constitutive connections between, for example, political or economic forces and the relational dynamics between subjects in local situations. It also makes it

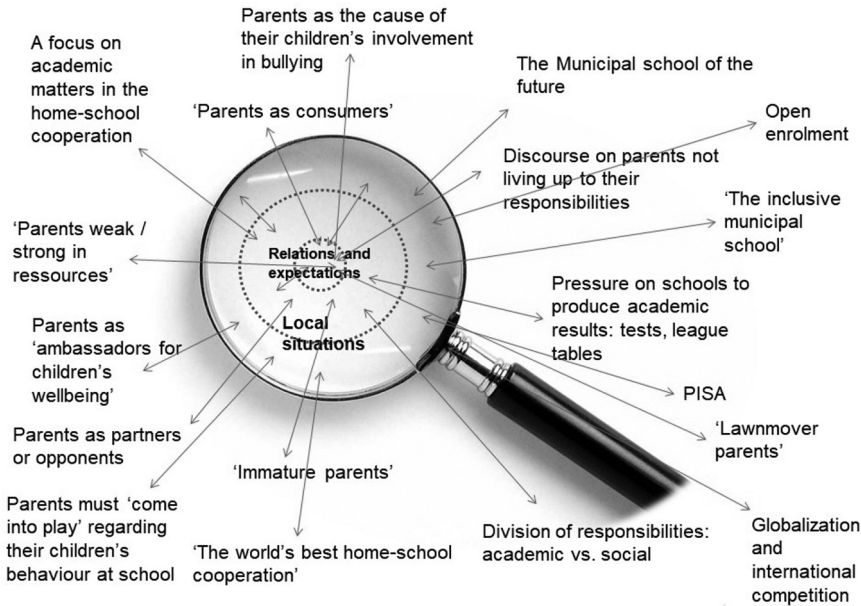


FIGURE 6.2 The 'apparatus' currently producing the conditions for school-home collaboration in Denmark in relation to bullying

possible to grasp how everything in a given situation forms part of these mutually constitutive processes. Using *messy situational maps* and the concepts of *intra-action* and *apparatus* as analytical tools enables an exploration of intra-actions between numerous different forces. With the understanding of a situation as both a product and a (re-)producing part of a given apparatus (Hein, 2017), this approach offers a perspective on everyday practices as always being *concurrently* part of a local situation *and* part of a wider apparatus; *together*, they produce meaningful categories and understandings, particular possibilities, and possible positions for the specific subjects involved.

## Conclusion

Taking poststructuralist concepts and new-materialist ideas as our point of departure, we have attempted to show how these rather abstract theoretical frameworks can inspire analytical approaches that can be applied to empirical research material. In particular, we have described how concepts from Butler and Barad can be developed into analytical strategies of inquiry and reading, which can be used with research material, e.g., interview and observation, in order to generate analytical points about complex social and subjective processes of becoming. And, using Adele Clarke's situational analyses and messy maps, we demonstrated an approach that can support the complexity-sensitive analysis of intra-agency in processes of becoming.

The ambition with these analytical approaches is linked to Foucault's conceptualisation of the *ethics of discomfort* (Rabinow & Rose, 2003). This type of ethics is concerned with avoiding an understanding of transformation as something created through revelations, orders, or instructions to the people with whom one is researching together with, in, and about. In his description of the ethics of discomfort, Foucault argues that the researcher's transformative ambitions must focus on efforts to provide insights, and to inspire reflection and considerations about alternative ways of arranging the social and subject formation. Such alternatives could, for example, focus on reducing marginalisation, increasing dignity for more people, and encouraging social inclusion. There could also be more opportunities to facilitate more constructive belongings and the formation of inclusive communities—or yet other alternatives.

## Notes

- 1 Dispositif is often translated as 'apparatus' in English.
- 2 With the concept of *intra-action*, Barad (2007) seeks to emphasise that the demarcation and fixation of separate elements is produced in the meeting—the entanglement—between different forces in a given apparatus: identities, categories and all kinds of human and non-human agencies are brought into existence in and by the intra-action itself.
- 3 The research team that studied bullying (eXbus: Exploring Bullying in School) was an interdisciplinary group that consisted of eight researchers who focused on a range of different factors related to bullying practices (e.g., Schott & Søndergaard, 2014).
- 4 For a discussion of varying conceptualizations of bullying and the differences between individualising and socio-dynamic paradigms in this field, see Schott & Søndergaard (2014).
- 5 For examples of such texts from the field of bullying research, see Søndergaard (2012, 2013, 2015, 2016).
- 6 For a reinterpretation of Butler's conceptualisation of subject formation within an agential-realist framework, see Højgaard & Søndergaard (2011).
- 7 Bruner (1990).
- 8 The situational maps should be understood as analytical tools, and *not* as results of the analysis. The main function of such maps is to help the researcher visualise and understand the research material in particular ways; they are not an expression of a stable state in a given situation.

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# 7

## VITAL MATERIALISM AND THE THING-POWER OF LIVELY DIGITAL DATA

*Deborah Lupton*

### **Introduction**

Many people now use digital technologies, not only to seek out information about health and medical topics, but also to generate and share their own information. New digital media and devices such as smartphones, table computers, wearable devices, social media platforms, online discussion forums, search engines and websites allow people to engage with, and contribute to, health information. They promote public pedagogical forms of health education, in which health information is actively sought after, created and shared by lay people (Fotopoulou & O’Riordan, 2017; Rich & Miah, 2014). These new technologies also offer opportunities for people to document their own experiences, activities and bodily functions: for example, by using apps or wearable devices to collect biometric details such as heart rate, physical activity, dietary intake and energy expenditure (Fors & Pink, 2017; Lupton, 2016, 2017a; Lupton, Pink, LaBond, & Sumartojo, 2018; Pink, Sumartojo, Lupton, & LaBond, 2017). Bodily senses work with digital sensors to create knowledge, as a form of human–nonhuman sense-making. They act as biopedagogical devices, helping people to learn about their bodies and health states. These technologies come together with their human users to configure personalised sets of information that can be used to support patient self-care, preventive health activities or fitness training goals.

In this chapter, I take up the vital materialism perspective, particularly as it is used in political theorist Jane Bennett’s scholarship, to discuss the entanglements of digital data with humans and the work of sense-making. I emphasise the importance of understanding how digital data about human bodies work to generate new knowledges, and the implications of this for how people learn about their bodies, including states of health and illness. In engaging in acts of sense-making, people are called on to negotiate between the sensory and affective knowledges of their

bodies and the knowledge generated by digital sensors. This involves learning, creativity and improvisation (Fors & Pink, 2017; Lupton et al., 2018; Pink et al., 2017). Working with Bennett's concept of *thing-power*, I explore the agential capacities flowing from digital data assemblages built from, and with, human bodies. From this perspective, digital data about humans are one medium by which bodies are known, enacted, materialised, extended and lived.

To demonstrate how vital materialism can be applied to empirical research material as an analytical lens, I will use a vignette from my empirical research on people who use digital devices to engage in self-tracking of their bodies. I focus in my analysis on illustrating how vital materialist theory can provide insights into how and why people take up self-tracking practices for health-related purposes and how they learn from their data.

### Vital materialism and thing-power

Vital materialism is a variant of new materialism theory, in which the influence of the nonhuman objects and spaces in which humans live and move through is recognised and investigated. Humans are viewed as always imbricated within networks of other humans but also with nonhumans (Coole & Frost, 2010; Fox & Alldred, 2017). Humans, therefore, are always more-than-human. The vital materialist approach focuses attention on the living forces that are generated in and through humans' relationships with nonhumans. From this perspective, other living things, as well as non-living matter or things, possess agency that can work with—or indeed against—the agency possessed by humans.

Like other sociomaterialist approaches, vital materialist perspectives tend to focus on the micropolitics of power relations (Fox & Alldred, 2017). This approach recognises that nonhuman actors are agents in relationships with humans, and that agential capacities are generated through these assemblages. It conceptualises power as relational and mobile, flowing between humans and nonhumans. Power is viewed as the capacity to affect and be affected. It is thus not always, or only, a repressive force but, instead, generates a multitude of agential capacities that may have positive or negative effects. These capacities are reliant on the contexts in which humans and nonhumans interact with each other and are therefore emergent and constantly changing.

Vital materialism as articulated in Jane Bennett's scholarship has roots in the philosophy of writers such as Spinoza, Bergson, Merleau-Ponty, Foucault and Deleuze and Guattari, as well as some actor-network theory perspectives from Latour (Watson & Bennett, 2013). Bennett (2009) conceptualises the vibrancy of things as residing inside and outside assemblages of humans and nonhumans. She defines *vitality* as “the capacity of things—edibles, commodities, storms, metals—not only to impede or block the will and designs of humans but also to act as quasi agents or forces with trajectories, propensities, or tendencies of their own” (Bennett, 2009, p. viii). She refers to the “force of things”, attempting to counter the notion of matter “as passive stuff, as raw, brute or inert” (Bennett, 2009, p. vii).

Bennett is especially interested in the affective capacities and forces that contribute to these vital relationships. In her books *The Enchantment of Modern Life* (Bennett, 2001) and *Vibrant Matter* (Bennett, 2009), and in several essays building on these works (Bennett, 2004, 2005, 2010), she attempts to understand how everyday things generate and exude these capacities and forces. In her writings on enchantment, Bennett (2001, p. 4) addresses “the wonder of minor experiences”, and how this wonder may sometimes counter the disenchantment that is a feature of modern life.

Bennett’s concept of thing-power, or “the curious ability of inanimate things to animate, to act, to product effects dramatic and subtle” (Bennett, 2004, p. 351) encapsulates these ideas. She sees thing-power as acknowledging the intimacy of the relationship between humans and nonhumans as well as the forces generated with and through things as humans interact with them. She emphasises that thing-power is not possessed by objects alone, but in relations with other elements of an assemblage, which may include humans. Identifying how thing-power is produced and its effects can go some way to better recognise “the kinship between people and things” (Bennett, 2004, p. 360).

As a political theorist principally interested in environmental politics, Bennett focuses in her work on ecological systems in describing the vitalism of nonhuman actors. In working towards an ethics of political ecology, she attempts to demonstrate the important ways in which humans and other agents in ecological systems rely on and are part of each other. There are many ways, however, in which her writings on vital materialism can be applied to theorising digital technologies and data. I have found these approaches to be helpful in conceptualising and understanding the *onto-epistem-ology* of humans’ encounters with their digital data. This term was developed by another new materialist theorist, Karen Barad (2003), to acknowledge that ontology (the nature of things) can never be separated from epistemology (knowledge about things). Knowledge is acquired in and through engagements with things (humans and nonhumans). From these theoretical perspectives, key research questions explore the ways in which humans and nonhumans come together, combine and recombine in assemblages, and identify the agential capacities these assemblages generate.

In my own work on digital data, I have conceptualised data assemblages as lively and vital, constantly emerging, recombined and distributed among and between a range of changing actors (Lupton, 2017b, 2017c). I propose that we consider both digital devices and digital data as objects that possess thing-power when they come together with humans. More specifically, I seek to identify the thing-power of the sets of digital data that are constantly generated about people as they interact with online technologies and apps. Many of these devices and software relate to human bodies: their functions, their movements, their states of wellbeing or illness. Working with human bodies, these technologies configure assemblages of flesh-data-technologies-space-time that are dynamic and shifting as people move through their days and traverse different spatial domains. We can therefore think of these assemblages as more-than-human, possessing lively capacities that encourage us to act and think of ourselves in certain ways. These assemblages also generate capacities that flow beyond us, into the worlds of other humans and nonhumans.

Using vignettes can be a rich way of providing insights into the lived experiences of research participants. A vignette is a short, story-like description of the participant's experiences. In what follows, I provide one vignette from a research project that involved telephone interviews with 40 Australians who identified as self-trackers (using any method, digital or non-digital). They were asked to talk about what kind of self-tracking they undertook, why they took up self-tracking and how these practices fitted into their everyday lives and routines. Some questions focused on what kinds of personal data the participants collected and how they used and made sense of these data. After I present the vignette, I will provide some analytical insights, working with the theoretical perspectives I have outlined to interpret and understand the role of self-tracking practices and personal health data in the life of the research participant, to whom I have given the pseudonym, 'Steve'. In particular, I identify the affective forces contributing to the agential capacities generated when Steve engages in self-tracking.

### **Self-tracking and personal data: Steve's story**

Steve is 42 years old and lives in Sydney. He has type 2 diabetes, high blood pressure and anxiety, and lives on a disability pension because he is not currently well enough to participate in paid employment. Steve uses a range of apps on his phone to monitor aspects such as his food intake, body weight, physical activity, sleep, medication and moods. He uses the apps daily—some of them several times a day. He has tracked some of these bodily functions for “a couple of years”, starting with exercise, and then food and then moods and sleep. In the past six months, Steve has taken up tracking his diabetes symptoms, using an at-home blood glucose monitor, and he also regularly uses a blood pressure monitor. Some of this information he collects for his own purposes, to see how his fitness levels and body weight and other biometrics are changing over time. Other information he takes with him when he goes to see his GP and medical specialist, including his blood sugar levels and sleep patterns.

Steve's motivation to engage in this high level of self-tracking is based on his desire to maintain his health and extend his lifespan, “so I have some chance of hopefully not succumbing to them too quickly”. He described his self-tracking routines:

Every day I have a medication alarm first thing in the morning. I have one about 9pm—something like that—at night. So I have medications morning and night, so it starts from there. And after medications, it's blood sugars, at breakfast and it's me tracking in my food. And then I'm out and about, I'm tracking steps and if I decide to go for some kind of walk or whatever for an hour, I tend to also use whatever tracking devices that I have on my phone.

Steve said that he enjoys being able to use the apps to help him focus and collect data. He finds that using apps helps him to remember to engage in self-tracking

and removes some of the work that he would otherwise have to perform in inputting information:

Because I'm a shocker at actually doing tracking that requires anything more than minimal effort or requires me to actually put a structure in place. So I love it when someone else can come in to do all the structural stuff and all I have to do is input some data, press the button, and "Ooh, shiny! There it is!"

Steve also finds it useful that he can see how the various forms of personal health data he collects about himself relate to each other:

Yeah, that's quite easy if you want to get a bit of an overview of where things are ... You can set the different infographics and stuff like that so you can flick between a number of screens, based on a similar timeline. So I've seen as my fitness has increased, and I've lost some weight, well of course, my blood pressure has dropped.

Steve said that using these forms of self-tracking has helped him change his behaviour, as they provide motivation and goals to which he can aspire:

One app especially has helped me to take up a dietary lifestyle that I've found has been far better with keeping my blood sugars stable. So before I was using it, I tried a couple of different ones. And finally the one that I'm using now just, with extra functionality with it, I've got numbers that I couldn't believe I was going to have and my GP is very happy.

Steve noted that using these apps has meant that he has been able to give up his gym membership and using a personal trainer. He finds the apps and the information they provide him much more motivating and pleasant than "being shouted at" by a personal trainer to improve his fitness levels. He is also able to use his self-collected data to inform the doctor "how I am doing" rather than relying on the doctor to tell him. His self-tracking practices, therefore, have meant that he does not need to rely as much on experts and professionals in learning about his body and managing his health.

There are ups and downs, however, in how Steve feels about the data he collects about his health and wellbeing:

I think like anything, there's times when it is really good, and when you see those numbers and you're on a bit of a win, so you might just be going through a period of weight loss or your blood sugar levels are really good. But every so often you get a bit over it. Sometimes it's monotonous, you'll have moments or you have a week or two where your head's not just there. All this time you're diabetic, you have times you get fed up pricking your fingers. It just feels like, literally a pain. The idea of flat numbers isn't as exciting at that point.

Steve goes on to note that sometimes the data are motivating, other times dispiriting:

Of course, every so often when you have a bit of a bust and eat too much more of the wrong thing, the data doesn't lie. You get, "Oh my numbers are creeping up" or "Now they're really starting to accelerate"—alright, pull it back to where you were. Because every so often you have to have one of those moments: "Something sugary please!" Because I try to keep added sugars out.

Steve commented that he does not always accept what the self-tracked information tells him. He evaluates the quality of information he collects and how accurate he thinks it may be. Steve is particularly dubious about the value of the data he collects on his mood, and the accuracy of the sleep-tracking apps he has tried.

Sometimes I've found the mood-tracking ones are so subjective and iffy ... I found them not as—I guess emotions and stuff are much more nebulous than blood sugar numbers and stuff, so yes, self-reporting is really difficult. Sometimes the options I had, I didn't think were ever enough and of course I couldn't drill down into the data in any better way. It was subjective each day, so I didn't feel that it really takes a long-term look at it. I guess with the tracking of moods and stuff like that, I guess in many ways, my evaluation probably is as unscientific as the tracking itself. It's kind of just looking at it myself, looking at the trend and thinking, "That doesn't sit right". So yeah, as rational and scientific as that ...

Some of the sleep tracking actually, some of the sleep tracking is a bit average. Some of the apps of course if you wake up during the night, get up or whatever, you have to do some magical tricks to get them to calculate all of your hours. If they've got a motion sensor, if you go to bed and you sleep two hours and then you get up and need to go to the loo, and then you go back to bed and sleep for another six [hours], you wake up in the morning and it says "You slept for two hours". And you're like, "Well, what have I been doing for the other six?"

In making these judgements, Steve considers the ways the apps invite him to record aspects of his body (in the case of the mood-tracking app) or the accuracy of the sensors (as in the example of the sleep-tracking app) and measure the data they collect against his sensory embodied experiences. The problem with the mood-tracking app is that he has to rely on his own interpretations of his feelings and categorise them as "moods" to then input this information into the app. For Steve, this process is too "subjective", as it relies on his own unmediated interpretations of how his body feels. The accuracy of the sleep-tracking app, in contrast, is limited by the deficiencies of the sensors in the device he uses, which seem not to be sensitive enough to his bodily movements. His own sensory experiences, in this case, are more accurate than the data that can be captured by these digital sensors.

## Discussion

While the overt topic of the interview study of which Steve was a part was self-tracking, the ways in which he describes the role of these monitoring practices in his life and his sense-making in response to the data he generates provides broader insights into the sociocultural dimensions of self-tracking and responses to lively data. Vital materialism provides a theoretical lens to think through these sociocultural dimensions, and particularly the ways in which the apps and other devices that Steve uses, in combination with the data they generate, produce with Steve affective forces and agential capacities contributing to their thing-power.

Steve is living with three significant chronic illnesses. He describes taking up a complicated routine of daily self-monitoring as a way of coping with and managing these illnesses, and exerting control over them. Two of these conditions are life-threatening, and the kind of close and sustained self-tracking in which Steve engages provides a way for him to manage them. As a diabetic, he must engage in blood glucose monitoring throughout the day, or else his health is rapidly threatened. His other self-tracking practices support this patient self-care routine, and allow him to monitor aspects of his body on a daily basis so that he can see if his health is stable or improving, and not deteriorating.

As I outlined earlier in this chapter, from a vital materialist perspective, human digital data can be ways of knowing, perceiving and being in the world. They are a form of matter that is not inscribed on a passive body/self, but are rather produced agentially with bodies/selves. It is evident from what Steve says about the apps and other self-tracking devices he uses that they influence his daily routines in significant ways. He receives regular notifications to take his medications and blood glucose readings from his devices. The information that he generates about himself helps him to learn about his body and how his actions affect his health. These technologies and data as they come together with Steve are agential, therefore, in their motivating forces, encouraging and helping Steve to conform to the self-care and self-monitoring regimens that he needs to undertake to protect his health. They provide a way of collecting data about his body that requires less input from him than would other forms of tracking, such as using pen-and-paper or computer spreadsheets.

As Steve engages with, and through, these technologies, agential capacities are engendered: better knowledge about his body and health state, becoming fitter and losing weight, and a feeling of being able to exert control over his illnesses and rely less on experts. The technologies and Steve work together as human-technological assemblages to generate thing-power. They assemble to produce these capacities in ways that would not otherwise be possible. As Steve observes, these devices, and the data they generate, are immensely important to his overall health condition on a day-to-day basis, and can even play a part in extending his lifespan. They therefore help him to feel better not just physically, but also at affective levels.

While the apps and devices may do some of the recording, measuring and reporting work for Steve, he is not a passive onlooker or recipient of the data they

produce about him. Steve actively chooses which apps work best for him and which bodily functions to monitor and how to do so. He sets up the apps and other tracking devices, responding to their reminders and comparing different data sets to see how they affect each other. Steve also constantly works to make sense of his data. He does not just accept the value or accuracy of the data these practices generate. Rather, he actively assesses them, making decisions about whether the apps work well and the data they generate are useful for his purposes.

It is notable, however, that Steve is willing to delegate some of his sensory judgements to the metrics generated by some of his self-tracking devices. For Steve, “numbers don’t lie”. But then he also goes on to note that he is often dubious about some of the data produced by the apps he uses. He gives the example of mood-tracking apps, which he assesses as “too subjective”, because they are based on his own assessment of his mood rather than a sensor recording biometric information, as is the case with his blood glucose readings or step counts. This implies that Steve thinks he cannot trust his own bodily assessments of his mood as accurate enough, as they are “unscientific”. He would prefer to place his trust in the science of quantification afforded by automated self-tracking devices and their sensors and algorithms. On the other hand, Steve does not necessarily accept that digital sensors are always accurate, and the example he gives of the sleep-tracking app demonstrates his willingness to criticise technological deficiencies.

The affective forces that are imbricated within Steve’s health-tracking practices are highly evident from his interview. Steve described feeling happy, reassured and hopeful when his “numbers are good”. It makes him feel good to review them and reflect on how much he has achieved in managing his body and his health. However, he may also be downcast when the numbers are bad. These affective forces contribute to the agential capacities generated by Steve and his technologies in shaping how he feels about his body and health and what further actions he may take, such as attempting to resist the desire he feels sometimes to eat sugary foods, even though he knows that this will adversely affect his blood glucose levels. Steve’s experiences of these technologies highlight the “material recalcitrance” (Bennett, 2004, p. 348) that objects like apps and digital devices can establish to human intentions, and also the resistances or improvisations that human bodies and affects may mount to digital affordances.

Analysing the interview material recorded with Steve using a theoretical frame derived from vital materialism, therefore, draws attention to the human–digital technology–data assemblages that come together when he engages in digitised self-tracking of his body and health. This mode of analysis works towards identifying the ways in which selfhood and embodiment are distributed in these assemblages, always in a process of becoming. As I was interested in these issues, and had been sensitised to them in certain ways because of taking up a vital materialist perspective, this reading of Steve’s interview material is selective. It is simply one narrative (among other possibilities) that I have developed to give structure and meaning to Steve’s answers to my questions. The questions themselves that Steve answered—also a product of my research interests and the theoretical background in which I

was working—influenced his descriptions of his experiences. Any research interpretation is inevitably partial, as the researcher, her research participants and the material generated from their encounters are themselves assemblages of human and nonhuman agents (Barad, 2003; Fox & Alldred, 2017). Just as people engaging with their digital data are agential in co-creating their personal data with their devices, effectively “becoming-with-data” (Hultman & Lenz Taguchi, 2010, p. 538), researchers engage in lively imaginings and interpretations of their research data.

What I have attempted to do with my interpretation is to convincingly make a case for what it can reveal about—in this case—the agential capacities and affective forces generated by my research participant Steve’s self-tracking practices. This kind of theorising and empirical research can shed light on why people may take up self-tracking, how these practices are incorporated into concepts of selfhood and embodiment and the mundane practices of everyday life, what the pedagogical implications are, and how these technologies and practices may be successful or fail to meet the expectations or desires of those who try them.

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# 8

## ASSEMBLING AFFECTS

### A Deleuzo-Guattarian approach to school drug education

*Peta Malins and Nicholas Kent*

#### **Introduction**

Over the last 15–20 years, a growing collection of critical drug researchers have been demonstrating the value of Deleuze and Guattari’s poststructural concepts to making sense of the complexities of drug use and drug-related harms (see for example: Duff, 2010, 2014; Farrugia, 2014, 2016; Fitzgerald, 1998, 2010; Fraser & Valentine, 2008; Malins, 2004, 2017). At the same time, a range of critical education researchers have also been drawing on these concepts to help make sense of the complexities of classroom dynamics and pedagogical enactments (see for example: Albrecht-Crane & Slack, 2007; Bonta, 2013; Hickey-Moody, 2013; Leach & Boler, 1998; Leahy, 2014; Mulcahy, 2012; Ramey, 2013; Semetsky, 2009; St Pierre, 2004). However, outside of a few notable recent examples (Farrugia, 2016; Kent, 2017; Leahy & Malins, 2015), these concepts and insights have not yet been taken up in relation to school-based drug education. In this chapter, we suggest that the posthuman concept of the assemblage articulated by Deleuze and Guattari (1987), understood as a desiring-machine that can transform bodily capacities, has a great deal to offer a critical analysis of drug education, and can—most importantly—help us to map out more effective and ethical ways forward.

#### **Assemblage-thinking and critical drug studies**

Deleuze and Guattari’s concept of the ‘assemblage’ (1987) is, in its most basic sense, the idea that any event or experience involves the actions of a range of interconnected bodies and forces. Humans are not, in other words, the autonomously free-willed, rational, individual actors so often assumed in policy and law, and championed by dominant classical-liberal and neo-liberal ideologies. Our agency can only make sense, and is only possible, in and through our connection to the

bodies and forces around us. As drug users, service providers, students, teachers or researchers, then, we are always already immersed in and constituted by our material and discursive contexts: contexts that shape our emotions, habits and capacities for future action.

This is not really a new idea in critical drug studies. Indeed Zinberg, as early as 1984, demonstrated how drug use experiences were shaped not only by the chemical properties of the drug itself, but also by the 'setting' (the physical context as well as socio-cultural discourses), and 'set' (the physical and psychological attributes of the person using the drugs, and the motivation or anticipation attached to the drug use experience) (Zinberg, 1984). Since then, researchers have provided many examples of the ways that social relations and spatial contexts shape drug use harms and mediate practices of harm reduction (Duff, 2007; Moore, 1993; Rhodes, 2002).

Thinking with assemblages is, however, a little more complex than simply taking social and spatial contexts into account, as a range of other critical drug researchers have shown (Duff, 2014; Farrugia, 2014; Malins, 2004). For a start, the concept of assemblage is decidedly *posthumanist*, breaking as it does with the modernist assumption that the human is the centre of analysis, and that agency is the domain of a conscious rational subject who acts upon a world of objects. In an assemblage, all bodies—human, animal, inanimate—have agency, in the sense that they exert a force upon, or act upon, other bodies. In drug use assemblages, for example, agency (as a power to act) is not confined to the person using the drugs but is also exerted by the drug (its chemical properties, appearance, texture, taste or smell); drug-use equipment; other people (including, potentially, police); built environment; temperature, lighting, sounds and smells; as well as the cultural or discursive significance attached to all of these things. While each may exert different kinds or levels of force, none is inherently centred or prioritised in the analysis; assemblage-thinking in this sense is non-hierarchical. All of these 'actors' press upon each other in a drug use event; all shape the direction things take and the transformations (positive or negative) that are possible.

Another important aspect of a Deleuzo-Guattarian assemblage, and one that differentiates it from similar poststructural approaches such as Actor Network Theory (Latour, 2005), is the central role played by desire. Indeed, the initial term given to assemblages by Deleuze and Guattari (1983) was 'desiring-machines': a term which refers to their function in 'machining' flows of desire. Desire, here, does not refer to the kind of longing we might say a person or subject has *for* something, nor does it signify a lack of something (in the psychoanalytic sense), but is best understood as an impersonal energy or life force that moves between bodies, motivating connections and enabling transformations (Deleuze & Guattari, 1987). Assemblages, then, can be assessed in terms of the extent to which they allow desire to flow freely, forging new transformative, destabilising and potentially chaotic connections between bodies, and the extent to which they confine, direct or block those flows, reinstating stratification, safety and order. While bodies commonly seek comfort and safety in that which is familiar, stable and ordered, they are also drawn to connections that allow desire to flow freely, opening up

new ways of being, feeling and relating (Deleuze & Guattari, 1987). Although stasis and order can be comforting, and very important at times, life itself depends on our ability to go on making new connections: to experiment with the world and what is possible (Deleuze & Guattari, 1987).

In the context of drug use then, where desire has long been understood or constructed as a negative or corrupting force—an unhealthy urge tied to addiction or withdrawal, something to fight against, resist or block—this positive conception of desire becomes particularly transformative. It is perfectly understandable that people might seek out the chaotic potentials of psychoactive drugs; they can change the way we feel, the way we see the world, our connections with music, friends or our bodies. Rather than see drug use as necessarily irrational, unhealthy or dangerous, we can rethink it as one of the many ways (not necessarily the best, nor the worst) that bodies attempt to connect to the creative energy of the world (Malins, 2004). Drug use assemblages can enable desire to flow in ways that enhance our capacities (as when bodies experience pleasure, are healed, experience new perceptions or make new connections) but they can also work to stifle or block desire, channelling energy inward and preventing new connections (as when infections or overdose occur, or when stigma, fear or shame manifest). From an assemblage perspective then, prohibition and other abstinence-oriented approaches, which preemptively judge drug use events and seek to prevent them through the use of fear, stigma and shame, can be understood to be predominantly operating to machine desire in ways that reduce bodily capacities for connection and transformation.

Thinking with and through the posthuman concept of the assemblage also provides a middle ground between the rational subject that drug prohibition as deterrence relies on (autonomous, disembodied, agentic subjects weighing up costs and benefits), and the irrational subject brought into being by discourses of addiction (also autonomous from external forces, but completely determined by their disease: passive, lacking agency and will). It is in this middle ground we can perhaps best locate practical harm reduction approaches that position those who use drugs as doing so with a degree of rationality that is both deeply embodied (tied to desire and pleasure) and intimately connected to external forces (such as discourse, knowledge, access to equipment, spatial settings, and social relations). Events of drug use manifest not through the decisions of an emotionally detached, disembodied, autonomous actor, but through material, sensory and often non-conscious desiring engagements with a range of forces that shape, but never alone determine, the manner in which those events emerge.

Assemblage-thinking therefore necessitates a move away from seeing drugs as having consistent, stable properties, or being inherently bad or addictive. It also means moving away from any idea that abstaining from drugs is necessarily and inherently positive or healthy. Types of drugs or those who use them cannot readily be judged a-priori on some kind of intrinsic, moral or transcendent idea of good or evil. For Deleuze and Guattari (1987), what is of concern ethically is not what a body *is* or *represents* (identity or intrinsic meaning), but what it *does* (its affects, ways of being, styles of relating) and what it is *capable of doing* (its powers of acting or potentiality). They write:

We know nothing about a body until we know what it can do, in other words, what its affects are, how they can or cannot enter into composition with other affects, with the affects of another body, either to destroy that body or to be destroyed by it, either to exchange actions and passions with it or to join with it in composing a more powerful body.

*(Deleuze & Guattari, 1987, p. 257)*

From an assemblage, each ‘body’ emerges transformed, not only in terms of how they are seen or how they see themselves but, more importantly, in terms of their capacity to affect the world (to connect to new assemblages, form new relations, engender change) and be affected by it (to experience further transformations). The effects of any drug use event—whether it involves sugar, coffee, alcohol, pharmaceuticals, or illicit drugs—depends on so many complex interactions between different bodies and forces: chemical, material, discursive, sensory, and affective. An assemblage, for example, involving a dance floor, music, a young person and some MDMA/ecstasy might be one in which perceptions, movements and social connections are enhanced. Or it might be one in which bodily capacities are reduced; the young person might become anxious or sad, they might become dehydrated or overhydrated, they might collapse. Each drug-using event, therefore, is best evaluated on the basis of its emergent properties and capacities; that is, in terms of its tendency to expand or contract bodily capacities and where there is, in most cases, an ethical preference for assemblages that expand our capacities—for connection, for desiring, and for becoming-other.

### **Drug education assemblages**

What does all this mean for thinking about school drug education? A range of critical education theorists have already begun drawing on assemblage-thinking to transform the way we imagine practices of teaching and learning, and to map out more effective and ethical pedagogies. Many have shown, for example, how the use of teaching approaches that are less hierarchical, didactic and linear, and more ‘transversal’, embodied and affective, can foster greater empathy and work to disrupt the broader social forces that seek to restrict what is and is not possible in education (see for example, Bonta, 2013; Hickey-Moody, Palmer, & Sayers, 2016). Some have looked at the tensions that emerge when these kinds of affective, desiring forces are activated in classrooms: tensions between the more rigid, linear or orderly curriculum goals on the one hand, and the potential for complete disorder or chaos on the other (see for example, Albrecht-Crane & Slack, 2007). They have shown how affect and desire are often tactically deployed in classrooms to transform more rigid lesson goals into supple ‘molecular’ forces that can engage learners in more embodied and less conscious ways. Although the aim is usually to then translate these molecular flows back into the overarching ‘molar’ categories and meanings demanded of most classrooms, there is always the possibility that the desire flows that are unleashed turn into lines of chaos. These can transform or undermine dominant narratives and intended

messaging, enabling new and unpredictable possibilities for collaborative meaning-making (Albrecht-Crane & Slack, 2007).

In the context of school drug education, a space long dominated by morally charged, abstinence-oriented messages tied to fear and shame and underpinned by normalised conceptions of rationality, health and risk (Blackman, 2004; Farrugia, 2014; Kent, 2017), the challenge of fostering creative and potentially disruptive pedagogies is likely to be a particularly fraught one. This is exacerbated by the fact that drugs, far more so than other morally taboo subjects like sex, clearly cross into the territory of illegal activity, putting particular pressures on teachers and schools to paint them in a negative light. This pressure can, as Leahy and Malins (2015) demonstrate, lead to a policing of classroom discussions where not only are the positive aspects of drugs deliberately obscured, but absurd narratives of risk and harm come to be legitimised and prioritised over and above the rational delivery of factual information about potential drug harms. Dominant social constructions of drugs as inherently dangerous, and abstinence as inherently good—constructions that are reinforced through media, popular culture, law and curricula—press upon teachers and students such that the goal of drug use deterrence easily becomes prioritised at the expense of other goals, such as the provision of practical harm reduction information. Thus, despite much being written about the limitations and ethical implications of the use of shock tactics as a deterrence mechanism (see for example, Guttman & Salmon, 2004), contemporary drug education classrooms can still be seen to deploy visceral stories of drug-related abjection, disaster, disease, as the following excerpt from field notes indicates:

The teacher stands at the front of the class, whiteboard marker poised as she introduces the new topic: “So girls, what do we know about illicit drugs? We are focusing on illicit drugs over the next few weeks, so what do you know?” As she is talking/waiting for a response, she writes down DRUGS in the middle of the board. No one replies; some are looking away or down, avoiding her gaze. After a short pause, the teacher offers the following story: “So you know about the pop star, the singer, who used a lot of cocaine, and it ate through her nose, and so she now has a hole in her face where her nose was? It was all over the magazines.” Some students are nodding, others seem to be not so sure. She continues, “It is pretty risky, isn’t it? So, what do you know about drugs? Students start to respond, calling out, “You get addicted,” “You can die,” “It is stupid,” “You get sick.” As students are calling out, the teacher adds their responses to the board. (Field notes from a secondary school classroom observation conducted by Leahy).

*(Leahy, 2012 as cited in Leahy & Malins, 2015, p. 5)*

To make sense of this classroom event we can draw on Foucauldian concepts of discourse, governmentality and biopower (Foucault, 1991) to fairly easily identify some of the ways in which dominant discourses and knowledges about drugs and health are being mobilised by the teacher to discipline student bodies and normalise

certain understandings of drugs and those who use them. Drugs are being presented as inherently dangerous, risky and damaging to health, and through this the normalised subject is constructed as one who rationally abstains. We can see how the teacher, imbued with authority via the institution of schooling, has a certain power to produce knowledge and ‘truth’ in ways that are given legitimacy, and that student resistance to these ‘truths’, although possible, are extremely difficult in this classroom context. We can imagine, for example, how the institution of schooling might have long been working to produce students well-versed in avoiding risky answers (the rich silence that followed an open question about drugs) and adept at providing the ‘right’ kinds of responses (excitedly jumping in once the teacher guides them toward discussions of risk), thereby reaffirming the dominant discourses of drug harm. Going further still, we might also draw on Foucault to explore the way that gender and sexuality are being constructed and policed through drug risk narratives such as this, where mobilisation of a threat to the ideal feminine body works to (re)construct those very ideals and reinforce gendered norms around body image and conduct (see Farrugia, 2016 for an extended analysis of the construction of gendered norms in drug education curricula).

What then does Deleuze and Guattari’s concept of the assemblage allow us to do that might build on, or go beyond, these Foucauldian insights? Through assemblage-thinking we can more readily attune ourselves to the material, affective, desiring aspects of the pedagogic moment. We can pay closer attention, for example, to how the spatiality and materiality of the classroom—the arrangements of the teacher in front of the students, the use of props such as a whiteboard and marker—might work to generate, circulate and machine desire in particular ways. A poised marker in connection with a whiteboard in a classroom can be understood to carry a particular kind of potentiality or energy: a movement toward—or investment in—the creation of words and lists and facts and knowledge. Desire flows are, in the example above, being generated and machined in ways that make the construction of particular kinds of knowledge and truth—structured, ordered and fixed—more likely. The whiteboard and marker can be understood to transform the bodily capacities of the teacher, transforming her into a scribe and a machiner of truth, rather than a facilitator of debate or discussion. They can also be understood to transform the classroom into a machine for the (re)production of facts rather than for the creative construction of new ways of thinking or doing.

By imagining this pedagogic example as comprising an assemblage of forces, we are also encouraged to discern how affect and desire come to be mobilised and machined in and through dominant discursive articulations, and start to imagine the material, corporeal impacts of these processes. Assemblage thinking, for example, allows us to see how the deployment of visceral stories such as this pop-star/cocaine/nose example, operates to disturb and deeply affect students—materially as well as discursively, creating a moment of rupture, instability or de-stratification that can then be capitalised upon. By bringing into contact the usually more divided worlds of pop-culture entertainment and official health education, and by eliciting visceral corporeal sensations such as disgust, abjection, fear and shock, a crack in

‘good order’ is opened up that can then be used to generate a reverse movement: an urge to find safety and stability in the clear binaries of good/evil and in the dominant molar messages of abstinence (Leahy & Malins, 2015). We can see how, by disturbing the otherwise relatively dry, rational, ordered space of classroom learning, and by viscerally unsettling students’ sense of bodily stability and order, the teacher is able to generate a moment of fragility—full of potentiality—which she can then harness toward an investment in the order and stability of a familiar narrative of risk.

A Deleuzo-Guattarian approach, however, also allows us to envisage how these kinds of affective strategies might backfire, if the chaotic desiring potentials that are generated go off in other directions, arousing curiosity in the kinds of bodily experimentations made possible by drugs (Malins, 2011), or if the story’s absurdity is pushed too far and, instead of generating chaotic desire-flows, leads to a sceptical pedagogic disconnection or rejection. No doubt in the example above, these other movements are happening alongside or underneath the dominant machinings of risk and abstinence, and assemblage-thinking helps us to be mindful of these multiple enactments of possibility in the classroom.

How then might assemblage thinking also help us to think critically about the kinds of drug education made possible by government policy? Rather than see the relationship between policy, curricula, classrooms and drug use as having a linear or predictable causality, assemblage thinking enables us to think through the complex ways that educational policies and curriculum plans might press upon teaching and learning, enabling and limiting bodily capacities in the classroom and beyond, without determining them. As Farrugia (2014, p. 665) suggests, curriculum plans can, from a Deleuzo-Guattarian perspective, be understood as creating or reproducing particular “dominant images of thought”—about drugs and drug users for example—that operate like a “grille”: ‘stratifying’ and restricting the ways that these things can be articulated and enacted in classrooms.

“Principles for school drug education” (Australian Government: Department of Education, Science & Training, 2004) is a set of Australian Government curriculum guidelines that is notable for its attempt to promote a more progressive, evidence-based approach to drug education than has previously been encouraged. The guidelines consist of 12 overarching principles which are designed to provide curriculum planners, schools and teachers with a “framework of core concepts and values...that collectively describe an ideal of practice” for drug education. Emphasising the importance of providing “evidence-based” (Australian Government: Department of Education, Science & Training, 2004, p. 5), “objective, non-biased” (p. 49), “credible and relevant” (p. 14), “current and accurate information and resources” (p. 14), and recognising that “biased or inaccurate information” and the use of “scare tactics’ as a deterrent” (p. 48) are “bound to fail” (p. 48), the guidelines appear—on the surface—to address many of the immediate concerns raised by the classroom enactment documented above.

From a Deleuzo-Guattarian perspective, there are many aspects of the guidelines that align well with assemblage-thinking. The inclusion, for example, of “harm

reduction approaches” (Australian Government: Department of Education, Science & Training, 2004, p. 22), which are defined as strategies “which take education objectives beyond maintaining no use or delayed onset to those that equip young people with the skills to keep themselves safe from drug harm” (p. 22), represents a particularly significant curriculum shift and one that helps to trouble dominant binary understandings of drug use (abstinence vs problematic addiction). The guidelines further trouble this binary when they suggest that “drug use occurs on a continuum from abstinence through to exposure, experimentation, occasional use, problematic use and addiction” (p. 37), and that “most students who experiment with drugs do not go on to problematic drug use” (p. 37). By acknowledging that any “experience of drug use involves the interplay of the user...the drug...and the setting” (p. 34), and that “drug use is not simply an individual behaviour, but is shaped by a range of macro-environmental factors including the economic, social and physical environment” (p. 34), the guidelines can be understood as challenging the notion that drugs have fixed, predictable effects and that drug users are autonomous beings, individually responsible for their drug-related health and wellbeing.

The concept of the assemblage also helps us to more closely map how the guidelines might be working to challenge dominant linear, hierarchical, molar models of classroom learning. For example, by encouraging “student-centred, interactive strategies” (Australian Government: Department of Education, Science & Training, 2004, p. 14), “presented without value judgment” (p. 49) in order to promote “positive and collaborative relationships” (p. 11), the guidelines can, from an assemblage perspective, be understood to be working to enhance transformative desire-flows within classrooms. Additionally, when they note the need for “a safe and supportive school climate” (p. 10) that can “enhance students’ sense of connectedness” (p. 13), and acknowledge that “young people’s attachment and connection to others through the quality of their relationships and social environments affects their health” (p. 6), the guidelines also align well with an assemblage-approach to an ethics of bodily capacities.

The guidelines seem then, at least at first glance, to be both politically progressive and—from a Deleuzo-Guattarian perspective—ontologically sound. However, on a closer assemblage-inspired analysis, we can also find a range of ways in which the guidelines subtly work to reinstate many of the historically embedded dominant assumptions about drugs, drug users and drug education that they purport to challenge. For example, although they present drug use as existing on a continuum from “abstinence through to exposure, experimentation, occasional use, problematic use and addiction” (, 2004, p. 37), this articulation still implies a linear trajectory of risk and harm that begins at the point of exposure. The continuum would sound very different, for example, if presented as progressing from abstinence, exposure, experimentation and occasional use through to problematic use and addiction. Drug use is also presented as an inherently problematic activity when the guidelines refer to it as “one of a range of problem behaviours” (Australian Government: Department of Education, Science & Training, 2004, p. 29), and associate it with “problem behaviours...such as educational difficulties, suicide

and crime” (p. 29), without any corresponding acknowledgement of the potential positive aspects of drug use. This is reinforced when they suggest that drug education could work as a form of “inoculation” (p. 41), “inoculating students against active or indirect social pressures to use drugs” (p. 40). In doing so, the guidelines not only position drug use as inherently dangerous but also as a virus needing eradication, and thus, by extension, works to construct those who go on to use drugs as diseased and potentially dangerous.

Drawing on assemblage-thinking, we can also see how heavily the guidelines, in this way, continue to promote an individualist model of harm, and how poorly they take into account the diverse broader structural and spatial forces that shape drug use events and outcomes. Despite referring, for example, to the presence of “macro-environmental factors” (Australian Government: Department of Education, Science & Training, 2004, p. 31) “broader health contexts” (p. 18) and “structural factors” (p. 7), the guidelines fail to explore these in any detail, or provide advice on how they can be expressed to students. Further, while the importance of developing students’ skills in “critical thinking and problem solving” (p. 45) is mentioned in the guidelines, these are only ever really associated with the idea of enhancing drug “refusal” skills (p. 45), thus reproducing the idea that drug-related harms are an individual issue, arising from bad choices, rather than from an assemblage of structural forces (law, politics, economics) and socio-spatial contexts. In framing refusal as the only rational outcome of this supposedly critical process, a pedagogy of rejection ensues that works to machine desire-flows in ways that reduce capacities for other, more nuanced, relationships with drugs. What is more, by not creating space for the critical analysis of the socio-political contexts of drug use, the guidelines encourage current drug laws and policies to be implicitly presented and legitimised as some kind of objective, naturally embedded status quo, rather than a questionable product of a complex history.

Similarly, although the guidelines are framed as being oriented toward harm reduction, the possibilities they open up for schools to move away from dominant, historically embedded abstinence-oriented messaging can be seen to be extremely limited. They are, for a start, “underpinned by current theory and research into what works in drug *prevention*” (Australian Government: Department of Education, Science & Training, 2004, p. 6), rather than harm reduction, and often discuss “preventing or reducing” (p. 5) drug use without any mention of reducing drug-related harm. Also, concerningly, no concrete advice is provided about how to actually deliver harm reduction education in classroom settings, aside from one example regarding “recommended levels for alcohol use” (p. 22). Drawing on assemblage-thinking we can see how, by not accounting for the complexity of forces operating in classroom and school assemblages, and by failing to provide explicit examples of harm reduction education that include illicit drugs, the guidelines are not likely to give educators much capacity to move outside traditional fear-driven abstinence-oriented messaging. When these dominant images of thought around drugs are then reproduced in classrooms, and remain unchallenged by alternative frameworks, they can be understood to operate as a grille that stratifies and limits bodily capacities: limiting capacities for more healthy relations with drugs, drug policies and drug-using bodies.

## Conclusion

School-based drug education is, we suggest, in urgent need of a critical reappraisal, where questions about the ontological assumptions underpinning curricula can be asked, and where its complex and broad impacts in and beyond classrooms settings can begin to be mapped. This means that we must think of drug education as more than just education against drugs, where success metrics are overwhelmingly defined by decreased use, or increased anti-drug attitudes. Rather, we must ask: what kind of bodily capacities—for connection, for desiring—does this intervention enhance or diminish? It also means that we need to pay attention not only to the kinds of drug use assemblages described and produced within curriculum plans, but also to the kinds of assemblages activated in the drug education classroom, the ways that flows of desire and affect mediate these pedagogic moments, and the kinds of bodies that emerge from these encounters.

The concept of the assemblage, as articulated by Deleuze and Guattari, encourages us to think about the many different forces—including dominant discourses, curriculum plans and classroom spatialities—that shape drug education, and the diverse ways that drug education might alter—in both positive and negative ways—future bodily capacities for connection and action. It forces us to focus on what a body, drug or classroom can do, rather than assuming a priori that all drug assemblages are bad, or all drug education assemblages are good. Assemblage thinking helps us to question the modernist assumptions of autonomy and rationality underpinning much drug education curricula, as well as much pedagogical practice, and forces us to consider the complex ways that drug education might impact on young people, beyond or outside of its stated objectives. It also forces us to consider the ways that the intensive, desiring, socio-spatiality of the classroom context itself affectively shapes drug education, rather than just looking at curriculum plans.

There are of course challenges in thinking about drug education research, curricula and pedagogy from a poststructural, assemblage perspective, not least because of the complexity of Deleuze and Guattari's concepts and the often unfamiliar terms they use to designate them. Moreover, their concepts are designed to complicate existing ways of doing research and practice, rather than impose more clarity and order, and as such do not offer a ready-made framework or structure for analysis that one can easily apply to a particular situation. Deleuze and Guattari's work, therefore, tends to be difficult to translate or market to a policy-making or practice-based context. However, as we hope to have demonstrated here, doing so is not impossible, and given how entrenched dominant ways of doing drug education seem to be, this may be an important ontological leap if we are to avoid simply reproducing dominant drug discourses and understandings. Instead, we can begin to map out more ethical enactments of drug education that enhance, rather than diminish, capacities for forming healthy relations with drugs, drug policies and drug-using bodies.

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# 9

## CRITICAL POLICY STUDIES AND HISTORICAL SOCIOLOGY OF CONCEPTS

### Wellbeing and mindfulness in education

*Julie McLeod and Katie Wright*

#### **Introduction**

It is *Mindful in May*, or so our work email told us, as we scrambled to finish a multitude of tasks while retaining a positive outlook. A message to staff reported that “It’s now accepted that people practising mindfulness have much lower rates of serious illness and recover better from illness, and it is strongly associated with better mental health” (university wide email, April, 2018). Such advice resonates with calls to manage work/life balance and, increasingly, to attend to our personal wellbeing. The rise of programs to support the self-management of work pressures is not a new phenomenon, and nor is the well-documented intensification of work in many occupational sectors, accompanied by the rise of precarious work in others. Such polarisation within the labour market, when viewed alongside the widespread and enthusiastic embrace of a technique like mindfulness, speaks to how the emotional pressures of over- or under-work are addressed therapeutically rather than structurally.

It is an obvious point to make that work/life balance, for example, or insecurity of employment are not adequately addressed by interventions that focus on helping individuals to become adaptable, resilient, or more mindful. In this sense, the rise of mindfulness in work and educational settings can be understood as part of a repertoire of techniques that sit within and help constitute ‘therapeutic culture’, a concept that describes “the social, cultural and political influence of psychology and, importantly, the diffusion of practices and beliefs typically associated with therapy and counselling” (Wright, 2018, p. 178). Critiques of this cultural and political turn abound, and come from multiple vantage points (Wright, 2011), with some seeing it as representing a weakening of the social and moral order (Furedi, 2004) and others as a way of holding individuals responsible for managing social ills (Brunila, 2016, 2018; Ecclestone & Hayes, 2009). As we discuss below, however,

the practices and norms associated with therapeutic cultures have more ambivalent and unpredictable effects than are typically acknowledged. Drawing on concepts from critical policy studies, and informed by Foucauldian genealogy and debates within historical sociology, we examine the rise and reach of mindfulness, framing it as one instance of wider wellbeing agendas. We show the value of these theoretical and methodological approaches for historicising the construct of mindfulness and for situating it within a network of concepts and policy discourses.

Analysis of these discourses is advanced in three main ways. First, taking the methodological strategy of “problematization” as developed in Foucauldian scholarship, we turn to Carol Bacchi’s (2009, 2012) approach of *What’s the Problem Represented to Be* [WPR], to identify how specific issues are defined and then made problematic. Second, as an example, we develop an analysis of mindfulness employing the WPR approach. Third, the distinctive insights afforded by an “historical sociology of concept formation” (Somers, 2008, p. 172) as applied to these matters are elaborated. Overall, we argue that such practices of problematization require critical attention to not only the invention of policy problems but also to their conceptual networks, genealogy and effects. Finally, while acknowledging the complex histories of these concepts, we insist on attending to the ambivalent effects of mindfulness programs and wellbeing agendas.

Before working through the stages of this analysis, the influence of mindfulness in relation to wellbeing and education is briefly considered. This serves as illustration of the phenomena we are trying to understand, and a reference point for engaging with the concepts and approaches noted above.

## Wellbeing and mindfulness at school and beyond

Being present in the moment, paying attention, acting purposefully, accepting without judging—these practices are the heart of mindfulness. Drawing on core ideas from Buddhism, mindfulness has become a mainstream and fashionable “psychological aid” (Farias & Wikholm, 2015). It is widely utilised by psychologists and counsellors as a therapeutic tool (Hofmann et al., 2010), but it is also within reach of anyone with access to the internet, a smartphone, a bookstore or a library. A simple YouTube search of the word mindfulness returns almost 1.5 million results, offering a seemingly endless array of choices to draw on in being guided through the practice or in learning about its manifold benefits for body and soul. An astonishing number of mobile apps exist to help one become mindful, while thousands, perhaps tens of thousands, of books extend the long tradition of self-help through a turn to mindfulness. Beyond the clinic and the easy access to technology, facilitated “how to” guides and traditional books, mindfulness has been institutionalised in schools, workplaces, prisons, and even in the toughest of government agencies, the military (Purser & Loy, 2013). Mindfulness is everywhere. It is the focus of the popular month-long global fundraiser, *Mindful in May*—a social enterprise that teaches people to meditate while also collecting donations to “build clean water projects in developing countries”. The campaign offers a

tantalising promise: “Give me 4 weeks, I’ll give you changes for life!”, with the reassuring message, “It takes just 10 minutes a day to transform your mind ... and the world” (Mindful in May, 2018).

The benefits of mindfulness as a practice and aspiration are advocated for school students as well as teachers, supported by departments of education and marketed by the growing entrepreneurial “care of the self” sector. It has been estimated that the “global wellness industry is worth trillions of dollars”, with mindfulness being a lucrative part of this (Doran, 2018). In the corporate sector, consultants offer programs to enhance productivity and efficiency, reduce absenteeism and help foster the sorts of “soft skills” that can bolster careers (Purser & Loy, 2013). Introducing quiet spaces, massages, yoga classes, colouring in books and meditation rooms has become a way for businesses to “care” for their employees by reducing stress and enhancing wellbeing (Patty, 2005). Short courses and weekend retreats are available for teachers to refresh and refocus so they can be more effective. As one organisation offering this proclaims, “As educators, we need to fill our own up first...so we can then help fill the cups of others!” (Mindfulness Classroom, 2018). With teachers themselves equipped with the knowledge and skills to practise mindfulness, they are in a strong position to introduce this into their classrooms, along with a range of other techniques to improve wellbeing. Attending a workshop provided by Mindfulness Classroom, for example, offers teachers the opportunity to experience “peace, bliss and calm” during a weekend stay at a monastery, while “taste testing” a range of modalities that can be helpful at home and at work, from Tai Chi, Yoga and Chakra Healing Meditations, to Sound-Baths, Laughter Yoga, Drumming Circles, Art Therapy, Aromatherapy and Kirtan (Mindfulness Classroom, 2018).

Mindfulness is now well integrated into school systems. In the United Kingdom, the charity, Mindfulness in Schools Project (MiSP), reports that it has delivered mindfulness training to 350,000 primary school children to help them “flourish academically, socially and emotionally” (MiSP, 2018). The MiSP program is now taught in more than 20 countries and its curriculum translated into a range of different languages (Ricci, 2015). In the United States, the Mindful Schools organisation estimates that its 10,000 graduates have reached more than 2 million students. In Australia, the KidsMatter mental health initiative for primary schools includes a “Mindful Schools” program for children as well as a program called “Headrest” for teachers. The benefits cited typically point to the effectiveness of mindfulness-based skills in “reducing stress, increasing concentration and better managing distractions” (KidsMatter, 2018).

### **Is this a problem?**

The growing popularity of mindfulness in schools and workplaces may be usefully understood as part of current agendas to improve the mental health and wellbeing of particular groups—students and workers. But it also reflects wider cultural imperatives to address problems of mental health and wellbeing at the level of entire populations. Organisations that promote mindfulness, and individual schools

that adopt mindfulness practices, link them not only to a positive sense of mental and physical health but also, crucially, to improving efficiency and outcomes. In schools, wellbeing is now a well-established part of the educational lexicon. It is the latest iteration in a long history of initiatives that have targeted individual subjectivity and conduct and which have straddled both equity concerns and wider aspirations to improve academic outcomes—such as the introduction of student counselling in the first half of the twentieth century and the attempt to raise self-esteem that came later (Wright, 2014; McLeod, 2015). Notions of resilience and flourishing, which along with mindfulness, are key words animating the wellbeing imperative, point to the pervasive influence of positive psychology and its remarkably successful offspring, positive education. The Patron of the Positive Education Schools Association (PESA), Martin Seligman, asks “What do you really want for your children?” Embracing positive education, he asserts, is an approach whereby schools “teach both traditional skills for learning and help teach students the skills to lead a flourishing life” (PESA, 2018). This involves applying the “scientifically-informed principles of Positive Psychology within an educational setting” to combat the mental health crisis facing young people and equip students with the skills needed to achieve happiness and fulfil their potential (PESA, 2018).

The embrace of wellbeing as an educational aspiration may be read, on one level, as a reflection of a more humane and enlightened approach to schooling, one which views students holistically and recognises them as people first, not simply learning machines to be pushed through the system. As such, it would appear to be a self-evidently good thing—what could be wrong with aspirations to improve student wellbeing by adopting techniques like mindfulness, which aim to enhance life and learning through techniques that foster a different way of being in the world?

### **What is problematisation and why do we want to problematise?**

In trying to tease apart what may seem, at first glance, to be an unproblematic issue—promoting student wellbeing through mindfulness in schools—we turn to the methodological strategy of “problematisation” as developed in Foucauldian scholarship and built upon in the work of others, particularly that of Carol Bacchi (2009; Bacchi & Goodwin, 2016). Bacchi’s approach, *What’s the Problem Represented to Be* [WPR], provides a framework for identifying how certain issues come to be defined as problems, and which in turn call for particular types of solutions. Developed as a tool to analyse policy “problems”, Bacchi’s approach is useful for thinking afresh about wellbeing, not only as a policy problem but also as a wider social imperative. Central to the WPR approach is Foucault’s (1996) strategy of *problematisation*. Using our example of wellbeing, this involves raising questions about how the notion of wellbeing emerged and evolved, and in particular, how it has become a key concept in education and in wider society and culture for understanding what constitutes health, happiness, success and a good life. As Foucault observes (1996, pp. 456–457):

Problematization doesn't mean the representation of a pre-existent object, nor the creation through discourse of an object that doesn't exist. It's the set of discursive or nondiscursive practices that make something enter into the play of the true and false, and constitutes it as an object for thought.

How, then, has wellbeing been constituted as an "object for thought"?

Before unpacking the usefulness of the WPR approach, it is helpful to begin by thinking of wellbeing as a *keyword* in contemporary social life and educational policy (Wright & McLeod, 2015). This step is important to recognising the influence and effects of particular words and concepts. As Fraser and Gordon (1994, p. 310) remind us, "the terms that are used to describe social life are also active forces shaping it". In their genealogy of dependency as a keyword of the US welfare state, they draw on Foucault to "excavate broad historical shifts in linguistic usage" of the term with the aim to "defamiliarize taken-for-granted beliefs in order to render them susceptible to critique and to illuminate present-day difficulties" (Fraser & Gordon, 1994, pp. 310–311). In a related approach, also influenced by Foucauldian genealogy, but engaging a different suite of conceptual orientations, Talburt and Lesko (2012a) demonstrate the value of historicising keywords. This not only provides insights into how meanings change over time but also reveals "the enabling structures, paradigms, and assumptions of the concepts" (p. 7). Their method is one that "problematizes the very terms and concepts through which we know and understand a topic" by interrogating when, how and why particular terms emerge and become popular (Talburt & Lesko, 2012b, p. 11). In grappling with "wellbeing" as an object for thought, we pay critical attention to historicising wellbeing as a socially constructed concept, one that is invented in different times and places for different purposes. Importantly, in problematising wellbeing we are not suggesting that educational approaches aiming to improve wellbeing are necessarily misguided. Rather, our aim is to examine this issue through a critical lens, one that seeks to illuminate other ways of understanding the appeal, movement and effects of this keyword. In the midst of the pervasiveness of wellbeing and mindfulness discourses, stepping back from the taken for granted value of these ideas and practices is to embark on a task of defamiliarisation.

Bacchi's (2012) WPR approach offers a disarmingly simple but especially useful framework for defamiliarisation and for challenging taken-for-granted assumptions about wellbeing and the associated ideas and practices of mindfulness. The WPR offers an approach to analysing the organising and normalising ideas of policy discourses, but it can also be usefully applied to everyday discourses and is used in a variety of research fields. Guided by Foucault's notion of problematisation, the WPR approach challenges the idea that policies can be understood simply as a response to problems that exist in the world. Rather, Bacchi (2012) shows how the policy process itself is fundamental to the very constitution of what we understand to be a problem that needs "fixing". In other words, WPR "starts from the premise that what one proposes to do about something reveals what one thinks is problematic" (p. 21) or should be changed. Analysing policy, then, involves

uncovering the “*implicit* representations of what is considered to be the problem” (p. 21). This is referred to as “problem representations” (p. 21). WPR involves six questions. As these questions intersect and overlap, the six “steps” as presented in WPR “serve a heuristic function” rather than providing a strictly ordered sequence of how this analysis should be conducted (Bacchi & Goodwin, 2016, p. 19).

- 1 What’s the “problem” (e.g., “gender inequality”, “drug use/abuse”, “economic development”, “global warming”, “childhood obesity”, “irregular migration” etc.) represented to be in a specific policy or policies?
- 2 What deep-seated presuppositions or assumptions underlie this representation of the “problem” (*problem representation*)?
- 3 How has this representation of the “problem” come about?
- 4 What is left unproblematic in this problem representation? Where are the silences?
- 5 Can the “problem” be conceptualised differently?
- 6 What effects (discursive, subjectification, lived) are produced by this representation of the “problem”?
- 7 How and where has this representation of the “problem” been produced, disseminated and defended? How has it been, and/or can it be, disrupted and replaced?

(Bacchi & Goodwin, 2016, p. 20)

### Putting problemisation to work—wellbeing and mindfulness

This list of questions is designed to be applied to various “problem representations”. *Illuminating the “problem”* is an important first step and this involves making implicit assumptions explicit. For our analysis, we can understand wellbeing as an aspiration and a perceived solution to a set of “problems” of contemporary life—with mindfulness a technique that can be employed to achieve wellbeing. The US-based Mindful Schools website outlines the problems that mindfulness can solve, stating that the modern education system is burdened with “toxic stress”, which impairs students’ attention and has a negative effect on their physical and mental health. For educators, toxic stress is said to decrease their productivity and creativity, which can escalate into more serious problems such as anxiety and burnout. While in the home, toxic stress is blamed for parenting styles that are more akin to management based on “to-do lists” than present-centred relationships (Mindful Schools, 2018). Mindful Schools thus provides a useful example, for it makes explicit what is often implicit in wellbeing and mindfulness discourses.

The second question regarding *deep-seated assumptions* is closely linked to the “problem”. As our example shows, the inherent stress of contemporary life is a key assumption. To dig a little deeper, we can also see that the solution is largely individualised—the need to find a new way of being in the world, rather than focusing on how structural problems may be rectified. To be sure, the structural problem is commonly acknowledged, yet the proposed solution is one of

adaptation. The implicit assumption is that self-change is do-able. Yet changing the social is somehow inconceivable. How this “problem” has come about is an important question here. Rising rates of mental health problems is one clear example (Wright, 2014). Techniques such as mindfulness are seen as a means of fostering wellbeing, which is assumed to be helpful in mitigating against mental ill-health. Yet solutions have not always been so individualised. In the 1970s, for example, educational efforts to raise the self-esteem of girls were employed as another way of moving towards more gender equitable social arrangements (McLeod, 2015). This links to the fourth question, about how the problem (or solution) could be understood differently. As we discuss below, drawing on historical sociological approaches to supplement WPR provides a way of using historically grounded analysis to challenge contemporary taken-for-granted ideas.

The question of *What is left unproblematic* in the representations and discourses of wellbeing and mindfulness could be analysed in various ways. To provide one example here, the potential problems and unintended consequences of the widespread embrace of these ideas is a key issue. There are now a growing number of critiques of mindfulness at work and in education, some of which are captured in the notion of “McMindfulness” (Safran, 2014). This term alludes to the evolution of mindfulness from Buddhist meditation practice to consumable product, with echoes of the fast food industry underlining the capitalist commodification of such orientations. “It’s the marketing of mindfulness practice as a commodity that is sold like any other commodity in our brand culture” (Safran, 2014). In this process, the complexity of mindfulness and its foundation as a spiritual practice is stripped away and it becomes another lifestyle choice, or the latest educational fad. What is left unproblematic also extends to the ways in which research evidence is used to sell the idea that mindfulness works. As Safran notes, “never mind the fact that the research that has compared mindfulness based cognitive therapy to traditional cognitive therapy ... finds that the emperor has no clothes” (Safran, 2014).

As with the other questions, *the effects that are produced* can be considered in various ways, and we offer here an example of what this looks like. First, it should be noted that the same period that saw increasing concerns about the mental health and wellbeing of young people coincided with the rise of positive psychology, which has taken a leading role in developing solutions that can be applied in educational contexts. While positive psychology promises a more holistic, less pathological, approach, the ways in which wellbeing discourses circulate through educational settings suggest that it is largely a proxy for mental health and that the “solutions” continue to be largely individualised. Moreover, despite the lofty aims of positive psychology, there remains considerable potential for pathologisation and stigmatisation, particularly in schools (Graham, 2015; Harwood & Allen, 2014); especially worrying in this regard are the ways in which social and structural disadvantage are situated as problematic for mental health. Can mindfulness mitigate poverty? Also at stake is the very conceptualisation of young people—indeed the way we view the human condition—and one of the key critiques of the rise of “therapeutic education” is that it promotes a diminished view of the self

(Ecclestone & Hayes, 2009). While strong arguments can be made against such pessimistic assessments—as we have shown (Wright & McLeod, 2015)—it nevertheless remains the case that positive psychology proffers increasingly influential solutions to the perceived problems of personhood that we are facing today, be it in the classroom or in the workplace.

We have already pointed to some of the ways in which this “problem” has been produced, disseminated and defended, and this analysis could be taken further if space permitted. Before turning to how the WPR could be enhanced, a brief response to the sixth question on *how problem representation may be disrupted or replaced* is in order. While it is hard to argue with wellbeing as an aspiration, once a critical lens is applied, important questions arise that can allow a reframing of its remit and effects. We have elsewhere considered in more depth the ways in which the enthusiastic take up of wellbeing agendas can be unsettled by situating them in a longer and wider history of reforming the self via psy-knowledges (McLeod, 2015; McLeod & Wright, 2015; Wright, 2015). By tracing the movement and effects of concept networks in wellbeing discourses, we have sought to refocus attention on their practical and technical aspects, not only their aspirations. That is, we looked to the mundane ways in which young people’s health and happiness are the subject of educational reforms, and we considered how wellbeing agendas might be reframed in less individualised ways, with more attention to the structural conditions that give rise to powerful asymmetries in the experiences available to young people—regardless of the reach of McM mindfulness.

## Connecting concepts

In our work (McLeod & Wright 2015), we usually supplement the WRP approach with what Margaret Somers (1995, 2008) calls an “historical sociology of concept formation”. By this, Somers means analysing the history of key concepts, how they have evolved and gained purchase, and the character of their intersections with other linked concepts. She argues that concepts are relational, “they exist not as autonomous categories” (Somers, 1995, p. 134) but are part of relational patterns. Part of the analytic task is thus to show the history of relational networks between concepts, to unpick how they work and to trace their effects. This helps us, Somers proposes, to “analyze how we think and why we seem obliged to think in certain ways” (1995, p. 113, original emphasis), and, as such, this approach advocates analysis of the “historicity of thinking and reasoning practices” (Somers, 2008, p. 173).

This approach complements an historical investigation of a particular keyword—such as welfare, or wellbeing—by bringing critical and methodological attention to assemblages of, and the lines of connections between, keywords. Such a focus on the relational networks between concepts aligns with the interrogative strategies of the WRP method but brings into view a more explicit historical lens. In this way, an historical sociology of concept formation is also a strategy for developing a history of the present, in the genealogical sense adopted in Foucauldian scholarship (O’Farrell, 2005; Foucault, 1984).

In the case of mindfulness, there are numerous kindred concepts, as we have noted above, and they rise and fall in different ways. Mindfulness is at home in positive education movements as a do-able technique to advance wellbeing agendas: it purports to aid effective attitudes to education, work and to life; it is associated with processes of reflective self-discovery; and it supports growth of self-esteem. Beyond these instances of psy-concepts and tactics, mindfulness promises a more contemplative alternative to the fast and sometimes brutalising pace of contemporary life—an antidote to materialism, to consumer culture and to stress. Mindfulness does many things, but all its claims and promises are embedded in particular ways of understanding the self in the modern world.

On one hand, the rise of mindfulness can be easily parodied, and cynically dismissed for the way it represents the monetisation of a kind of soft counter-culture and over-valuing of self-improvement and self-responsibilisation. On the other hand, it can represent a welcome alternative to the dominance of clock time and greedy managerialist and capitalist practices. Nonetheless, whatever way one approaches mindfulness, developing an analysis of its meaning and effects—and its kindred concepts, like wellbeing—requires situating mindfulness discourses and motifs in reference to larger social and cultural frames. And, in turn, this can then help to illuminate changes and concerns in educational practice and policy.

## Conclusion

Problematising wellbeing and mindfulness discourses in education requires looking beyond the school walls and towards the broader cultural take-up of the care of the self in the current era. Recognising the wider cultural and psycho-social resonance of mindfulness is not to ignore or deny the dangers posed by its grandiose and over-reaching ambitions, as if a spot of quiet meditation or a walk in the park can resolve multifaceted systemic or subjective difficulties. At the same time, however, to not seek out ways to address the complex affective injuries of contemporary work and life can also be limiting and risk a pessimistic, if not fatalistic, sense of (im)possibilities for change.

In this chapter, we have outlined an approach to problematising keywords and connected concepts in education, taking mindfulness and wellbeing as illustrations. While responses to the movements built on these concepts are, of course, mixed—sceptical, enthusiastic, pragmatic—we have argued that, for analytic, historical and political reasons, a more cautious and ambivalent assessment of the effects of these agendas is required. In other words, to properly study the movement of ideas and their effects—in the manner Ahmed (2010) has suggested—and, as an historical sociology of concepts also indicates, we are obliged to attend to their diverse and unintended effects. The goal is not simply to revert to the old “good and bad” judgements but to identify the contradictory and mixed-up effects of things, even if that is at odds with what we might like to see.

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# 10

## 'SCHOOL REFUSAL'

What is the problem represented to be?  
A critical analysis using Carol Bacchi's  
questioning approach

*Catriona O'Toole and Roisin Devenney*

### Introduction

For most children and young people, attending school is a positive experience which brings rich opportunities for social connection, personal development and academic achievement. However, for what appear to be increasing numbers of children, schooling can be a distressing and painful experience. Many such children refuse to attend school or have difficulty remaining in school for the entire school day. The term 'school refusal'<sup>1</sup> is typically used to refer to this phenomenon. It is defined as a child's refusal to attend and/or stay in school for the duration of the school day for reasons associated with emotional distress (Kearney & Silverman, 1990). The latter accompaniment of emotional distress is a key component of the definition; and it is this that is deemed to distinguish 'school refusal' from other types of non-attendance such as 'truancy' and 'early school leaving' (Archer, Filmer-Sankey & Fletcher-Campbell, 2003; Frederickson, 2008; Havik, Bru & Ertesvag, 2015; Lauchlan, 2003; Maynard et al., 2015; Place et al., 2000; Wilkins, 2008).

'School refusal' is an interesting and ambiguous term. To 'refuse' means to reject or disregard; thus, the term seems to connote a kind of active resistance, a cross-armed defiance stance, or even an interrupting or a subverting of the status quo. This language paints a picture of 'school refusers' as spirited and gritty, actively rejecting that which the educational establishment has intended for them. Nevertheless, as will become clear throughout this chapter, the concept of 'school refusal' is also bound up in language of deficit, disorder, weakness and maladaptation.

The purpose of this chapter is to illuminate and interrogate the language and assumptions that underpin the representation of 'school refusal' by drawing upon Carol Bacchi's (2009) "What's the problem represented to be?" framework. Thus, in this chapter we explore not only how 'school refusal' is socially and discursively constructed, we also draw attention to the effects of such constructions, particularly

with regard to limiting young people's views of themselves and closing down discussion of broader socio-political and educational regimes. We also identify issues that are missing from current representations of 'school refusal', particularly children's own narratives and interpretations of their experiences. Furthermore, we question whether it may be possible to mobilise 'school refusal' in relation to broader social and educational change. Thus, we suggest that it may be possible to harness the ambiguity of the term to advance more positive and hopeful ways to think about young people who experience emotional conflict or distress related to the school environment, as well as challenge the dominance of a neoliberal agenda in education.

### **What's the problem represented to be? Applying Carol Bacchi's framework to the issue of 'school refusal'**

Inspired by feminist theory and Foucauldian poststructural analysis, Carol Bacchi (2009, 2012) highlights how the representations of social problems within policy and research are fundamental to shaping our understanding of what it is that is problematic and in need of fixing. In order to subject problem representations to critical scrutiny, Bacchi (2009) developed a disarmingly simple framework known as 'What's the problem represented to be?' (WPR). The WPR approach is a set of six questions (outlined in Box 10.1), which can be used to help uncover the implicit assumptions underpinning the construction of social problems as well as the affects that such constructions have. In this chapter, we use Bacchi's (2009, 2012) WPR questioning resource to critically examine contemporary literature on 'school refusal' and to ask questions about the organising and normalising ideas that are implicit in the processes and practices through which the understanding of 'school refusal' as a 'problem' has emerged. Within the context of a brief chapter, we limit our analysis to a subset of Bacchi's questions.

#### **BOX 10.1 BACCHI'S QUESTION GUIDE FOR ANALYSIS**

1. What's the 'problem' represented to be?
2. What presuppositions underpin this representation of the 'problem'?
3. How has this representation of the 'problem' come about?
4. What is not being problematised in this 'problem' representation?
5. What are the effects produced by this representation of the 'problem'?
6. How/where has the representation of the 'problem' been produced, disseminated and defended? How has it been (or how could it be) questioned, disrupted and replaced?

*Bacchi (2009)*

Specifically, the research questions we pose for this analysis of 'school refusal' are the following:

- ← How is 'school refusal' represented or conceptualised in research literature and what are the origins of these conceptualisations?

This question dovetails with Bacchi's first three questions as highlighted in Box 10.1. It allows us to critically examine the language, discourse and nomenclature that surround 'school refusal' as well as uncover the conceptual basis or lineage through which the problem of 'school refusal' has evolved.

- ← What are the effects of these representations?

This question connects with Bacchi's Question 5. It seeks to expose the ways that representations of 'school refusal' and related terms influence people's lives and subjective experiences. In a sense, it shifts the focus from what 'school refusal' *is* to what 'school refusal' *does* (McLeod & Wright, 2016).

- ← What is missing from current representations?

This links with Bacchi's fourth question. With the benefit of the analysis arising from the previous questions, this prompts us to uncover the perspectives and voices that have not featured heavily (if at all) in contemporary 'school refusal' literature.

- ← How can we replace existing representations of the problem?

Connecting with Bacchi's final prompt, this question acknowledges that representations of 'school refusal' can be limiting and harmful, and forces critical reflection on ways that dominant representations might be challenged and disputed (Bacchi, 2009, 2015).

In the following section we show how applying Bacchi's framework allowed us to interrogate the literature on 'school refusal' and illuminate a number of important issues. These are discussed now.

## **Representations of school refusal: the influence and consequences of the medical model**

Our review of the literature revealed a considerable variety of nomenclature in relation to school non-attendance. 'School refusal' is a particularly dominant term especially in traditional clinical and psychiatric literature. 'School refusal' is considered a 'maladaptive' response, linked to diverse mental health 'disorders' particularly 'internalising disorders', including anxiety and depression (Inglés, González-Maciá, García-Fernández, Vicent, & Martínez-Montegudo, 2015; Kearney, 2007; Kearney & Bensaheb, 2006). Knollmann and colleagues (2010) suggest that there are two sub-categories of 'school refusal'. The first category concerns school-related anxieties, such as test anxiety or social phobias and the second is related to separation anxiety (i.e., fear of being separated from a parent or loved carer). Irrespective of which subcategory

young people are deemed to fall into, their 'symptoms' include social 'impairments', emotional 'disturbances', 'maladaptive' thoughts and 'distorted' beliefs (Heyne et al., 1998; Kearney, 2007; Maric et al., 2012; Maynard et al., 2015) as well as a range of somatic 'symptoms' like headaches or stomach aches (Berg, 1997; Honjo et al., 2001; Torma & Halsti, 1975).

Another body of literature refers to 'truancy', 'school drop-out' and 'early school leaving'. While there is recognition by some authors that these categories may overlap with 'school refusal', in general, there is a clear attempt to delineate the terms. In clinical literature 'truancy' refers to "repeated unjustified absence, not related to anxiety, and performed without parental consent" (Kearney, 2008, p. 452). Unlike 'school refusal', it is presumed that 'truancy' is not associated with anxiety or other types of emotional distress (Archer et al., 2003; Frederickson, 2008; Havik et al., 2015; Lauchlan, 2003; Maynard et al., 2015; Place et al., 2000; Wilkins, 2008). Instead, it is linked to 'externalising behaviour problems', particularly 'conduct disorders' (Inglés et al., 2015; Knollmann et al., 2010). In distinguishing 'school refusal' from 'truancy', Fremont (2003) suggests that 'school refusal' usually occurs with parental knowledge, and involves the young person remaining in a secure, safe home environment; whereas 'truancy' is often concealed from parents, and associated with anti-social behaviour, often in the company of other peers (Fremont, 2003).

The discourses in relation to these two dominant terms—'school refusal' and 'truancy'—position young people in very different ways, a point to which we return later. For the moment (and following Bacchi's line of questioning), we wish to draw attention to the lineage of these representations from within a medical model of human distress. A key assumption of the medical model is that emotional distress and troubling behaviour can be understood as types of 'mental disorder', which are akin to physical disease and can therefore be understood using the same theoretical frameworks (Johnstone & Boyle, 2018). Within this model, people's troubling thoughts, feelings and actions are considered as 'symptoms', largely explicable in terms of genes and biology. As such, 'school refusal' is fundamentally a 'symptom' of underlying disorder, which originates in the brain/body of individuals. The delineation of 'school refusal' from 'truancy' and other forms of non-attendance, as well as the subcategorisation of school refusal (suggested by Knollmann and others), represent attempts to arrive at increasingly narrow and tightly defined constructions of symptoms, the overall intention of which is to move closer to physical medicine.

It hardly bears emphasising that the application of a medical model to an understanding of human distress has been subject to intense, wide-ranging and sustained critique. Scathing criticism has come from many quarters, including from poststructural scholars such as Michel Foucault (1967) and Nikolas Rose (1985), from feminist and critical race theorists like Jane Ussher (2011) and Frantz Fanon (2007), from community and cultural psychologists interested in social justice (e.g., David Smail, 2013), and a host of others. There is a mounting appetite for change, perhaps most recently seen in the publication of the *Power Threat Meaning*

(PTM) Framework (Johnstone & Boyle, 2018) by the Clinical Psychology Division of the British Psychological Society. The PTM Framework represents a radical alternative to the medical and diagnostic models, arguing instead for an understanding of human distress based on the negative operation of power and inequalities in people's lives, the threats posed by these powers (and how they are mediated in mind and body), and the role of language, discourse and meaning in shaping people's experiences.

Nevertheless, the medical model continues to dominate contemporary discourses of distress, and to seep into the fabric of our social and educational institutions as well as our individual consciousness. By attributing emotional distress to genes and biology, the medical model contributes to people viewing themselves as blameworthy, ill and disordered (Johnstone & Boyle, 2018). Furthermore, the language of deficit and disorder enters and acts upon people's subjectivities, serving to inscribe a certain sense of identity or selfhood that is bound up with failure, weakness, and serving to ensure that this is how people will actually experience themselves. Here we clearly see that there are real consequences for individuals in the way problems are framed and represented. In this regard the value of Bacchi's approach is immediately apparent.

Another consequence of the medical model is that it serves to conceal the broader social, ideological and political factors that inevitably play a significant role in young people's school-related distress. As alluded to earlier, the varying discourses in relation to 'school refusal' and 'truancy' positions young people very differently. The 'school refusal' category paints a picture of young people as soft, vulnerable and fragile. 'Truants' in turn, are cast as hard, emotionless, and deviant. Looking deeper however, it is difficult to accept such simplistic, one-dimensional and delimiting characterisations. In cases of 'school refusal', the overwhelming focus is to get the young person back to school as soon as possible and at whatever cost (Baker & Bishop, 2015; Sapountzis, 2014). Consequently, 'school refusers' come under considerable pressure, perhaps first from parents and school staff, and subsequently from those further up the chain of command, such as school welfare officers at district level. Thus, despite their distress, such young people exhibit remarkable agency and resolve in defying powerful social norms and withstanding pressures from those who have much greater power and authority over them. Similarly, it is necessary to question the appropriateness of assuming that 'truancy' or other forms of non-attendance, are not accompanied by emotional distress, as is suggested by the definitions presented above. Indeed, it seems likely that those labelled as 'truants' may experience an array of complex, distressing feelings such as alienation, anger, fear, frustration, or disempowerment. It is not that 'truancy' equates to an absence of emotion; rather, 'truants' when compared to 'school refusers', may experience a different constellation of emotions, or it may be that a similar complex array of emotions is experienced, but that they are expressed differently.

In essence, these labels serve to differentiate the experience and the expression of emotions and this necessitates questions about social and cultural dynamics that give rise to particular emotional responses. The clinical literature typically suggests that

'school refusal' is equally common among males and females (Egger, Costello, & Angold, 2003; Heyne & King, 2004) and there appears to be no direct association with socioeconomic status (Heyne et al., 2001). However, studies focusing on 'truancy' tend to show that males from lower socio-economic backgrounds are more likely to be 'truant' than girls, or those from middle class backgrounds (Darmody, Thornton, & McCoy, 2013; Wagner, Dunkake, & Weiss, 2004). The emergence of gender and class patterns prompts consideration of the ways that the experience and expression of negative emotions related to the school environment are bound up in prevailing social norms and power relations. It is apparent here that there are 'feeling rules' (Hochschild, 1979) or 'display rules' (Ekman, 1972) that govern acceptable ways of thinking, feeling and behaving, depending on gender roles and social class. Unless these implicit rules and norms are made visible, it is probable that they will guide judgements about which groups are more likely to be labelled as 'school refusers' and which are more likely to be categorised as 'truants', with far-reaching consequences for how young people are viewed in school as well as for how they view themselves (Lauchlan, 2003).

### **Gaps in current representations: emotions and personal meaning**

According to the definitions above, 'school refusal' is fundamentally about emotional distress. Yet, an understanding, or even acknowledgement, of what it feels like to experience this distress is not central to many accounts in the research literature. What is it like for the young person who refuses to leave home in the mornings because, by staying home, he can sometimes protect his mother from the violence of her partner? What is it like for the young person who feels a consistent sense of shame and dread, because she can never quite live up to the academic and behavioural expectations that have been set out for her?

Overall, there is a need for greater appreciation of young people's intimate emotional lives and the ways they make sense of their unique situations. The medical model presents a view of children's distress as arising internally from within the individual's brain-body system. Emotions within this view are private entities that can be explained by neuropsychological mechanisms and cognitive/behavioural processes. While it is, of course, true that emotions have a neurological and cognitive substrate, this is only part of the explanation. Emotions are not merely directed from within. They always arise in response to the way people are embedded in patterns of relationships, both to other people and to significant social and political situations (Burkitt, 2014). Colombetti (2011) argues that emotions can be characterised as a sense-making faculty of the whole embodied and situated person. Emotions facilitate and guide our actions enabling us to navigate and make sense of our lives. They are neither separable from rational thought nor from the particular situations that evoke their arousal. These views support an understanding of young people's emotional distress as intelligible and reasonable (rather than as a sign of pathology), because they foreground consideration of young people's current situations, their personal histories, as well as the prevailing social and cultural norms that they are embedded in.

## **Towards a positive and hopeful view of 'school refusal'**

In order to distance themselves from the pathologising and within-person focus of the medical model, a number of authors have recently suggested alternative terms for 'school refusal'. Suggestions include, 'non-attendance' (Carlen, Gleeson, & Wardhaugh, 1992) and 'extended non-attendance' (Gregory & Purcell, 2014; Pellegrini, 2007). We remain open to retaining or abandoning the 'school refusal' label, primarily because we wish to consult with young people themselves regarding their views on how the language and discourse frames their experiences. For too long it has been academics and other professionals who have the power to name things, not the students whose experience they are describing. Perhaps students might embrace the term 'school refusal'. As noted in the Introduction, 'school refusal' suggests a gritty, emphatic stance. What if young people actually seek to make a statement—to tell their teachers or the system to 'go to hell'? In a neoliberal educational context, increasingly preoccupied with producing enterprising, autonomous students—equipped with 21st century skills so that they can be useful in the employment market—perhaps it is high time we paid closer attention to their experience of school-related distress (O'Toole, 2019). By giving voice to young people's experiences it may be possible to disrupt current representations, present more hopeful and positive portrayals of young people, and ultimately mobilise the 'school refusal' construct in relation to a broader agenda for educational change.

## **The value of applying Bacchi's framework to the issue of 'school refusal'**

The analysis of language and discourse that is facilitated by Bacchi's Framework has been helpful in illuminating the continued dominance of the medical model and the way that this likely contributes to young people viewing themselves as disordered, ill and blame-worthy. The analysis also highlights the need to make visible the broader social, ideological and power dynamics that inevitably play a role in young people's experience of 'school refusal'. Thus, within the context of our own project, we feel Bacchi's framework was a perfect place to start. It would, however, be an unfortunate place to stop. As highlighted, we also seek to explore and better understand young people's own subjective experience and the meaning and narratives that they bring to bear on them, as well as consider concrete changes to lessen young people's distress.

Our analysis also demonstrates the utility of Bacchi's Framework for researchers across different scholarly traditions. The WPR approach can be usefully applied, not just by those firmly located within a feminist or post-structuralist tradition; it is also very helpful for the increasing numbers of researchers who locate themselves within the intersections of different traditions, but who are interested in taking a critical and probing analysis of constructs within their field.

## Note

- 1 Throughout this chapter we put 'school refusal' and a number of related terms in quotation marks to emphasise the constructed nature of these terms and to serve as a reminder against reifying them.

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# 11

## HEALTH EDUCATION POLICY AND CURRICULUM

### Bernsteinian perspectives and a whole new Ball game

*Dawn Penney*

#### **Introduction**

This chapter reflects a desire to ask particular questions of contemporary policy and curriculum developments, and an accompanying passion for the work of Basil Bernstein and Stephen Ball. For over twenty years I have drawn on theoretical perspectives and concepts that these scholars have advanced, bringing together elements of their work in formulating frameworks for my own research. The specific concepts that have been at the fore, and the particular combinations that I have developed, have varied, but the basic formula of ‘Bernstein and Ball’ has been a consistent feature. This chapter therefore sets out to illustrate the utility of Bernstein’s and Ball’s work for research in health education. It introduces conceptualisations that have been pillars of policy and curriculum scholarship internationally and directs attention to the lines of inquiry that particular concepts enable and legitimate. In saying this, my point is that the significance of particular concepts and frameworks comes down to the questions that they *enable us to even ask*—let alone answer (see Leahy, Fitzpatrick and Wright, see chapter this collection). I associate Bernstein’s work particularly with an interest in challenging established thinking about curriculum and bringing to the fore new questions that can be asked of curriculum. I position Ball’s work similarly, challenging us to think afresh about policy developments and health education practices, and our individual roles in shaping these.

The chapter therefore explores particular conceptual combinations that enable inquiry and analysis to connect with the educational, socio-cultural and political complexities of contemporary policy and curriculum ‘work’ in health education. Analysis of curriculum and assessment specifications associated with, and stemming from, the Australian Curriculum: Health and Physical Education (AC: HPE) (ACARA, 2016a) provides a focus for illustrating the application of concepts.<sup>1</sup> It

also facilitates discussion of how and why I have employed Bernstein's and Ball's ideas in the ways that I have. It is important to clarify that there are many ways in which Bernstein's and Ball's work can be independently or collectively employed. The chapter is necessarily selective and modest in scope.

## **What is taught and learnt in and through health education? Education, equity and Bernstein's message systems of schooling**

Bernstein's contribution to the sociology of education comprises multiple seminal works featuring a complex collection of concepts. Moore (2011) highlights the "open-endedness" of his work as a key point of distinction, explaining that "Bernstein had a *problematique*, not a theory" (p. xiv, original emphasis). Moore (2011) describes Bernstein's work as an evolving, increasingly sophisticated attempt to produce a "conceptual cartography" concerned with revealing and tracing the "contours and pathways" that link the state and education systems to teaching and learning processes in classrooms (p. xv) and in turn, to social inequality. For Bernstein, the contours and pathways centred on the transmission, distribution and transformation of knowledge. Through the concepts he presented, he sought to extend our capacity to understand the ways in which the structures and mechanisms associated with these processes have fundamental implications for social inequality and social justice.

Understanding Bernstein's desire to reveal the social and symbolic significance of taken-for-granted practices that run through education systems and institutions is key to appreciating the kinds of questions that his work prompts us to explore. Bernstein's concepts are thus tools to assist in explorations of *how* knowledge relations associated with health education are *shaped*, *reproduced* and may potentially be *transformed*, through structures and processes that invariably go unquestioned, but that are inherently linked to the maintenance or disruption of particular social relations.

One of the pillars of Bernstein's work is the conceptualisation of curriculum, pedagogy and evaluation as *interrelated message systems of schooling*. The terminology of 'evaluation' has often been adapted to position curriculum, pedagogy and assessment as powerful interlinked mechanisms through which knowledge is accorded value and is differentially distributed, knowledge relations are defined, and students learn the educational and social worth of particular knowledge, skills and understandings. Bernstein emphasises that neither knowledge structures, nor the means and mechanisms of transmission, are in any way neutral, and that we need to always consider the social consequences of the structures and practices that 'curriculum, pedagogy and assessment' encompass. His conceptualisation of curriculum, pedagogy and assessment as *collectively* communicating the relative importance of *particular* skills, knowledge and understandings, and thereby also according *differential worth to particular learners*, provides an overarching frame for his more specific analytical concepts (particularly the concepts of classification and framing, and integrated and collection curriculum types, discussed on p. 00). It also generates a series of questions to ask of health education, including:

- ← What skills, knowledge and understandings do contemporary curriculum texts such as the AC: HPE effectively define as central to health education, or in contrast, peripheral to it?
- ← How, specifically, does an official text such as the AC: HPE explicitly and/or implicitly convey the relative importance of particular skills, knowledge and understandings?

What does health education in a school ‘look like’ as a programme of teaching and learning and as lessons and learning activities? What does assessment in health education encompass? Consequently, what skills, knowledge and understandings do students specifically associate with health education? And from this, how do various students see themselves as learners in health education? These questions demonstrate how Bernstein’s “problematique” (Moore, 2011, p. xiv) encompasses both the ‘*what* and *how*’ of pedagogic discourse, and provides concepts that enable us to look more closely at the workings of curriculum, pedagogy and assessment as message systems. Bernstein’s (1971) concepts of *classification* and *framing* are explored next as complementary tools that can be used to critically engage with questions such as those above.

### **Classification and framing: interrogating boundaries and relations in health education**

Both classification and framing focus on the *strength of boundaries*. The maintenance of particular boundaries, through the message systems of curriculum, pedagogy and assessment, is inherently tied to power relations in education and society, professional identities, and the positioning of certain knowledge as only accessible to (or appropriate for) particular students. Classification and framing help us critically examine the knowledge boundaries that are created, maintained and that may potentially be resisted or transformed through health education curriculum, pedagogy and assessment.

The principle of *classification* is central to Bernstein’s conceptualisation of curriculum as a key regulator of knowledge and social relations. *Classification* is concerned with the relationships (and, thus, strength of distinction) between ‘contents’; that is, the skills, knowledge and understandings that collectively form the ‘what’ of the curriculum as a whole, and more specifically, health education or HPE curriculum. Bernstein associates strong classification with strong insulation between contents, promoting what he terms a “collection” type of curriculum (Bernstein, 1971, p. 49). The knowledge associated with one area is positioned as clearly distinct from others. Maintaining the distinction (or boundary) is the very basis of maintaining a specialist area. With weaker classification, boundaries between contents are less distinct, more permeable and a so called “integrated” type of curriculum is promoted (p. 49) with more fluid knowledge relations.

The principle of classification points to the way that *distinctions between particular educational knowledge* are at the heart of curriculum design and planning.

Distinctions are the starting point for thinking about what a health education or HPE curriculum will comprise, how it will prospectively be structured and sequenced. In many instances, a particular way of structuring curriculum is taken to be the obvious and only way to organise teaching and learning in health education or HPE. This highlights the extent to which particular boundaries are normalised, including those that define ‘health education’ as a subject or specialisation in schools. Bernstein’s concept of classification reveals such normalised thinking as a *particular*, rather than the *only* way of conceptualising curriculum. Questions that might follow from employing the concepts of classification and framing in the context of the AC: HPE include:

- ← Does the official AC: HPE curriculum text promote strong or weak classification, and how (explicitly and implicitly)?
- ← What boundaries serve to distinguish ‘health education’, in the context of the HPE learning area, and in relation to the curriculum more broadly? What further distinctions then arise *within* health education, in the form of accepted specialisations or foci for units of work?
- ← Do teachers’ interpretations and enactments of the AC: HPE reinforce or challenge established boundary relations? To what extent does the official text enable or constrain creativity in this regard? What else shapes the boundary relations being expressed in Health Education and HPE curricula in schools?

In relation to classification, the Australian Curriculum as a whole sees curriculum specifications based on eight learning areas (English, Mathematics, Science, The Arts, Technologies, Languages, Humanities and Social Sciences, and Health and Physical Education) overlaid with specifications that address seven “General Capabilities” (Literacy, Numeracy, Information and Communication Technology Capability, Creative and Critical Thinking, Personal and Social Capability, Intercultural Understanding, and Ethical Understanding) and three “Cross-curriculum Priorities” (Aboriginal and Torres Strait Islander Histories and Cultures, Australia’s engagement with Asia; and Sustainability) in a three-dimensional configuration. While elements of integration are encouraged between learning areas, General Capabilities and Cross-curriculum Priorities, the dominant structure speaks to Bernstein’s notion of a collection type curriculum, centring on established and relatively bounded learning areas (Scarino, 2018). This said, the curriculum specifications clearly legitimate the ‘boundaries’ of health education as extending beyond the learning area of HPE.

Turning specifically to HPE, the curriculum specifications do not explicitly draw a distinction between ‘health education’ and ‘physical education’ content. However, the strands (*Personal, social and community health*; and *Movement and physical activity*) and the sub-strands that stem from each of these can be read as aligning with subject-based origins and boundaries. ACARA’s statement that the two strands “are interrelated and inform and support each other” (ACARA, 2016b) keeps alive the potential for these boundaries to be challenged. A further element

of the AC: HPE, the 12 ‘focus areas’ that define “the breadth of learning across Foundation to Year 10 that must be taught for students to acquire and demonstrate the knowledge, understanding and skills described in the achievement standard for each band of learning” (ACARA, 2016b), adds further complexity in relation to how the HPE curriculum specifications may be interpreted and enacted. For health educators and physical educators alike, the focus areas represent familiar foci for teaching and learning. At the same time, the list of focus areas (*alcohol and other drugs; food and nutrition; health benefits of physical activity; mental health and wellbeing; relationships and sexuality; safety; active play and minor games; challenge and adventure activities; fundamental movement skills; games and sports; lifelong physical activities; and rhythmic and expressive activities*) arguably speaks more to distinctions than integration.

As I discuss further below, other texts and resources, produced by many agencies, are shaping how the curriculum complexities inherent in the AC: HPE are being navigated and influencing what that means for teaching and learning health education. Official curriculum developments advanced in Western Australia provide an interesting case, with subject identities (and boundaries) explicitly brought back in a reconfiguration of curriculum specifications, and distinct achievement standards and reporting requirements developed for Health Education and Physical Education (SCSA, 2017; see Penney, 2018).

The second of Bernstein’s concepts, *framing* centres on pedagogic relations, specifically between teachers and students. The boundaries here relate to “what may be transmitted and what may not be transmitted, in the pedagogical relationship” and “the range of options available to teacher and taught in the *control* of what is transmitted and received in the context of the pedagogic relationship” (Bernstein, 1971, p. 50, original emphasis). More specifically, Bernstein (1971, p. 50) associates framing with the control that teachers and students have in relation to matters of “*selection, organisation and pacing*” of the knowledge transmitted and received in this relationship. The concept of framing thus generates further questions to be asked of the AC as an official curriculum text, and of its enactment in the form of health education lessons, learning experiences and assessment tasks. Once again, the questions posed are illustrative rather than exhaustive:

- ← To what extent does the official curriculum present health education knowledge, skills and understandings as ‘fixed’, comprising specified content that is to be transmitted by teachers to students? Or, is a contrasting picture of teaching and learning evident (explicitly or implicitly) in the curriculum text, with an anticipation of a more fluid, open and negotiated teaching and learning process?
- ← What degree of framing (i.e. relatively strong or weak) do ‘scope and sequence’ documents portray? What flexibility or degree of prescription is thereby inferred in relation to matters of “*selection, organisation and pacing*” – from teacher and student perspectives?

- ← What sort of learning associated with health education, and progression in learning, is expressed in achievement standards? Do the achievement standards point towards standardised modes of teaching and assessment, or approaches to pedagogy and assessment that are responsive to and inclusive of individual students' learning needs and interests?

These questions highlight how particular features of the official curriculum text are significant in relation to pedagogical approaches (and hence, learning relations) in health education, and how these approaches will variously be deemed to be legitimate, desirable, necessary, or 'not possible' for health educators to adopt. They also illustrate how the exploration of framing requires us to again engage with inter-relationships between curriculum, pedagogy and assessment. The interplay between these is critical in ultimately determining whether framing is relatively strong or weak in contexts of health education, and assessment specifications and/or guidance materials will invariably play an important mediating role in this process. This observation, and the issues raised by Bernstein's principle of framing, are equally important to consider when we shift focus from official texts to the programmes of work, units and lessons being developed 'as health education' by teachers working with the AC: HPE, or new state-based curriculum frameworks that have been produced in response to the new national specifications.<sup>1</sup> A focus on framing prompts us to consider, for example, the extent to which students are supported to self-direct and self-pace their learning in health education, and the sort of learning and assessment tasks that can facilitate this or, in contrast, constrain it.

A second dimension of framing connects with the personal meaning and relevance that health education in schools has for students. Bernstein explains that this second dimension is concerned with the distinction (or connection) between learning *within and beyond schools*, that is, "between the non-school everyday community knowledge of the teacher or taught, *and* the educational knowledge transmitted in the pedagogical relationship" (Bernstein, 1971, p. 50).

Both aspects of framing encourage further examination of the pedagogical prompts that a text such as the AC: HPE provides. In this respect, the five propositions or 'key ideas' that underpin the AC: HPE are significant. Particular value positions about teaching and learning in HPE (Macdonald, 2013), and prospects of weaker framing (Bernstein, 1971), are expressed in the ideas ('Focus on educative purpose', 'Take a strengths-based approach', 'Value movement', 'Develop health literacy' and 'Include a critical inquiry approach' (ACARA, 2016c)) that are identified as pillars of the AC: HPE. Elsewhere I have suggested that each proposition "conveys a philosophical stance that shapes thinking about *what* it is envisaged students will learn in HPE and *how* that learning will be facilitated and also evidenced", but that the "likely impact on these matters in the enactment of the AC: HPE is, however, tempered by the 'central yet peripheral' status of the propositions" (Penney, 2018, p. 104), relative to other structural features.

## Re-thinking boundaries as a source of possibility

How Bernstein conceptualised *boundaries* reflects how his work sought to support transformative thinking. It is easy to see boundary maintenance as serving reproductive purposes and as helping to explain important elements of the 'status quo' amidst many curriculum 'reforms'. However, Bernstein highlighted that boundaries are inherently generative, in the sense that focusing on the '*space between the categories*' that a boundary represents, and considering what knowledge prospectively stems from the space, is the very means via which we can think afresh about curriculum and learning. From this perspective, the focus on 'the space between' is a basis for challenging established knowledge and learning boundaries in health education. To some extent, this potential is evident if we think about one or more of the general capabilities in the AC, such as intercultural understanding, or ethical understanding, as a generative focus for learning activities that will 'cut across' and connect with multiple focus areas in HPE (including alcohol and other drugs, relationships and sexuality, and the health benefits of physical activity). Bernstein's conceptualisation of boundaries is thus valuable for exploring future curriculum possibilities and how these may potentially better connect with socially transformative hopes in health education.

In the sections that follow, attention is on better understanding the possibilities for teaching and learning in health education that exist amidst the interpretation and enactment of an official text such as the AC. I bring more concepts from Bernstein's work into play (and particularly, his conceptualisation of the Official Recontextualising Field, Pedagogic Recontextualising Field, and field of reproduction) and integrate them with conceptualisations that have been central to Stephen Ball's work in education policy sociology. While Bernstein's 'fields' give us some insight into structural and policy relations, they also carry the risk of implying that policy and curriculum development features linear relations and/or distinct positioning of individuals within particular fields. As I discuss below, Ball's work enables us to locate official curriculum development work and the curriculum practices that students experience as health education, in relation to the complex global, local and institutional policy contexts within which they exist. Perhaps even more importantly, Ball's recent work has stripped away the tendency for policy to be de-personalised and portrayed as distant from teachers' and teacher educators' work. My starting point is, therefore, the concept of policy *enactment* and the accompanying notion of *policy actors*.

## Policy enactment and policy actors

The notion of *enactment* was presented by Ball, Maguire, Braun with Hoskins and Perryman (2012), as a change in language that in their view was necessary to shift thinking about the processes associated with 'policy'. Their intent was to counter associations of policy 'development and implementation' with processes that are neatly staged or linear. *Enactment* foregrounds fluidity, ongoing contestation and

varied interpretations in a process that occurs within institutions and classrooms and amidst increasingly complex networks. Enactment also necessarily directs our focus to *actors*, with the emphasis that teachers and others involved in policy processes should not be seen as passive or incidental players. I have emphasised previously (Penney, 2013) that Ball et al.'s (2012) conceptualisation promotes awareness that our own engagement with policy (including non-engagement) is never a neutral act. How we engage, what sort of actor we strive to be (see Ball, Maguire, Braun & Hoskins, 2011a, 2011b), constitutes a professional choice and has implications for ourselves and others.

Thus, an enactment perspective encourages critical and creative exploration of the various possibilities that policy presents for our pedagogical work, spanning curriculum, pedagogy and assessment, and parallel exploration of what limits those possibilities. Furthermore, it prompts reflection on what the pursuit of specific possibilities may mean for learning and learners in health education. For those working in curriculum and assessment authorities across Australia, for representatives of professional associations seeking to support health education teachers, and for teachers and teacher educators, *enactment* of the AC: HPE involves elements of originality and creativity, within limits established by “the possibilities of discourse” (Ball et al., 2012, p. 3). Ball’s work over many years has reaffirmed policy and curriculum development as processes that involve multiple texts being negotiated and adapted, rather than simply produced and implemented or adopted. It has also positioned discourse as a key concept to employ in examining not merely the ‘what’ of policy, but also, the ‘*who and how*’ of policy (Gale, 2003). Ball’s Foucauldian inspired conceptualisations of policy, texts and discourse are thus pivotal to explorations of not only *why* official texts take the particular form that they do, but also *how and why they find varying expression in the many forms that they do* – in other curriculum texts and assessment specifications, in guidance materials and resources, in commercial texts, professional learning resources, as well as health education practices in schools.

### The ‘who and how’ of health education curriculum policy

In seeking greater insight into health education policy conceptualised as a complex political and social process, I again bring Bernstein’s work back to the fore. Bernstein (1990) explained the structures and mechanisms associated with the production and transmission of pedagogic discourse in terms of relay between the inter-related fields of *production*, *recontextualisation* and *reproduction*. My prime focus is the recontextualising field, because of the core function and impact of the “agents and practices” that are associated with it and its sub-fields (Bernstein, 1990, p. 192). Bernstein (1990) describes the agents and practices as regulating the movement of texts and the legitimation and expression of discourses. The field’s prime role is therefore, the mediation of health education knowledge, and control of what constitutes legitimate discourses of health education.

“Recontextualising agents”, associated with the “Official recontextualising field” and the “Pedagogic recontextualising field” variously appropriate and transform

texts such as the AC: HPE, simultaneously re-positioning them in relation to other texts and practices, and modifying and re-focusing them through processes of “selection, simplification, condensation, and elaboration” of content (Bernstein, 1990, p. 192). Elsewhere (Penney, Petrie, & Fellows, 2015; Penney, 2017), I have highlighted how, while Bernstein’s original analysis clearly distinguished between organisations and individuals respectively associated with the Official Recontextualising Field and Pedagogic Recontextualising Field, the contemporary policyscape (Appadurai, 1990, as cited in Ball, 1998) of HPE challenges such a distinction. In considering health education specifically, I suggest that both the Official Recontextualising Field and Pedagogic Recontextualising Field have permeable boundaries. By this I mean that government agencies and agendas from *beyond education* are active and influential in the Official Recontextualising Field, and similarly, the Pedagogic Recontextualising Field encompasses a raft of organisations (government funded commercial, not-for-profit, spanning education, health and other fields such as social inclusion), that directly and indirectly exert influence on health educators and health education practices. The policy relations at play are far from linear and recontextualisation sees educational discourses being recast as they are selectively appropriated by various agencies and actors, to advance particular health and/or social, political and economic interests.

The array of resources that are promoted as ‘health education resources’ to support teachers, (with many also claiming to ‘align’ with either the AC: HPE or state-based curriculum and assessment specifications), arise from the policy context and relations that I have described. They also constitute evidence that “structural convergence” of government and non-government sectors and agencies and “porosity” (Ball, 2007) are increasingly overt features of the (health) education policy context. Ball and Junemann (2012) have consequently advocated for adoption of a *network perspective* in education policy analysis. Importantly this perspective recognises policy networks as simultaneously “discourse communities” (Ball & Junemann, 2012, p. 77), and is thus concerned with changing structures *and* their implications for health education discourse. A network perspective goes at least some way towards enabling critical examination of the policy- and power-relations currently operating across the Official and Pedagogic Recontextualising Fields, and shaping what teachers regard as legitimate readings of official health education curriculum and possibilities for health education practice. It prompts closer exploration of *who* across the policy network is producing what resources, and investigation of what flow of discourse is fostered (or inhibited) by the resources and by established network relations.

Relating this perspective back to health education and enactment of the AC: HPE, the interest is in the role that policy “actors and artefacts” (Penney, 2013) play in either extending or limiting interpretations and enactment. Policy artefacts include curriculum and assessment guidance materials, such as those produced by state-based curriculum and assessment authorities, commercially produced health education texts, and curriculum resources produced by many health agencies and organisations. Ball and Junemann’s (2012) work prompts us to look at the different status accorded to some artefacts over others, who is active in the flow of ideas and

discourse that underpin status, and thus the power relations and discourse relations shaping the contemporary field of health education.

In then considering the prospective impact of particular artefacts being privileged across contemporary health education policy networks, Bernstein's (1971) concepts of classification, frame and his focus on boundaries are analytically powerful tools to again employ. They enable critical examination of the overt and subtle ways in which particular health education resources open up or close down particular possibilities for teaching and learning in health education. Ball et al.'s (2011a, 2011b) policy 'actor perspective' provides a necessary reminder that none of this happens incidentally, and that as actors in the network, we all play a part in the flow of ideas and discourse. We are thus all implicated in either reaffirming the legitimacy and dominance of particular discourses in health education curriculum, or interrupting the 'status quo' and pursuing socially transformative curriculum possibilities in health education through "original and creative" approaches to enactment (Ball et al., 2012, p. 2).

## Conclusion

Throughout the chapter I have tried to blend explanation and application of concepts in order to illustrate the lines of inquiry that Bernstein's and Ball's perspectives and concepts generate and, at the same time, enable us to explore. My tendency to combine their works can be seen as reflecting inherent limitations of either work considered in isolation. Yet my motivation for combining perspectives has always been from a positive standpoint, with a focus on the added insight that particular combinations can offer. Moore (2011) talked of Bernstein's work providing "so many places *within which* to work" and "so many tools *with which* to work" (p. xv). I regard Stephen Ball's work in similar terms. My hope is that this chapter has opened a door on work that is theoretically rich, complex, and in my view, full of possibility for health education research.

## Note

- 1 The AC has provided a shared point of reference for the development of new state-based curriculum frameworks across the states and territories of Australia. Savage (2018) has recognised that the "emerging state and territory translations and re-assemblages of the AC can be viewed positively insofar as they represent a diversity of approaches and flexibility to tailor curriculum to local needs", but at the same time "concerns are emerging that these developments compromise the consistency that the AC was designed to achieve" (p. 247).

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# 12

## NAVIGATING HEALTH KNOWLEDGE

### Postcolonialism and ethnic minority girls' experiences of health education in school contexts

*LeAnne Petherick and Moss E. Norman*

#### Introduction

We keep our own culture by celebrating festivals here [in Canada], talking in our own language, practicing our religions and learning the history of our culture.

*(Amina, Punjabi girl, aged 14)*

For Amina, the young woman quoted above, her “own culture” is something that happens outside of the school context. Indeed, for many of the ethnic minority girls<sup>1</sup> who shared their experiences of health and physical education in our research, culture and cultural practices were central to their understandings of health. Yet, these same students shared with researchers that their school was not a safe space for practising health, and that they consciously self-regulated and refrained from certain practices that were salient to their self-identities. For example, the girls talked about not wearing particular items of clothing, changing the way they ate food, and carefully selecting the foods they brought to school as strategies for managing the anxieties and discomforts associated with not ‘fitting in’ to the dominant school culture. Disguising, refraining from, and self-regulating certain, culturally specific practices is not only at odds with objectives of official school policies that promote multiculturalism and inclusion, but are also at odds with dominant curricula that preach on holistic approaches to health and well-being. We ask after the power relations that produce school environments as culturally unsafe spaces for diverse groups of students, ethnic minority girls in particular, to practice health. This is not a matter of addressing the fears and anxieties of the girls themselves; indeed, this would be to treat the symptom and not the cause. Rather, our goal is to make *visible* those *invisible* power relations that produce feelings of cultural uncertainty, preventing the girls from practising health in their own culturally specific ways. Before continuing, it is important to

share how we are using the term ‘culture’. Although it is tempting to think of culture as a set of ideas or customary practices, we also argue that culture affects *how* people think (see Medin & Bang, 2014). In other words, culture shapes one’s orientation to the world around one. Therefore, if we accept that health and health knowledge are neither singular nor acultural, but rather emerge in relation to a particular cultural orientation or worldview, then we would suggest that health is a way of being-in-relation-to-the-world (see Wilson, 2008). In this sense, the inability of Amina to do her culture in school is far more than just constraining a set of practices, but is a form of epistemic violence that erases a core aspect of her sense of self.

In this chapter, we briefly overview postcolonial theory, illustrating how it can be usefully applied to theorise the invisible power relations at play in health education. Although postcolonial theory has been used in feminist and educational studies for some time (for example, see Kanu, 2006; Mohanty, 1988; Loomba, 1998; Razack, 1998), only recently has it been taken up in health education research (e.g., Azzarito, 2010, 2016; Azzarito, Simon, & Martinnen, 2017; Dagkas, 2014; Fitzpatrick, 2014; Hokowhitu, 2014; Pang & Macdonald, 2016; Pang & Soong, 2016). Broadly speaking, postcolonial theory aspires to “reveal the problems of cultural supremacy” (Ashcroft, Griffiths, & Tiffin, 2013, p. 209). It does so by maintaining a deep suspicion of cherished cultural belief systems that, despite presenting themselves as unassailable truths, are in fact historically and culturally specific codifications of power that benefit certain groups at the expense of others. At the centre of this suspicion is the Enlightenment project itself, and the logics that perpetuate the supposed benevolence of the project, including individualism, progress, and universal reason (Andreotti, 2011; Ashcroft, Griffith, & Tiffin, 2013). Many readers may understand the concepts of progress, reason, and individualism in positive terms and this may cause confusion about why post-colonialism problematises these logics. In and of themselves, these logics are not necessarily problematic. However, when they are attached to notions of truth they become extremely troubling, forming what Andreotti (2011) refers to as “ethnocentric hegemony” or cultural supremacy where Western forms of “knowing and representing claims universality for itself, forecloses its origins and projects itself as global” and seemingly self-evident truth (p. 62). This means that one group’s worldview (e.g., Western) comes to stand in as the universal truth and, in its truth, erases the historical and cultural specificity of its construction, thus operating as the centre against which other ways of thinking and being are measured and understood as simultaneously peripheral to, and as ‘less than’. In other words, one culturally specific way of thinking and being comes to occupy *the way* of thinking and being.

We argue that health and health education, although often represented as universal, self-evident and acultural truths are, in fact, comprised of knowledges and practices that are thoroughly and irreducibly cultural; in other words, health and health education, as they are constructed in Western educational contexts, are reflective of Western cultural supremacy.

## Applicable concepts from H. Bhabha and G. Spivak

In this section, we briefly introduce readers to some of the concepts of Homi Bhabha and Gayatri Spivak, two key figures in postcolonial theory. For both Bhabha and Spivak, the very categories we have been using up to this point to speak about the centre and the margin need to be problematised. Postcolonial theorists use a number of binary oppositions to get at the power relations between the dominator and the dominated, including, self/Other, centre/margin, Occident/Orient, and perhaps most commonly, coloniser/colonised. However, these identities are not mutually exclusive. Rather, each is implicated in the other. This means that each identity category in the binary, no matter whether it is before or after the hyphen, is always already ‘contaminated’ by the other as a constitutive part of its own formation. For example, the coloniser comes to know its superior status over and against the constructed ‘inferiority’ of the colonised, whereas the colonised comes to understand itself (often forcibly so, it should be added) through the very oppressive frameworks of the coloniser (Hokowhitu, 2015). Here, the identity of both coloniser and colonised are formed and re-formed in relation to one another. Bhabha (1994) uses the term *hybridity* to describe this relational process and it is particularly useful in drawing attention to the dangers of essentialising or romanticising either category as the baseline for ethical engagement because neither term reflects an objective, authentic whole.

The notion of ambivalence is another one of Bhabha’s (1994) concepts that is useful for our analysis here. According to Bhabha, the coloniser has an ambivalent relationship with the colonised, where colonial logics produce the colonised as a subordinate subject that needs to be ‘saved’ or ‘helped’ through imitating or mimicking the coloniser’s values and behaviours. However, this is an ambivalent process, as the coloniser also *fears* the mimetic practices of the colonised in that they can come dangerously close to those of the coloniser, thus blurring the boundaries between superior and subordinate. In response, the coloniser marks the colonised as different from, and thus less than, the coloniser through fixing the “colonized as entirely knowable, unchangeable, and predictable” (Andreotti, 2011, p. 27). In other words, the Otherness of the Other is to be simultaneously eradicated through mimicking the dominant culture’s way of being at precisely the same moment that certain aspects of the Other are recuperated as a means of marking the difference (and inferiority) of the Other. Applying this concept to health education, we suggest that there is an *ambivalence* at the core of multicultural approaches to health. Here, there is a dominant, Western way of doing health that, as we argued earlier, places individual behaviour at the centre of health and wellbeing (e.g., eating well, being active, regular sleep, safe sex, and so on). Within a multicultural approach, there is also the recognition that there are cultural differences in health; however, these differences are only ever included on the condition that they do not replace, disrupt or threaten dominant Western health assumptions, rather they are *supplemental* to the dominant core. In this regard, cultural difference serves a function in that it is both safe, in that it does not threaten Western

assumptions of health, at the same time that this difference functions to mark bodies that practise health as less than the healthy centre.

Spivak is important in helping us understand that addressing the power imbalances that play out in health education research is not as simple as asking the Other to tell us their values, beliefs and assumptions. In her seminal essay, Spivak (1988) poses a critical question, as she asks “can the subaltern speak?” In so doing, Spivak is not asking whether the Other has a voice, nor is she focused on a rudimentary problem of miscommunication. Rather, her question is far more profound, as she is asking ‘in whose image is the voice of the Other crafted?’ Here, both the one asking the question (the Western educator, for example) and the respondent (the subaltern or the oppressed Other) are embedded in power relations where what is say-able and what is hear-able—indeed, what is *recognisable* as worthy of being *heard*—are governed by “rules of recognition” (Souza, 2004, cited in Andreotti, 2011, p. 30). These rules pre-exist the speaking subject and reflect the worldview of the dominant culture. Azzarito et al.’s (2017) research with ethnic minority youth (ages 15 and 16) illustrates this power dynamic. In their research, Azzarito et al. (2017) asked participants to find media images that reflected young people’s ideas of ‘healthy’, ‘fit’ and strong bodies. Most of the images the youth selected were of white, thin bodies. Here, the youth constructed a ‘recognisable’ image of health and fitness in accordance with ethnocultural hegemonic notions of health that privilege dominant, white supremacist and gendered constructions of health, fitness and beauty. This occurred despite the fact that the youth in the study were savvy media consumers who, in other components of the study, recognised and critiqued the hegemony of whiteness and thinness in popular media representations of femininity and masculinity. In this way, Azzarito et al.’s (2017), findings illustrate the manner by which ethnocultural hegemony operates at both a conscious and unconscious level, shaping how people see and experience the world and how they articulate or ‘speak’ their place within/into it. For some readers, Spivak’s writing may lead them to feelings of paralysis, unable to see their way *out* of this entanglement of difficult-to-discern, but always present, power relations. If this is you, then we hasten to point out that what you are feeling is partly attributable to the challenge that Spivak’s writing represents to the liberal humanist subject, which you will recall, is a core logic of the Enlightenment project. Here, voice does not emerge from the consciousness of the individual, nor is voice recognisable or hear-able on its own terms, but rather both what is said and heard are constituted within the historical, social, cultural, and discursive conditions of possibility. This does not mean, however, that there are not more ethical ways of engaging in research. The question, therefore, is: ‘how do we move towards ethical research encounters with the Other?’

Spivak (2004) outlines four broad propositions for fostering “ethical relations with the Other” (p. 526). First, Spivak argues that there is no uncontaminated space outside the power relations that constitute the colonial encounter. This means that neither identity category (e.g., the coloniser/colonised, centre/margin) is an authentic and pure position that offers transparent access to truth; put simply,

the research encounter is never a space of innocence. Therefore, both the researcher and the researched must negotiate *within* and through the prevailing conditions of possibility, forgoing the search for a transcendent position 'outside' or 'above' from which to see the world in its wholeness (Haraway, 1988). This is an important recognition because it is a constant reminder to critically examine the conditions under which 'truth' claims are produced and with what consequences. Second, if there are no innocent research encounters, equally there are no innocent researchers. This means that the researcher, no matter how benevolent their intentions, must continuously and vigilantly examine the ambiguities and complicities of their own positionality. For example, when we imagine an inter-locking system of oppressions, with people differently located within that system, it is critical that we self-reflexively examine not only how we are oppressed (e.g., along axes of gender, sexuality or ethnicity), but also how our position is relationally secured through the oppression of others (e.g., along the axes of social class) (see Fellowes & Razack, 1998). Third, with her recent turn to "learning to learn from below" (2004, p. 551), Spivak replaces her previous concept that focused on "unlearning one's privilege" (Danis, Jonsson & Spivack, 1993, p. 25). Although the latter is more common in educational research (Danis, Jonsson, & Spivak, 1993), Spivak nonetheless problematises the process of unlearning privilege, suggesting that, while learners challenge or question their privilege, the focus remains on the centre (i.e., the privilege of the centre), which ultimately fails to question the deep historical and systemic embeddedness of their privilege and the knowledge systems that reproduce that privilege. A critical next step is to not only unlearn privilege, but to learn about the learning process itself or the historical, cultural and social conditions that render some knowledges legitimate and thus learn-able, while discounting other knowledges as, for instance, primitive, backward and based in superstition (Andreotti, 2011). This involves dislodging the sense of superiority and 'rightness' that universal reason furnishes in the consciousness of the Enlightenment subject: "stopping oneself from always wanting to correct, teach, theorize, develop, colonize, appropriate, use, record, inscribe, enlighten" (Kapoor, 2004, p. 642). Fourth, and finally, Spivak argues that we need to foster research contexts without guarantees. In our work, we interpret this to mean that research, as a relational process that unfolds *in situ*, produces *something* (i.e., some knowledge) without professing to know *everything*. This is a critical point of departure because the alternatives to this position are untenable. For example, on the one hand, there is the 'god trick' of universal reason that positions the Other as a difference that can be known, which leads to ethnocentric arrogance and cultural hegemony by reducing difference to Western rules of recognition. Whereas, on the other hand, the Other is constructed as an indecipherable alterity that can never be known. Both are highly problematic, where knowing the Other with certainty is a form of epistemic violence, while situating the radical alterity of the Other results in paralysis. Instead, the ethical research encounter, as articulated by Spivak, must be "comfortable with complexity and uncertainty, that welcomes equivocal and provisional certainties and that does not assert consensus or a common language, identity or cause" (Andreotti, 2011, p. 54).

## Relationship between theory and research questions

As we mentioned in the opening paragraphs, the primary objective of post-colonial theory is to expose and disrupt cultural supremacy in its diverse forms. Postcolonial theory challenges the Enlightenment project itself, along with its associated logics, is identified as the source of domination and thus is the focus of deconstructive inquiry. From a postcolonial theoretical framework, what research questions might we pose in the endeavour to expose and disrupt cultural supremacy as it functions in health education? In answering this question, we have posited three inter-related postcolonial problematisations, with each leading to a series of research questions that could be applied in specific health education contexts.

1. Exposing health and health education as cultural knowledges and practices
  - ← ~~W~~Whose culture is recognisable as culture in health education? Whose culture remains invisible even in its ubiquity? How is culture introduced and with what consequences both for the dominant unnamed culture as well as for those Others marked as 'having culture'?
2. Displacing the 'benevolence' of health education
  - ← ~~W~~Who occupies the 'benevolent' subject position (e.g., Western educator armed with Western health knowledge) and who is the recipient of 'benevolence' (e.g., 'unhealthy' Other)? How do these relations of benevolence serve to reproduce domination (e.g., hierarchical relations between those who are 'helpful' and those who are 'in need of help')?
3. Deconstructing the modernist discourse of 'progress'
  - ← ~~H~~How is health itself a modernist progressive project? Who has 'progressed,' who needs (help) to 'progress'? What knowledges (e.g., Western reason) are necessary to progression? What is the end point of progression (e.g., the healthy *Western* subject)?

As posed here, these questions are somewhat abstract, but they can take many forms and, when applied to specific health education contexts, can yield fruitful postcolonial insights. This is because the questions are designed to disrupt some of the key logics underlining the Enlightenment project, including the notion of universal reason (i.e., the assumption of one agreed-upon, universal understanding of health), the liberal humanist subject at the centre of discourse (i.e., the benevolent, all-knowing educator defined over and against those Others that need 'help'), and the modernist project rooted in progress. In the section that follows, we demonstrate how these questions have operated in our own research.

## **Application of theory to analysis, interpretation and discussion of a data set**

### ***Research setting***

By way of illustrating postcolonial theory in practice, we draw on a study conducted by the first author that sought to understand how ethnic minority girls experience health and health education. Participants were recruited from two secondary schools in a major city in central Canada. The study was qualitative in design and was conducted between September 2014 and June 2016. A total of 23 ethnic minority girls (13–17 years of age) participated in the study, and all of the girls were either first or second generation Canadians, with diverse immigration experiences, coming from Guyana, West Africa, Nigeria, India, China, Japan, Pakistan, Iran, Israel and Afghanistan. As a white settler scholar of European ancestry,<sup>2</sup> LeAnne utilised empowerment-based research methods in an attempt to create a context where the participants could actively co-construct knowledge about health and share their experiences of Western-based health education. Methods included focus groups, photovoice, interviews and finally, an educational vignette. For the vignette, all of the data from the first three phases (i.e., compilation of photos and participant narratives) were made available to some of the girls and they collaboratively worked to produce a vignette or a short film that was to be shared with health education teachers. Underlying this project was our contention that, despite the health education rhetoric of ‘healthy active living for all,’ health and physical education curricula continue to be embedded in ethnocentric values, beliefs and worldviews. With the ‘empowerment’ agenda of this project, it was hoped that the girls would be given an opportunity to present culturally diverse understandings of health, some of which may be alternative to dominant Eurocentric health assumptions. Through the educational vignette, ethnic minority girls would have an opportunity to construct stories that would be presented to teachers that, it was hoped, would ultimately disrupt cultural supremacy by influencing how teachers understood both their own health orientations as well as those diverse students. While this is an ideal and tidy project when written out on paper, in practice it was far more complex and messy, as we explain later.

Although a detailed overview of the findings from the project is beyond the scope of this chapter, we do want to draw attention to one especially relevant research ‘surprise’. In the final stage of the research, as the girls worked collaboratively on the vignette, they collectively identified three key themes that they wanted to foreground in their vignette and which they felt were important to diverse understandings of health. These themes included:

1. Food and fitness is important to everyone.
2. Food keeps you healthy and helps you stay in shape. Also, food reminds you of your culture.
3. Exercise with your friends is fun and healthy.

Each of these three statements could be analysed for its meaning, but this is not the purpose of sharing these examples. Rather, what is of relevance to our discussion here is how consistent these three themes were with those embedded in dominant health and physical education curricula. The familiarity of these three themes was surprising given that the girls had spent considerable time talking about health in far more complex ways, including in relation to their specific languages, cultural traditions, and familial relations, as well as identifying the social and structural barriers to engaging in diverse health practices in their schools. However, this familiar health script was radically disrupted when LeAnne invited the girls to translate them into their own language. All three girls paused, laughed at the suggestion, and then worked to translate them. What quickly became apparent is that these themes were not easily transferable to their culturally specific health orientations. Crucially, this is more than just an issue of language and translation, although this is not irrelevant to our discussion. Rather, it is also about different worldviews and how these worldviews influenced the girls' health orientations. In this regard, the three themes the girls originally suggested were decidedly Western themes and, while they were important to the girls' understandings of health, they were nonetheless far from universal and all-encompassing of their diverse health dispositions. For example, one of the girls quite simply commented "we wouldn't talk about health this way in my culture." This led to a broader and highly energised discussion, with another girl suggesting that "the meaning of food is more than just eating for nutrition, foods have different energies," while another added "fitness is not something we talk about at home, we might talk more about wellness or a holistic approach."

These narratives should not lead to the conclusion that the girls' real or authentic culture was only experienced in the home. To suggest this would be to fall into the trap of essentialising the cultural dispositions of the girls which are, in fact, far more complex and hybrid than a simple compartmentalised binary (i.e., Western vs. Other) enables. Rather, we share these narratives to highlight the way in which the complex and relational health orientations of the girls are negotiated *within*—as opposed to and beyond—culturally hegemonic spaces, including schools generally, and health and physical education classrooms more specifically. However, the analysis should not stop there because the 'home,' as Bhabha and Spivak both remind us, is not a pure and uncontaminated space, but is a hybrid space. Critically, we have to re-emphasise that speaking in school spaces is not a matter of free choice, but is always already laden with power relations that serve to reproduce cultural supremacy. Indeed, Western education is premised on mimetic models of teaching and learning where students are encouraged and incited to produce themselves in relation to the dominant rules of recognition (i.e., as healthy active subjects), thus it is hardly surprising that the participants mimicked the lessons learned in their health education classes (Andreotti, 2011; Hokowhitu, 2014), even in a project that was designed to 'empower' and give them 'voice' to speak otherwise.

LeAnne's research encounter described earlier also presents an opportunity to challenge dominant methodological approaches to doing 'empowerment' research. In highlighting this point, we briefly examine the difference between 'voice' and 'language'. Although the project aspired to provide the participants with tools to speak about and speak-back to dominant health models, it nonetheless asked the girls to do so using the English language, which is often problematically constructed as *the universal language* (Spivak, 2004). In other words, the participants were asked to speak in a voice that was recognisable to the researcher. Of course, this is not to suggest that non-dominant and diverse understandings of health are inherent within, and exclusive to, non-English languages, as this would again deny the manner in which negotiations happen *within* dominant discursive spaces. Rather, it highlights the degree to which the research encounter is a tricky space, criss-crossed with invisible power relations that may unintentionally stabilise (as opposed to disrupt) cultural supremacist understandings of health. It also highlights that unanticipated slippages in design (e.g., shifting between languages) or failures in findings (e.g., the realisation that the girls had been mimicking dominant health discourse) should be approached not as disappointments, but as opportunities for doing research otherwise. In other words, remaining open to the surprising complexities of the research encounter, as opposed to trying to methodologically control the research encounter, is critical to learning to learn from below.

### Discussion of the value of this concept/limitations

This chapter presents a brief introductory foray into the value of postcolonial theorising in health education and health education research. Although we have only focused on a few theorists and their concepts and have applied these to a specific research context, our overarching objective has been to expose the complex historical and contemporary processes by which colonial discourse shapes health education and health education research encounters. We have argued for a working within—as opposed to working beyond—the prevailing conditions of postcolonial possibility that requires a hyper-attentiveness in the identification of cultural supremacy that, in turn, opens up the possibility for doing health and health education otherwise. Central to this process is the strategic challenge targeted to the Enlightenment project itself, and its attendant logics, as they play out in health education.

### Notes

- 1 We are aware that ages 13–17 represents a transitional age group, where the 'girls' could also be referred to as 'young women'. However, given that most of the participants referred to themselves as 'girls', this is the language we have used in the chapter.
- 2 Moss Norman also identifies as a white settler scholar of European ancestry.

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# 13

## GOVERNMENTALITY, SCHOOL NUTRITION AND THE INTERNATIONAL PRACTICE OF GOVERNING HEALTH BEHAVIOURS

*Darren Powell and Carolyn Pluim*

### **Introduction**

This chapter demonstrates how Michel Foucault's theoretical work on government and governmentality is a productive way to analyse nutrition policies and practices that seek to change the behaviour of citizens. We take an international perspective on the analysis of nutrition strategies to consider how schools enact health initiatives in response to concerns about childhood obesity. We analyse school nutrition projects in New Zealand and the United States for points of convergence in their form, influence, and effect. Ultimately, we understand these school nutrition interventions as projects that are in line with Michel Foucault's description of the nature and function of governmentality. Such governing strategies rely on various normalising systems of power to shape conduct in specific ways. We argue that school nutrition initiatives, as a popular global health prerogative, serve as an arm of governmental rule to shape the subjectivities and the moral conduct of children and their parents in particular ways.

### **Foucault's government and governmentality**

In February 1978, French philosopher and social theorist Michel Foucault gave a lecture at the Collège de France entitled *Governmentality*. Here he took the 'problem of government', particularly the emergence of specific problems of the population, and made "an inventory of this question of government" (Foucault, 1991, p. 87). Foucault (1991, p. 87) proposed key questions in relation to the problematisation of government: "How to govern oneself, how to be governed, how to govern others, by whom the people will accept being governed, how to become the best possible governor".

Rather than conceiving modern government as a solely oppressive form of power enacted top-down by the state onto individuals, Foucault (1991, p. 102) argued that government was undertaken by an “ensemble” of authorities, institutions and agents, using an array of technologies, tactics and bodies of knowledge, in an attempt to guide individuals’ conduct towards definite, albeit unpredictable, ends (see also Dean, 2010). Lupton (1995, p. 9) also points out that:

While the state is important as part of the structure of power relations, so too are the myriad of institutions, sites, social groups and interconnections at the local level, whose concerns and activities may support, but often conflict with, the imperatives of the state.

In other words, government is not merely an issue for the state, but emerges as a problem that can also be thought about and acted upon *outside* the realm of traditional juridical or sovereign sites. When it relates to food and nutrition practices in schools, there is a now a large cluster of ‘authorities’ that attempt to govern individuals and populations, including public health organisations, international governmental organisations, industry/lobby groups, media, families, corporations, and of course, schools (see also Gard & Pluim, 2014; Powell, 2015). Agencies and agents of government are, therefore, not restricted to formal state authorities, but can also be from a range of for-profit and not-for-profit institutions on a local, national or even global scale.

Foucault’s notion of government is closely aligned with his conceptualisation of power: that is, power is not mostly repressive, nor can it be ‘possessed’ by individuals, groups or institutions. Instead, power is something that is omnipresent and productive, a web-like or capillary structure that is evident in everyday social practices, working its way through the entire social body through social interactions. In this way, government is not about the regulation, control or oppression of individuals and populations in a negative sense, but the ways in which government may also be productive and constitutive to the wealth and health of society. In contemporary societies, it is not feasible to govern the population by forcing or coercing each and every individual to think and act in a particular way. As Foucault (1982, p. 790) explained, modern government depends on an element of freedom, as “power is exercised only over free subjects, and only insofar as they are free.”

The productive nature of power is made clear by the proliferation of discourses, technologies and tactics that circulate and attempt to shape our own and others’ conduct (Harwood, 2009). It is an exercise of power that is not obviously violent, nor does it rely on consent, but on “a total structure of actions brought to bear upon possible actions” (Foucault, 1982, p. 789). It is, as Miller and Rose (2008, p. 16) succinctly stated, “government at a distance”. Foucault (1982, p. 798) adds:

Perhaps the equivocal nature of the term ‘conduct’; is one of the best aids for coming to terms with the specificity of power relations. For to ‘conduct’ is at

the same time to ‘lead’ others (according to mechanisms of coercion which are, to varying degrees, strict) and a way of behaving within a more or less open field of possibilities.

Government, in this sense, involves “the conduct of conduct” (Gordon, 1991, p. 2): actions that attempt to shape the conduct of others. The deliberate endeavour to shape ‘the conduct of conduct’ to specific ends is strongly moral. Those who try to govern presume that there ‘exists’ some type of ideal or normal body, behaviour and/or thoughts which one should strive to achieve. Furthermore, these same actors and institutions with the ‘will to govern’ (Li, 2007) also presume that it is possible to structure things so that individuals will do as they are ‘supposed’ to (Scott, 1995). According to Rose (2000, p. 323), government is dependent upon the “unease generated by a normative judgment of what we are and could become” (and what we ‘should’ become). For instance, there are numerous nutrition practices in schools that have emerged from widespread concerns—a ‘moral panic’—over the threat of a childhood obesity epidemic (see Gard, 2011; Wright, 2009). These practices in schools involve a plethora of players who attempt to regulate, normalise and shape certain ‘healthy’ behaviours (e.g. eating fruit and avoiding junk food), thoughts (e.g. decision-making and will-power), and bodies (especially non-obese bodies). The morality of modern government is further established when individuals understand themselves as being responsible for their own conduct: their own self-care, self-regulation, and self-problematisation (Dean, 2010).

## Theory and practice

Using Foucault’s notion of governmentality as our lens, our respective work has been primarily concerned with trying to understand the ways in which various health initiatives are enacted in response to concerns with obesity, poor nutrition and health. We conceptualise these initiatives in line with Foucault’s theoretical ideas. The goal of improving health and nutrition is regularly situated as a value-free and noble endeavour; however, as exemplified in much of our work, the political and moral undercurrents of these efforts are often unambiguously transparent (Evans, Evans & Rich, 2003). Using government and governmentality as our theoretical framework, we tend to approach our empirical research with the following questions:

1. What are the discourses, ideologies, and priorities around health, nutrition, and education—and how are these promoted and rationalised?
2. How does the machinery of school life—its practices, rules, values, and norms—contribute to the governing of young people?
3. How might these governing practices influence the subjectivities of young people?

Although our research takes place in two distinct settings, Foucault's concepts of technologies of government, rationalities, and his ideas on the 'shaping of subjects'—three central tenets of governmentality—have become integral to our analysis of school nutrition policies and practices. In the United States, Carolyn employed interviews and observations at a school actively engaged in school-wide and classroom-level health initiatives; these were organised by the individual teachers, the principal, health coordinator, and School Health Team. In New Zealand, Darren conducted a critical ethnography by spending time in three primary schools over six months and using observations, reflective journaling, research conversations and documentary analysis to gather empirical evidence (see Powell, 2015). What follows is a brief description of technologies of government, rationalities, and subjectivities, and a discussion on how these Foucauldian concepts have assisted in our respective efforts to further the usefulness and application of governmentality to nutrition in schools.

## Technologies of government

Foucault (1984) suggests that technologies of government are a pragmatic rationality shaped by a conscious aim. Technologies of government are how government is 'done' and how rationalities are actualised (Inda, 2005). In other words, the rationalities that underpin any problem of government are not merely represented in 'thought' or 'discourse' alone. It is through the convergence and congealing of technologies with rationalities that those who govern attempt to achieve their ends. Therefore, to be able to analyse the governmentality of school nutrition practices, we focus our attention on both the political rationalities *and* the "humble and mundane mechanisms" (Miller & Rose, 2008, p. 32) that render government both thinkable (Miller & Rose, 2008) and technical (Li, 2007).

Technologies of government are also assemblages of elements that represent the programmatic *and* technical means by which government works to transform political rationalities into 'reality' (Miller & Rose, 2008). They endeavour to shape, control, regulate and reorganise the governmental assemblage and the subject with specific ends in mind. In this way, technologies of government involve a wide range of organisations, actors, techniques and tactics to make government possible (Rose, O'Malley & Valverde, 2006). In the 'war on childhood obesity' there are numerous nutrition programmes, policies and practices put forward by government initiatives, corporate reports, philanthropic organisations, academics, and educators to deal with the 'problem'. These programmatic forms of government also need to be thought about as technical instruments and devices, themselves an assemblage of tools, apparatuses, people and resources that make it possible for authorities to shape the conduct of individuals and populations at multiple sites (Miller & Rose, 2008).

To illustrate, in the schools in the United States there were numerous examples of the ways in which an assemblage of tools, programmes, and policies worked to shape children's understandings of health, food, and nutrition. For example, the physical education teacher in that study began a Body Mass Index (BMI) initiative

whereby children were categorised as being ‘underweight’, ‘normal’, or ‘overweight’. Notes were sent home to parents to inform them of their child’s designation. The principal banned various foods from being sold at the cafeteria, which notably—and controversially—included the removal of the slushy machine and the Little Debbie donuts. The principal also initiated parenting education classes with a focus on health and nutrition.

In addition to these school-wide initiatives, individual teachers implemented their own interventions. The third-grade teacher, for instance, initiated a root vegetable remediation whereby various root vegetables were introduced to children each week. During Carolyn’s week in this classroom they celebrated cabbages. Children were rewarded with a star on their desk if they had eaten five different vegetables the previous day. Another teacher implemented a classroom-level food ban. According to this teacher, unhealthy consumption was not something she would tolerate. She described her frustration in an interview:

This [unhealthy eating] has been a real battle, I’ve kind of taken on a personal thing here. I am not going to make any friends, but I just could not live with it anymore. [The children] were coming back to the [class]room with a donut, Lucky Charms, and chocolate milk and taking the chocolate milk and pouring it into the Lucky Charms and that was breakfast...I feel at this point I need to help them make better choices so I don’t allow chocolate milk into the room and I don’t allow them to bring a donut and sugar cereal...That’s been a personal battle of mine.

In the case of primary schools in New Zealand, there were a plethora of programmes and policies that explicitly attempted to teach children about food and health, with a focus on ‘making healthy eating choices’. Schools had particular rules about food and drinks that were not allowed, such as: ‘No lollies, chewing gum or fizzy drinks’. Some schools had declared themselves as being a ‘water-only school’, while all three New Zealand schools in Darren’s research used a number of nutrition education resources devised, funded and/or implemented by a messy mix of public, private and voluntary sector organisations, including those of the food and drink industry. One school used the *Iron Brion* programme, a resource and ‘edutainment’ event devised by New Zealand Beef + Lamb (the industry group for beef and lamb) to teach children about the importance of consuming red meat. Another school taught Nestlé New Zealand’s *Be Healthy, Be Active* resource. The schools also outsourced some of their food and nutrition teaching to the *Life Education* programme, run by a charity that was sponsored by a brand of fruit juice (see Powell, 2018). Additionally, all three schools brought in *5+ A Day* educational resources.

The *5+ A Day* (2011, p. 2, our emphasis) programme stated its intention was to teach students “to engage in a range of learning experiences which encourage children to make informed choices for healthy lifestyle practices”. These ‘informed choices’ involved children needing to consume five or more fruit and vegetables

every day, which is unsurprising given that the 5+ A Day Charitable Trust is an organisation devoted to “increasing the consumption of fresh fruit and vegetables” (5+ A Day Charitable Trust, 2013, para. 1) and has strong personnel, governance and funding links to the fruit and vegetable industry (see Powell, 2015).

Through this programme and associated resources, the notion of informed choice was frequently fused to the concept of healthy lifestyles. It represented a particular type of health education—a healthy lifestyles education—one that attempted to shape children’s thoughts and actions around health and how they live their lives. The *5+ A Day* (2011, p. 4, our emphasis) resources, for instance, promoted the need for children and their families to change their lives in ways that aligned with the interests of the fruit and vegetable industry:

Whether we are growing fruit and vegetables, eating them, or looking at fresh produce advertisements, 5+ A Day really can be *part of our everyday lives*. This resource aims to help *make 5+ A Day a way of life* for children and their families.

Furthermore, the 5+ A Day resources and workbooks drew on the notion that the main, if not only, thing children needed to do to be healthy was be *more responsible* for making healthy choices. For instance, one 5+ A Day resource states that its key learning outcome is for students to learn to “demonstrate *increasing responsibility* for self-care” (5+ A Day Charitable Trust, 2009, p. 3, our emphasis). In other words, the prominent rationale for the healthy lifestyles education programmes was to govern children to take increased responsibility for their food choices, lifestyles, and health.

Each of these above examples underscores Rose, O’Malley and Valverde’s (2006, p. 101) thoughts when they state: “Every practice for the conduct of conduct involves authorities, aspirations, programmatic thinking, the invention or redeployment of techniques and technologies”. One can also see how the analytics of governmentality does not focus solely on the political rationalities that underpin nutrition practices in schools, in particular neoliberalism, but also the ‘techniques and technologies’ which make government possible: confiscating the slushie machine, removing Little Debbie, and promoting a corporate ‘education’ programme.

## Rationalities

The ‘will to improve’ (Li, 2007) the welfare of individuals and populations calls for the application of a particular way of *thinking about* government: rationalities of government. One way to analyse the specific rationalities of governmental interventions is to examine key elements within the assemblage of rationalities—the multiple ‘styles’ of thinking about government. There are a number of significant dimensions that constitute political rationalities. For example, rationalities are articulated with an intrinsically moral form or agenda, such as individual responsibility or justice. They are based upon ‘regimes of truth’ regarding conduct, such as

those who are authorised to speak truths and how truths are spoken (see Rose, 1999). Rationalities embody a particular conception of the persons or objects to be governed, such as the neoliberal notion of the responsible self. Rationalities are also discursive. They are “made thinkable” (Miller & Rose, 2008, p. 59) through idioms and rhetoric, such as those which describe children as ‘healthy weight’, ‘obese’, ‘healthy eaters’, or ‘couch-potatoes’—or in the following case, describe lazy parents.

One central theme that surfaced from the research conducted in the United States was the notion that parents at the school were to blame for their child’s ill-health. To this end, a school-wide intervention was created specifically for parents. Parents were encouraged to attend weekly group meetings with the principal and members of the School Health Team to discuss various parenting issues including health and nutrition. In discussing these classes with the principal and Team, Carolyn learned that there was a broad consensus that many parents did not know how to properly rear their children. According to one teacher, many parents were “out of touch, unformed, and apathetic” when it came to their responsibilities. Interestingly, this reflection was also coupled with issues of health and nutrition. For example, children were described as “latch-key kids” who lived in homes where “no one supervised their eating habits”. According to another teacher:

We’re doing more and more parenting...It makes me sad...It makes me sad because I loved raising my kids. I loved having breakfast with them. I loved having dinner with them. We had dinner every single night at the kitchen table. We had a salad every night and it didn’t kill us. I mean it was a pleasure to meet. My kids [students] aren’t having that.

In addition to the assemblage of poor parenting and nutrition, the categorisation of deficiency seemed to be applied to all. Following a lesson with one of her classes, the health coordinator commented:

You know, if you looked in the last class I just had [8th graders]...You could probably point to each child and pick something out of the eight areas for health and say, family problem, nutrition problems, inactivity...or in need of behaviour modification. And a lot of it, like I said, goes back to the parents.

The types of rationalities that re-shape ‘truths’ around nutrition, education, parenting and health therefore became obvious through the enactment of specific interventions aimed at parents. Furthermore, it became clear *who* got to define these truths (school personnel), as well as *how* the conditions for the (re)production and (re)distribution of truths were created and sustained (Rose, 1999). The parenting classes, for example, came to shape both the ‘problem’ and the ‘subject’ at the same time. It also became a way to further justify interventions aimed at children since parents were either wilfully or circumstantially neglectful of their role. For—so the logic went—if the parents themselves needed direction, it became important for the school to unilaterally

act *in loco parentis* and assume the role of the guardian. Thus, as we previously stated, while governmentality may involve overt domination and disciplinary techniques, it is most dependent on the emergence of a self-governing ethic whereby individuals learn to govern themselves.

Unpacking this assemblage of rationalities that make governing possible and justifiable provided a productive way to understand the ways in which parents at this school were being encouraged to ‘be’ or ‘become’ something other—an ‘other’ that was officially sanctioned by the school. Teacher narratives provided a way to better understand how rationalities were connected to dominant discourses and ideologies; how it was possible to justify one’s social power and status to become the baseline for what was thinkable, doable, and governable.

### Shaping the subject

One of Foucault’s (1982, p. 777) key objectives was “to create a history of the different modes by which, in our culture, human beings are made subjects”. He used the term *subjectivation* to describe the process by which individuals are made into subjects, where an individual is “subject to someone else by control and dependence, and tied to his own identity by conscience or self-knowledge” (p. 781). Intrinsic to the operation of modern government are the efforts to shape and ‘enhance’ individual subjectivity. The self is an integral element of governmentality. Self-government, or ‘practices of the self’ (Dean, 2010), are integrated with more or less explicit modes of external government conducted by a range of authorities (Lupton, 1995). Governmentality acts as the point of ‘contact’ where technologies of power and technologies of the self intermingle (Burchell, 1996).

Any analysis of government must therefore include an analysis of technologies of the self: those tactics which determine conduct by allowing “individuals to effect by their own means or with the help of others a certain number of operations on their own bodies and souls, thoughts, conduct, and way of being” (Foucault, 1988, p. 18). For instance, there is an array of anti-obesity policies and practices in schools—technologies of government—by which children’s (and families’) bodies, thoughts and ‘being’ are shaped: surveillance of lunchboxes, measuring and monitoring BMIs, fitness testing, reciting food pyramids, keeping food diaries, counting calories, counting steps, setting goals, reading food labels, wearing electronic fitness trackers, and many more. These all act as technologies to ‘teach’ children—to govern children—how to look, act, be and live (Burrows, 2008). Critically, they also attempt to align an individual’s ‘choice’ to self-regulate, self-problematise, self-care, self-monitor, self-confess and self-govern with macro political-economic objectives, such as increasing children’s consumption, autonomy, and desire to be more responsible (and less of a burden to the economy).

An interesting example of how technologies of government attempted to transform political rationalities into ‘reality’ (Miller & Rose, 2008) and endeavoured to shape, control, regulate and reorganise the subject was evident in one New Zealand school. A number of teachers and students in this school expressed frustration,

annoyance, and even revulsion about a single student: Natia (not her real name). Natia was fat. She was regularly lambasted for her perceived laziness, fatness and lack of responsibility to make the ‘right’ eating choices. As an administrator in the school remarked: “She should know better”. After all, she had taken part in multiple nutrition and other health education programmes (including 5+ A Day) that had informed her how and why she should make healthier food choices. However, Natia and her family were also homeless. Her ‘choices’ were highly constrained by multiple forces mostly out of her control. However, the assemblage of key tenets of neoliberalism (e.g. personal responsibility, free choice, individualism) with technologies of government (e.g. school policies, educational resources, pedagogical strategies) resulted in Natia being re-positioned as needing to take more responsibility for her health, and being blamed for not only making the ‘wrong’, ‘uninformed’ choices, but also for displaying a fat body.

As a number of authors have noted, deliberate attempts by schools, researchers and public health institutions to control children’s (fat) bodies, (lazy) behaviours and (unhealthy) thoughts are connected to moral and normative judgements and ideals (for examples, see Gard & Wright, 2005; Gard & Pluim, 2014). Indeed, children themselves are governed to view their own and other’s bodies and behaviours in terms of what is ‘good’, ideal, moral and normal (Powell & Fitzpatrick, 2015). It is worth pointing out here that technologies of the self are “not only the ways in which individuals regulate their own conduct, but all of the ways in which individuals come to know themselves and are persuaded to speak the truth about themselves” (Pike, 2010, p. 61). In this way, an important aspect of our analytics of the governmentality of school nutrition practices is exploring the ways in which children or adults who are proponents and/or targets of governmental nutrition programmes are involved in practices of compromise, accommodation, resistance, or even refusal (Li, 2007). What do these children and adults actually do? How do they attempt to (re)shape their own subjectivities? Why? And to what effect?

### **The value and limitations of governmentality**

As a field, governmentality studies have been constructed from an array of conceptual tools initially generated from “Foucault’s own scattered comments on governmentality” (Miller & Rose, 2008, p. 10). Studies of governmentality attempt to traverse the empirical terrain of the rationalities, technologies, programmes and identities of regimes of government. However, it cannot be reduced to that empirical terrain because studying governmentality is also about the production of new concepts in the course of the study, or in the course of using other scholars’ studies.

The conceptual and analytical tools provided by post-Foucauldian scholars such as Dean (2010), Rose (1999, 2000), Miller (with Rose, 2008), Li (2007) and Leahy (2012) are valuable in assisting scholars to traverse the ‘empirical terrain’ of the governmentality of school nutrition practices—and childhood obesity. Like these scholars, we have reflected on Foucault’s notion of governmentality by borrowing

theoretical concepts and analytical approaches from different places. This, of course, is not a simple task, nor is it unproblematic. As Leahy (2012) suggests, the nature of the field of governmentality studies is rhizomatic and consists of multifarious threads and entanglements. What we have provided here is not a definitive blueprint for 'doing' governmentality or using the ideas embedded within it. Rather, we offered an overview of our endeavour to negotiate the rhizome of governmentality that will enable us, and other scholars, to critically examine the attempts by those with the 'will to govern' (Li, 2007) to 'teach' children and their parents about nutrition, obesity, health and life.

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# 14

## ‘DELEUZE FOR GOODNESS SAKE’

### Examining health inequities via assemblage theorising

*Richard Pringle*

#### **Introduction**

A broad trend in critical health education has witnessed a shift away from understanding health in terms of an individualised behaviour change approach, with its associated risks of healthism, towards an acceptance that ‘health’ is produced within complex socio-ecological contexts (Martinson & Elia, 2018; Wright, O’Flynn & Welch, 2018). Within Aotearoa/New Zealand, as an example, one of the four underpinning concepts that shape the current health and physical education (HPE) curriculum is based on the socio-ecological perspective: a theoretical perspective that examines the diverse array of “factors that influence the health of individuals, groups and society” (Ministry of Education, 2007, p. 23). Such a theoretical lens has been applauded for its ability to allow students to gain “critical understanding not only of health outcomes, but also of the social and structural determinants of health inequities (e.g. inadequate and unsafe housing, low wages and underemployment, incarceration, food insecurity, environmental toxins, racial segregation, low-quality education, and violence)” (Martinson & Elia, 2018, p. 132).

The socio-ecological perspective is a useful heuristic device to critically explain broad patterns of health inequities so students can understand that more privileged members of society—such as those who have higher rates of education, income and cultural capital—tend to have better health. Fitzpatrick (2014) argues that through understanding the factors that produce health disparities, students will potentially develop a sense of empathy (or anger) and be more likely to become active participants in the process of producing a more just and equitable society.

My aim in this chapter is not to undermine the utility of the socio-ecological perspective, as I recognise its strengths within critical health education. However, like Leahy and Simovska (2018), I do have some reservations with this health model. Indeed, I accept that all theoretical perspectives have strengths and

weaknesses. More broadly, I recognise that within health education research “it is crucial that we continue to question the everyday taken for granted assumptions... and revisit, rethink and develop our research, policy and practice as we work to ensure better health and well-being education” (Leahy & Simovska, 2018, p. 114). Within this chapter, correspondingly, I begin by discussing some of the assumed weaknesses associated with the socio-ecological perspective in order to explain why I have turned to the theorising of Giles Deleuze and Félix Guattari (1987) and, more specifically, their concept of assemblage. I then introduce a Deleuze and Guattarian inspired approach for understanding health and illustrate how I have used their theoretical ideas to examine the utility of prescribing exercise in medical clinics. The Deleuze and Guattarian approach, which conceptualises health in a radically different manner, nevertheless retains or sharpens the socio-ecological focus on context through examining health assemblages. I conclude by discussing some of the limitations of adopting this approach for examining health.

### **Problematising normative understandings of health**

Marty Martinson and John Elia (2018) contend that a strength of the socio-ecological perspective is that it goes “beyond superficial understandings of individual behaviour as being the sole determinant of health” (p. 131). I agree that a shift away from individualism is a strength, yet I have some reservation with conceptualising health in terms of *determinants*. My concern relates to how the socio-ecological perspective has developed in close relation to the determinants model of health and how ‘health’ has been predominantly framed, in both models, in a *normative* manner (e.g. as relating to evaluative standards). I offer the following explanation.

The determinants of health model developed via epidemiological studies. Health knowledge gained through these systematic studies has been of value for initially understanding and decreasing rates of communicable diseases, chronic illnesses and injury rates (e.g. seat belt use) (Centre for Disease Control and Prevention, 2018). In more recent years, the model has been used in attempts to enhance the wellbeing of a population. Nikolas Rose (2009) relatedly traced how the politics of health have changed from the 18<sup>th</sup> and 19<sup>th</sup> centuries with a focus on disease and epidemics, through to contemporary times with less focus on pathology and more on “growing capacities to control, manage, engineer, reshape, and modulate the vital capacities of human beings as living creatures” (p. 3). Rose asserted that the “will to health” (p. 64) is now such a distinctive feature of many contemporary cultures that it has become an obligation to be, or at least appear to be, healthy. This obligation has encouraged critical examination of how contemporary health is governed (e.g. Foucault, 1991; Fullager, 2002; Lupton, 1995; Wright & Harwood, 2009).

Drawing from Deleuze and Guattari, Cameron Duff (2014) advocates for reconceptualising health as non-normative and indeterminate; a stance that is in tension with the determinants of health model. The World Health Organization

(2018a), for example, states matter-of-factly that: “Whether people are healthy or not, is determined by their circumstances and environment...The determinants of health include: the social and economic environment, the physical environment, and the person’s individual characteristics and behaviours” (para. 1). A Deleuzian perspective, in contrast, would accept that “nothing is *determined* in life, for the events, affects and relations which define it are never closed and rarely determined” (Duff, 2014, p. 54). Indeed, an individual living in a privileged or non-privileged environment is not pre-determined to be healthy or not.

More broadly, given the vast array of factors that are deemed to be structural and social determinants of health, Duff (2014) argues that there is nothing outside of ‘context’ that is not linked to health. The World Health Organization (2018b), as an example, states that the social determinants of health include “the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life” (para. 1). In this manner, anything deemed to have an influence on daily life can be denoted as a determinant of health and can become subject to political control, surveillance and disciplinary technologies. This broadened understanding of health has resulted in its conflation with terms such as wellbeing, vitality, holistic health and quality of life (Duff, 2014).

Despite the seemingly infinite breadth of health determining factors, public health interventions have usefully focused on changing specific determinants, such as the availability of tobacco or housing conditions, as strategies to promote better health outcomes. Yet the model has been less successful in understanding “the specific mechanisms by which structures (or contexts) actually mediate health outcomes” (Duff, 2014, p. 54). In other words, less is known about how a variety of alleged determinants—such as social capital, cultural traditions, racial segregation and residential environments—are lived into existence to produce health inequities. Duff (2014) argues that “one of the longstanding problems with this research has been the challenge of documenting clear causal links between specific social or structural processes and the generation of health inequalities in particular instances, groups or places” (p. 3). A problem he compares to the enduring sociological debate between the micro and macro, and structure and agency. He concludes that “the whole notion of the social determinants of health” risks “being reduced to a rhetorical trope, useful for expanding the administrative purview of health and social policy but unhelpful as a guide for action in individual settings” (Duff, 2014, pp. 3–4).

Although the governance of health has grown in scope, the associated increased forms of self/surveillance and production of normalised subjectivities have not necessarily resulted in the desired enhancement of a population’s wellbeing or quality of life. Rates of depression and anxiety, as examples, have increased since the 1950s to such an extent that mental health issues have been acknowledged as the leading cause of ‘disability’ worldwide (Australian Bureau of Statistics, 2008). Moreover, the recommended healthy/quality of life guidelines have not gained broad consensus or compliance. Many, for example, do not follow the recommended guidelines on physical activity, nutrition or alcohol or drug consumption.

These concerns underpin my reservations with the determinants of health model and have encouraged my focus towards examining health in a non-normative way. I have subsequently found Deleuze's (1994) philosophy of *transcendental empiricism* useful. In the following section, I introduce this theoretical platform and illustrate how it can be pragmatically used.

### **Assemblages of health: introducing Deleuze's transcendental empiricism**

Deleuze (1994) and Deleuze and Guattari's (1983, 1987) philosophical approach has had a significant influence, despite their somewhat impenetrable writing style, in the development of a variety of research methods that have become broadly known as new materialism. The new materialist ontologies, known as flat or monist, reject assumed divisions between the material and social, or physical and discursive realities. Nick Fox and Pam Alldred (2016) remark that their related focus is on relations between various objects, including the forces between human and non-human bodies. The focus, more specifically, is on how 'objects' emerge through interaction with each other, which directs research attention towards the interactive or *assembling* processes that produce realities, subjectivities and socio-cultural histories.

The concept of assemblage was devised by Deleuze and Guattari (1987) and refers to the connections, organisations and play of forces between "bodies,... actions and passions (or) an intermingling of bodies reacting to one another...(and) of acts and statements..." (p. 88). Manuel DeLanda (2006) notes that a "wide range of social entities, from persons to nation-states" and "biological organisms, species and ecosystems" (p. 3) can be considered as assemblages and that the academic task, in part, is to understand the "objective processes...that create and stabilize their historical identity" (p. 3). Assemblages are accordingly subject to change over time: some assemblages only exist for a fleeting period of time while others appear more enduring. Deleuze's (1994) transcendental empiricist approach is primarily focused on understanding the processes of change, flow and 'becoming' within assemblages. He used the notion of 'transcendental' as he realised the importance of an array of virtual factors or abstract bodies that interact within an assemblage, such as sensations, ideas, phrases, emotions, customs and the use or expenditure of energy.

Two concepts are important to aid understanding of assemblage theorising: *affect* and *territories*. Brian Massumi (1987), in his translator's foreword to Deleuze and Guattari's (1987) *A thousand plateaus*, reports that the term 'affect' does not relate "to a personal feeling" (p. xvi) but to an "ability to affect and be affected" (p. xvi). The 'affect' can be regarded as a force that one body has on another via an encounter, which subsequently augments or decreases a body's ability to act. The process of research analysis therefore examines the affective flows or encounters within an assemblage that stabilise or territorialise it and/or de-stabilise and de-territorialise the assemblage (Fox & Alldred, 2015). Fox and Alldred (2015) report that these "territorialisations and deterritorialisations are the means by which lives,

societies and history unfold ‘in a world which is constantly becoming’” (p. 401). A growing number of health and physical education researchers are finding the concept of assemblage useful to think with (e.g. Fullagar, 2002; Landi, 2018; Leahy, 2014; Lupton, 1995, 2015; Powell, 2015).

Ian Buchanan (1997) has drawn from Deleuze and Guattari’s notion of a ‘non-moralizing mode of ethics’, to define health in a non-normative manner. Buchanan suggests that a healthy body forms within an assemblage through the on-going production of fruitful new relations that “ensure an open future” (p. 82). Health, in this sense, is not a target to be reached or a state to be attained, as a biomedical model might suggest, but an on-going ability to form new relations (with others, objects or ideas) and the associated capacity to positively affect and be affected. In simple terms, the ability to react positively to change can be understood as healthy.

The task in relation to researching health, is not to assume from the outset of an investigation that someone is healthy or not, but to “*explain the actual experiences, events and relations by which bodies become healthy or moral...*” (Duff, 2014, p. 14; italics in original). The empirical task, more specifically, “is to document the array of bodies, technologies, affects and events ‘involved’ in local assemblages of health, and the work each does to promote or diminish health” (Duff, 2014, p. 32).

In contrast to the socio-ecological perspective—which focuses on broad social/material structures to understand general patterns of health/illness—the use of assemblage theorising requires the examination of specific processes within specific contexts to understand how certain capacities, bodies and affects emerge. In this manner, the concept of assemblage promotes an alternative approach for analysing the social/material context that allows “the researcher to speak of emergence, heterogeneity, the decentred and the ephemeral in nonetheless ordered social life” (Marcus & Saka, 2006, p. 101).

### **The application of assemblage thinking: what can an exercise prescription do?**

To illustrate how I use Deleuze and Guattari’s abstract concepts to examine an issue of ‘health’, I trace the relations and affects that comprise the ‘exercise-prescription assemblages’ of six purposefully selected individuals. These individuals were selected from a larger qualitative study (see Pringle, 2008) that used a critical life-course approach to examine how individuals responded differently to receiving an exercise prescription: a written prescription from a medical doctor that implores select patients to be physically active. The original in-depth interviews were wide-ranging with interviewees invited to talk about their childhood, current lifestyle and leisure activities, family/friends, political views, type of accommodation and physical environment, employment/income, views on social and income disparities and understandings of health, body size and physical activity. The conversations typically began with the interviewees telling their story of how they received an exercise prescription, the process involved and their reaction.

I re-analyse these interview transcripts for this chapter with respect to understanding what an exercise prescription can do, in terms of the relationships it can create or prohibit and the associated affects. The six individuals were selected as there were similarities in their experiences: each regarded their health as poor, acknowledged they needed some form of help, yet had no intention of following their exercise prescription. The interviewees ranged in age from 20 to 84 years and identified as European/Kiwi (3), Samoan (2) and Māori/Pākehā (1). I do not provide a full introduction to each interviewee or to my analysis of their respective exercise assemblages; rather I provide *select* examples of the flow of affects and relations within their assemblage to indicate aspects of how the assemblage research process works.

The exercise prescription assemblage for each interviewee, who are given pseudonyms, primarily consist of interactions with their doctor, activity counsellors (they each had three sessions), bodies of knowledge (e.g. understandings of health and self), and various aspects of their social and material environments. The exercise prescription, a written object, transforms exercise into a medicine and obliges patients to participate in particular dosages with a specific recommendation of 30 minutes walking each day. Yet the six interviewees did not follow their prescriptions and some were aware that they would not undertake any exercise at the outset of the process. Ariana, for example, reported that the health nurse had worked out that she had no intention of increasing her activity levels: "At the end she started to laugh and said, 'You're not going to do it, are you?' And I went, 'I know'. And she just laughed and said, 'Ok, well, good luck'".

Rita decided that aspects of the health knowledge provided were culturally inappropriate and this limited her desire (and capacity) to follow the overall prescription. Rita said she did not like being told what food she could eat:

There was some good advice, but when they talked about diet, I made up my mind not to follow their advice. I didn't like the way it was said. She asked what I like eating, so I said "taro and coconut cream and stuff". And she said, "Oh no, you can't eat those things." But you know that food is big part of our culture (Samoan) and I'm not going to be told that I can't eat that, so I gave up after that.

In a similar manner, a nurse took Amelia's height and weight and then informed her that she should weigh only 55 kg. However, Amelia instantly thought "that seemed ridiculous because I've got Samoan in me. And me with Samoan bone structure and everything—55 kg—I'd look like a skeleton!" Rita and Amelia could not relate to what they believed was culturally inappropriate health advice and they became sceptical of following the exercise prescription. This scepticism territorialised (stabilised) their current sedentary lifestyles.

Although the interviewees did not change their activity levels, the exercise prescription process did produce "incorporeal transformations" (Deleuze & Guattari, 1987, p. 85), meaning that although their bodies were not changed, their subjectivities

were altered: as they *emerged* as lazy and/or uncaring about their health and, thus, akin to moral failures. Jane, as an example, revealed that she enjoyed eating and had given up caring about her weight or what other people thought of her. Yet she was also aware that this positioned her problematically:

Mine is a very negative story but I mean...is that a reason for not looking after yourself?...I know I should be thinking that my health is a top priority...(but) I know I won't change. Very set in my ways...You either want to be active or you don't. And I never wanted to be active. One of the lazy people I suppose.

The *event* of gaining an exercise prescription, although prescribed with good intent, *affected* Jane negatively and highlighted feelings of un-ease. She confessed: "And now, I suppose, I'm quite happy to sit back and relax, which will make it worse". Thus, indicating mixed emotions and a sharpened sense of guilt and dis-ease.

Each of the interviewees revealed that prior to being prescribed exercise their knowledge of self was already negative, as they all talked in varying degrees about depression, loneliness, addictions, poor health and social isolation. Kahu, for example, was recovering from the shock death of his brother and reported that the "depression makes my migraines worse and I get asthma (and) occasionally I go a 'bit nuts' but everybody does that, goes off at something silly". He reflected on his stressful childhood as explanation for his current difficulties:

I came from an abusive family cos my parents were alcoholics and I got adopted out when I was four years-old after being in foster homes and social welfare. I think that's why I've been depressed....My mother died, my adoptive mum...and I went to meet my real parents and they completely messed me up. I started living in flats when I was about 12-years-old cos I had enough of everyone just lying to me.

The context of the interviewees' stressful lives was discussed in a manner that revealed their inability or *capacity* to meet their prescription demands and, correspondingly, their moral obligation to pursue good health. Wendy, for instance, revealed that she was housebound, suffered from chronic fatigue and had minimal social contact; as such, she enjoyed the exercise prescription phone calls as they provided people to talk to. Yet she explained, "I find that there's been too much stress and it's been like two, three, four years and that camel's back is going to break." She added despairingly:

I mean I know a lot about depression, I've seen it so easily in myself and I go 'too much on, don't want to go there, just want chill time'. And it's an easy choice to not be out there and not do any exercise. It's so much easier to sit down and just want to blank it out.

The difficulty of coping with already stressful lives reduced the interviewee's capacities and desires to respond normatively to another life demand, such as exercising 30 minutes each day. In some cases, the lack of social capital or social isolation further territorialised their sedentary lifestyles. Jane reported: "I don't have friends. Don't have anybody in this area. In fact, I don't really have friends at all. I'm a bit of a misfit, I really am a misfit". She then explained how her social isolation reduced her desire or capacity to exercise and/or diet:

Oh, I have dieted when my husband was alive and I thought you have to try and make yourself look a little bit attractive...that was when we were out socialising and you do like to make yourself look reasonable. But now, now I don't bother. No, I've never bothered about what other people think. Never kept up with the Joneses, I don't give a stuff what they've got next door.

Select material objects were also reminders of stressful times for the interviewees. Jane's husband and son had been alcoholics and in the middle of the interview she glanced at the kitchen table and responded:

I've got to that stage where my head was just spinning, turning, just constantly because I just couldn't cope. That table, do you know how heavy that table is? He picked it up and threw it across the room because not only was he a drunkard, he's an aggressive drunkard.

Amelia (age 20) was similarly *affected* by her surroundings and specific memories they induced. She reported that she gave birth to her son in her bedroom by herself, as the midwife was providing CPR to her father who was dying in the lounge: "Ah, that was a big shock not being able to enjoy the birth of my son and, and I mean pop died in the other room and I was giving birth in this room here".

### Some concluding thoughts

These results provide a sketch of how assemblage thinking in connection with Deleuze's (1994) notion of transcendental empiricism can be drawn upon to understand the specific objects, affects and relations that are assembled in the context of an exercise prescription event and the associated production of select subjectivities, affects, desires and capacities. The interviewees' accounts reveal the difficulties that they had to form new relations with ideas (e.g. exercise knowledge) and others, and how these difficulties restricted their capacity to "ensure an open future" (Buchanan, 1997, p. 82). I suggest, as such, that the exercise prescription process that developed in relation to normative notions of health was not helpful 'medicine' for these select individuals. This is not to assume, however, that the process of prescribing exercise to other people would not be beneficial.

In contrast to the socio-ecological model, which focuses on specific determinants of health to offer a broad understanding of health inequities but struggles "to

identify the ‘conditions of real experience’” (Duff, 2014, p. 100), the use of assemblage theorising provides a platform for examining ‘empirical’ changes in specific social and material contexts to understand how particular bodies and realities emerge or become. In this regard, assemblage thinking can aid understanding of how select ‘in-determinants’ of health, such as social isolation or life with an alcoholic, produce and affect specific bodies.

Assemblage theorising and transcendental empiricism have not been designed to provide universal or generalisable health knowledge, so for those who adhere to scientific research approaches (e.g. positivists) and desire normative health guidelines, this inability will be regarded as a research limitation. In addition, concerns have been raised about the indecipherability of Deleuze and Guattari’s philosophies, the openness of their approach and the ephemeral nature of studying potentially fleeting assemblages. Nonetheless, as hopefully revealed in this chapter, assemblage thinking offers an alternative way to conceptualise and examine health and, therefore, can fruitfully act to challenge some of our taken for granted health education assumptions.

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# 15

## RE/DOING SEXUALITY EDUCATION RESEARCH AS A RHIZOMATIC PEDAGOGICAL ENCOUNTER AND ITS EDUCATIONAL IMPLICATIONS

*Kathleen Quinlivan*

*...to affirm is not to take responsibility for, to take on the burden of what is, but to release, to set free what lives. To affirm, is...to create new values, which are those of life, which make life light and active*

*(Deleuze, 1983, p. 185, original emphasis)*

One of the ongoing and persistent conundrums facing the teaching of sexuality and relationships in school education is the challenge of drawing on the rich possibilities of diverse students' lived experiences in teaching and learning about sexualities, genders and relationships. For a range of complex reasons, it can be a struggle to move beyond what adults have already decided what it is that young people need to know about sexualities, genders and relationships, and to legitimate the rich complexities of their lived experiences and how they are often inventively and creatively negotiating them. Early on in a sexuality education research project with young people that engaged with some of these challenges, Huia, then in Year 9, reminded me that "If you experience a thing, then you know, cos like you just can't be told it, you have to experience it before you know". In this chapter, I explore what sexuality researchers working with young people might have to offer methodologically and pedagogically in engaging with young peoples' experiences in more experimental ways. Mindful of the differences between teaching and researching, what was produced in my experiences with the students I worked with for over seven years reminded me that how researchers (and I suggest teachers) conceptualise social worlds will affect how we work within them.

In this chapter, I draw on the conceptual and pedagogical usefulness of the Deleuzo-Guattarian concept of research as a rhizomatic assemblage in cultivating a more experimental orientation to learning about sexualities and relationships, and consider its implications. I suggest that reconceptualising research encounters as

rhizomatic assemblages can foreground diverse young people's lived experiences of sex and gender politics in ways which can "set free what lives" (Deleuze, 1983, p. 185) and expand students' and researchers' possibilities (and perhaps even teachers') for becoming different. I draw on my experiential methodological/pedagogical encounters with Huia and her peers over the course of seven years in two consecutive school-based sexuality education research projects (Rasmussen, Sanjakdar, Aspin, Allen, & Quinlivan, 2011; Quinlivan, 2018) to explore these possibilities.

The initial project at Kauri College was one of four two-year case studies undertaken within an Australian and New Zealand research project investigating how religious and cultural difference are engaged with within school-based sexuality education programmes in two Australian and two New Zealand public schools (Rasmussen et al. 2011). Kauri College is a decile 3 school, currently experiencing 'white flight'. The (2012) demographic make-up of the school was NZ European/Pākehā (55%), Māori (30%), Pasifika (10%), Asian (3%), and other ethnicities (2%). The case study was undertaken with a sexuality education teacher and an ethnically and gender diverse group of 13 to 14-year-old 'high ability' students. The second project at Kauri College (2012–16) developed into a longitudinal study that worked with the same students until after they had left school (aged 18) to explore the ways in which they were learning about sexualities, genders and race in a wide range of informal contexts, and the implications for school-based sexuality programmes (Quinlivan, 2018).

Over the course of the two projects, a preliminary individual face-to-face video-recorded interview and regular focus group interviews (2011 [2] and in 2012 [6]) were conducted with the students. Video-recorded participant observations of sexuality education units in the students' Health classes were undertaken in 2011 (5) and in 2012 (13). Artefacts in the form of classroom resources and students' notes and drawings were collected as data. Detailed fieldnotes were kept by the researcher in 2011 and in 2012. While the two-year project finished in 2012, the extended longitudinal project data consist of focus group interviews conducted in 2014 (1), 2015 (1), and 2016 (2). Informed ethical consent was gained from the students and the teachers participating in the initial case study, and the subsequent project. Students have provided ongoing feedback on the findings to date. Pseudonyms have been used to protect the confidentiality of the students, teacher, and school.

I begin the chapter by introducing Deleuzo-Guattarian re/conceptualisations of social worlds as rhizomatic assemblages, and how they work. I then draw on my own experiments as a researcher working with young people to show how conceptualising our focus group encounters as rhizomatic assemblages proved productive in drawing on young people's lived experiences in the present to learn about diverse sexualities, genders and relationships in more expansive ways. I finish by considering what the Deleuzo-Guattarian concept of rhizomatic assemblages might offer in cultivating a more experimental form of school-based sexuality education in the classroom.

## Reconfiguring sexuality education research encounters as a rhizomatic assemblage

Recognising the extent to which political, social, psychological and pedagogical models (such as research focus groups and sexuality education classrooms) constrain people to conform, Deleuze and Guattari's (1987) intentions are to create radical social change. They are interested in configuring orientations to micro-social encounters, which can, albeit momentarily, allow us to escape conformity, and cultivate more experimental orientations to what it means to live (St Pierre, 2004). Understanding all life as comprised of affective relational flows of becoming (different) and interaction, Deleuze and Guattari (1987) understand human bodies, and all other material, social and abstract entities as produced through their relationship with each other. Thoughts, memories, desires, and emotions have material effects and the physical, material, spatial, and temporal 'assemble' together to produce bodies, social formations and events. These contingent and ephemeral materialities gain substance and shape what Deleuze and Guattari (1987) describe as assemblages, which develop in unpredictable ways around actions and events "in a kind of chaotic network of habitual and non-habitual connections, always in flux, always reassembling in different ways" (Potts, 2004, p. 19).

I have found that considering assemblages as groupings of heterogeneous elements of "economy and politics, policy, organisational arrangements, knowledge, subjectivity, pedagogy, everyday practices and feelings" (Youdell, 2011, p. 14), provides a way of articulating the affective complexities between and within multiple and interconnecting formal and informal sites of sexuality education. Characterised by complexity, heterogeneity, non-linearity, and self-organisation (Buchanan, 2014), the possibility for becoming (different) can emerge within them. The usefulness of understanding sexuality education as an assemblage emerged as a response to the challenges of exploring the lived experiences of sexualities and relationships of the diverse young people I observed in the Kauri College classroom (Allen, 2011; McLelland & Fine, 2014; Quinlivan, 2014; Quinlivan, Rasmussen, Aspin, Allen, & Sanjakdar, 2014). I was interested in what might be produced if we could talk about the rich and complex ways in which they were learning about sexualities and relationships in the diverse range of sexuality education assemblages in their lives. My initial researcher's desire to want to know and understand, appeared, over time, to precipitate a different kind of engagement with them. While recognising that longitudinal research has a lot more flexibility than classroom teaching, I suggest there is something to be learnt from cultivating a curiosity and interest in young people's lived experiences of sexualities, genders and relationships, and what that might produce. However, that is just the beginning; experimenting with enacting a rhizomic research encounter involves a demanding orientation to becoming different, as I now go on to explain.

Just as in the classroom, our focus group encounters contained traces of both the students and my lived experiences of classed and raced sexuality and gender politics. As micro-social encounters our temporary groupings of relations (Coleman &

Ringrose, 2012) were in a constant state of flux; shifting, changing, unfinished and open-ended. My desire to want to know about the student's lives, and their emerging desires to talk about, and engage with lived experiences over the seven years of the project, and my queer orientation as a researcher towards experimentation and becoming different, created possibilities for counter politics—a becoming other—which could be physical, biological, psychological, social, political or emotional. The process challenged me as a researcher in that what became important was not just valuing and affirming the participants' lived experiences, and understanding what the encounter meant, but rhizomically experimenting with them in the moment with the affective intensities and flows that the assemblage produced, and what they produced.

The Deleuzo-Guattarian (1987) method of rhizomatics proved helpful in tracing and mapping the affective processual flows that characterise sexuality education assemblages in order to explore 'becoming other', for both myself as a researcher, and for the students. Tracing and mapping the micro-encounters of the focus group as a dynamic rhizomatic sexuality education assemblage moment by moment is an important methodological tool for seeing what is opened up, and what is closed down in terms of becoming different (de Freitas, 2012). The doubled movement of tracing and mapping enables affective flows—the capacity to affect, or be affected—to be traced and then mapped to make familiar the forces that both enable and constrain ways of becoming. Affectual becomings are produced by assemblages and emerge as three often entangled and circular affective lines—the molar, the molecular, and lines of flight (Albrecht-Crane & Slack, 2007; Fox & Alldred, 2013). Molar flows reterritorialise, restricting or shutting down possibilities, while molecular flows of affect deterritorialise, creating conditions of possibility that produce lines of flight that can lead to becoming (different)—an in-between state that can produce experimentation and change. Both molar and molecular affective flows territorialise and create conditions of possibility. The spaces, material objects and bodies within focus group interviews (and formal classrooms) are both material and meaningful (Allen, 2015; Hultman & Lenz-Taguchi, 2010; Iverson & Renold, 2013). They intra-actively entangle themselves with the other human and non-human components of the focus group encounters to produce our becoming in being (Barad, 2007). The striated, normative nature of the school spaces in which the focus groups were mostly held, both contained and constrained what was possible in terms of producing normative sex and gender politics (as do classrooms). However, smooth spaces—moments of possibility—, can, and frequently do disrupt and deterritorialise striated spaces, creating lines of flight that can then, just as easily, morph and trip into a striation. In a constant state of flux, mapping the desiring affective flows of a focus group or a formal classroom sexuality education assemblage provided possibilities for sexuality education encounters to exceed molarity and striations, and however temporarily that may be, chart lines of flight that can open up social fields of desire, and possibilities for becoming different.

Tracing and mapping the affective processual flows produced in the focus group encounters speaks to the profound experiential emotional labour involved in teaching and learning about sexualities and relationships, for students, researchers and teachers alike. The process foregrounds affect as a feature, and site of politics (Youdell, 2011), and captures the deep ways in which spaces, bodies, matter, and temporality intra-actively produce our knowing in being (Barad, 2007) in sexuality education encounters as emergent and processual sites. What then does it mean to reconceptualise sexuality and relationship encounters (in this case, a focus group) as an assemblage that can provide opportunities for becoming (other)?

Tracing and mapping the affective flows that are produced in the moment from our intra-active encounters is important, both in the moment (where it is most challenging), and later when I am working with the data. I moved from audio recording to video-recording to capture the dynamic affective flows that were being produced in the focus group encounters in retrospect, so I could trace and map them (see Quinlivan, 2018). The still video shots show how the places/spaces intra-act with bodily and facial movements, material objects, and temporality to produce the affective flows. In the text slices of data that I am using here, it was particularly important to capture the emotions of the ways in which we are speaking, and the pauses, to see what they produced.

This extract is from a focus group that was held as part of the second research project, when the students were in Year 12. Temporality is important to account for here: by this time, I had been meeting and talking with the students for four years. They (and I) had grown older and had changed, and (unlike early on) our relationship had developed to the extent that they felt relatively comfortable talking about the intimate relationships in their lives:

(Talking about the heteronormative and gender normative dynamics of Matiu's relationship with another student previously in Year 9.)

KATHLEEN: ...I'm just thinking,...do you see any sort of relationship stuff differently to how you saw it then [a year ago]?

HUIA: Yeah...I don't know, more realistically, like...I've had a few relationships since then (*laughing ironically*)...Yes...that they suck. I don't like them!

(*Hemi sighs, picks up a plastic bag and begins folding it*)

MATIU: Relationships actually suck, they are so boring (*agreeing*).

KATHLEEN: How come? How come? What's that about? (*Urgently, and they all smile and laugh in response*)

HUIA: I dunno, they just take away your freedom, you know? (*laughing*)...

MATIU: It separates me from my boys (*talking like a gangster rapper*)...

HUIA: Yeah (*pauses*) Well, I guess, you know, (*pauses*) back in Year 10 you expect the best. Everything's gonna be great, and you know (*pauses*) being alone sucks and you're like "Ahhh, I need a boyfriend".

MATIU: You were thinking that in Year 9? (*incredulously*)

HUIA: Umm, I've been thinking that since Year 7!

MATIU: Goddamn!

HUIA: Nah, I'm kidding! (*laughing*)

KATHLEEN: So you have this kind of ideal?...

HUIA: Yeah, and then it happens, and it's like "oh, okay cool..." (*disappointedly*)

KATHLEEN: Underwhelming?

HUIA: Yup!

KATHLEEN: Yeah (*ruminating*). What about you, April?

APRIL: Oh, nothing's changed there! (*freely laughing ironically*).

KATHLEEN: Nothing's changed? (*smiling*)

APRIL: Nope...I'm still figuring, (*pause*) like, (*pause*) I don't know anything, (*pause*) no experience, you know?...(*Hemi raises his eyebrows and he and Jason look at each other significantly*) But, I care less!

KATHLEEN: Oh, you care less about thinking you have to have relationships? Yeah. That's interesting. Whereas before do you think there was a...um...more of a pressure to kind of be in one?

APRIL: Or just like, not pressure, but [expected].

KATHLEEN: That's interesting, aye?...(*thoughtfully affirmative*)

(*Year 12 Focus Group, 23 September 2014*)

It's interesting to look at how my desiring questions to Huia and April invite them intra-actively to produce their gendered subjectivities as emergent and processual (albeit within a context of 'developmental maturity'). Despite Matiu's re-territorialising agreement with Huia's initial comment, the girls' molecular becomings disrupt fixed categories of (heteronormative) femininity. Huia's desire for independence and freedom disrupts the normative fantasy of compulsory heterosexuality, jokingly calling it into question. April, despite producing herself as 'less experienced', self-deprecatingly laughs as she emphasises that these days, she is less invested in the expectation to be in a heterosexual relationship. My affirmative responses to her and Huia together 'becoming' (other non-normative) girls' in the moment, create enabling thoughtful spaces. Seeking connectives, the processual entanglement of our moving bodies, the classroom spaces, the sheets of paper and the food wrappings that are played with in the micro-encounter of the focus group intra-act and momentarily produce a molecular line of flight that destabilises (heteronormative) gender relations. At the same time, the boys' intra-actions produce a more constraining molar affective flow. A few minutes later, one of the boys hesitantly began to articulate how he was re-thinking and re-doing relationships in ways that deterritorialised desiring heteronormative masculinities.

### **Reconfiguring sexuality and relationships research as a rhizomatic educational encounter**

I found that tracing and mapping the molecular and molar affective flows and occasional lines of flight that were produced within the focus group sexuality education assemblage, both in the moment, and later on as I worked with the data,

heightened my awareness of how the focus groups were working pedagogically as micro-social encounters, and what that produced—it resonated with my desiring researcher/teacher subjectivities, and my life long orientations to the possibilities of becoming different. Tracing and mapping the various affective flows encouraged me to experiment with exploring methodological/pedagogical capacities that could facilitate them.

Reconceptualising research micro-encounters as rhizomatic assemblages provides opportunities for engaging differently, both within the moment of the encounter, and later when working with data (Quinlivan, 2018). Unlike the arborescent form of a tree, the Deleuzo-Guattarian (1987, 2003) figure of the tuberous rhizome has no centre; its lines unpredictably zig zag out in multiple directions, forming connections, expanding, rupturing, and restarting in haphazard ways. Responsive and shifting, it is in a constant state of fluid and unpredictable emergence in response to the connections that it makes. The rhizome's multiple and simultaneously produced participatory lines and directions can both maintain and interrupt the rigid arborescent thinking that can characterize research assemblages.

In comparison to the tree and the root, the features of the rhizome enable it to be utilised as a figure of (albeit demanding) creative possibility within micro-social encounters. Deleuze and Guattari (1987) identify the heterogenous connectivity of the rhizome, emphasising that it can, and should, connect to anything and everything. The second valuable feature of the rhizome is its multiplicities—the multiple lines and connections it produces, create endless unfixed possibilities. The rhizome also can be broken or ruptured, yet re-sprout from either an existing or new line—creating different, yet connected multiplicities. Fourthly, unlike the tree, the heterogenous connectivity of a rhizome has no deep structure which can be traced, so it is open to creative and unpredictable movement. Finally, the structure of the rhizome is that it is in the middle, with no beginning and no end. Deleuze and Guattari (1987) suggest that this in-between space is a site of action where movement happens and speed picks up. As Gregoriou (2004) reminds us, it is not a matter of privileging the rhizome over the root, as they are often interconnected, and can re-sprout as each other when broken off.

Rhizomatics draws on both the form and the features of the rhizome as an analytic for understanding the social and political moment, and also as a politic for becoming different within it (Youdell, 2011). Rhizomatics both traces and maps normative articulations, as well as experiments with reconfiguring what might be possible in transforming them (Lenz-Taguchi, 2016). Recognising the primal force of desire in producing rhizomic lines and flows within social fields, rhizomatics foregrounds the importance of affective intensities, and flows of energy, in particular those desires that drive molecular lines, and lines of flight, as productive possibilities for multiplicities—for becoming other. In that sense affect—the ability to both affect and be affected—becomes both a site and a moment of politics within research assemblages (Albrecht-Crane & Slack, 2007; Renold & Ringrose, 2016; Ringrose, 2011; Youdell, 2011). The onto-epistemological re-conceptualisation of sexuality education as becoming other is one of the most challenging aspects of rhizomatics within the sometimes striated spaces of sex education research in school

(Allen, 2008; Strom & Martin, 2013; St Pierre, 2004). While acknowledging the unsettling and challenging nature of rhizomic pedagogical encounters (Gregoriou, 2004), it is interesting to consider the possible orientations to researching, teaching and learning that could facilitate them.

When I met the Kauri College students again in Year 13 during their lunch hour, Huia led me to a small room in the Music Suite of their school. Throughout the course of the interview, thumping percussive sounds of guitars and drums were coming through the wall, often making our conversation difficult to hear. The music, as lively matter (Bennett, 2010) intra-acted with both the students and myself within the small room intra-relationally producing us in relation to the music within that smoother space (as opposed to the more striated space of the classroom). Munching on pizza, Jason's quiet aside to Hemi asking him what the song was that was thumping and vibrating through the wall is an asignifying rupture. Emerging in the middle of our encounter, the vibrations of the music work on us. It is picked up by April then by Hemi, and then by me, as, remembering previous conversations, I connect to its importance and value in their lives. The spatial, relational, material and embodied intra-action creates a smooth space of possibility for exploring the ways in which music strongly shapes both who they are and I am and who they/I want to become differently:

*(Music is coming loudly through the wall)*

JASON: Is this "Money", by Pink Floyd? *(to Hemi)*

APRIL: Yip.

HEMI: I dunno, he was just playing *(inaudible)*.

JASON: Mmm. But before that he was doing Shepherd of Fire. Mmm.

HEMI: That's it, yup *(agreeing)*

KATHLEEN: So, music is still big for you, Jason?

JASON: Oh yeah! *(enthusiastically)*

HEMI: Music is fantastic!!!!...*(definitively)*

KATHLEEN: Okay...Because I know that really early on you talked about, Huia, you talked about music as being a really important way to think about...

JASON: It is! *(definitively)*

KATHLEEN: ...who you are and who you wanna be? *(validating and questioning)*

HEMI: Music is a reflection of self *(quietly considering)*

KATHLEEN: Music is what, Hemi? *(unable to hear)*

HEMI: It can be, it can be a reflection of self *(tentatively, thoughtfully)*

KATHLEEN: Yeah, I think it is...*(smiling, nodding my head, musing and agreeing)*.

*(Year 13 Focus group interview, 6 June 2015)*

In this encounter, the music produces who we can be differently, taking us rhizomically (if momentarily) in another direction. Challenging the traditional adult/young person knowledge relations of schooling (Lenz-Taguchi, 2012), the space and the music, produce us in ways that can establish a mutual interest in the

importance that music plays in shaping our lives, and opened up the possibility to be able to explore that. We discussed the kinds of music they like and don't like (I was surprised, and somewhat excited, that they were into Pink Floyd, which I listened to when I was their age!), how music produces understandings about gender, sexual politics, and whether it affected how they felt and experienced relationships (not much they thought!). April disagreed with the rest of the group, and her comment, and its queerly ironic amused and deadpan delivery (Halberstam, 2011) came out of left field to open up a molecular line of flight to decentre normative humanist notions of relationships, enabling a becoming other:

APRIL: Everything I know about relationships comes from music because I've got zero personal experience (*ironically self-deprecating and amused*). I'm just like, "oh that's quite sad!" (*said humorously in a concerned way as if you should feel sorry for her 'lack'*).

(*Kathleen and Huia smile and laugh out loud*)

KATHLEEN: So you live vicariously through the music? (*nodding, warmly, affirmatively, excitedly*)

APRIL: I live vicariously, yeah! (*nodding affirmatively*)

KATHLEEN: So you live your emotional life through...that's awesome, I love it. That's kind of a cool idea! (*enthusiastically*)

HEMI: Oh, that's pretty stink...(*unsure, worriedly*)

APRIL: Nah, it's alright (*pragmatically sounding quite ok about it*).

KATHLEEN: I think it's pretty cool! (*smiling affirmatively*)

APRIL: You just turn it off and you're not sad any more (*matter of factly, smiling*)

(Huia laughs, and puts her thumb up in an OK gesture, Jason smiles warmly at her)

(*Year 13 Focus group interview, 6 June 2015*)

Alongside the molarity Hemi's comment produces, April's unexpected queerly humorous rhizomic connection of relationship 'failure' to the importance of music in her life, opens our encounter up to creative movements that connect with desiring forces that momentarily enable us to produce sexualities and relationships education otherwise. Our shared orientation to exploring their lived experiences of sexualities and relationships over the past five years, along with an appreciation and admiration of April's multiplicitous and heterogenous musical connections with relationships (especially for Huia and me), merge as desiring forces. The warmly affirmative molecular affective flows that April's observation unleashes, affirm and value her non-normative becomings, as does Huia's 'ok' thumbs up and Jason's warm smile. The relationship I have built up with them over time, and the genuine fondness and care I feel for them in this moment, seems to psychically and physiologically open me up and precipitate intra-relational warmly affective molecular flows that appear to rhizomically open us all up to different possibilities for learning and teaching (Albrecht-Crane & Slack, 2007) about sexualities and relationships.

As you can see, though, the process is also unstable and uncomfortable. Experimentally opening up to let the students take the 'lead' means coming to terms with a lack of certainty and control, and our rhizomic encounters often leave me feeling discombobulated and uncertain. I often struggle to hear and understand their references and allusions, frequently getting them wrong and this 'stuttering' can produce both reterritorialising molar and deterritorialising molecular affective flows. Sometimes I feel like an elderly aunt, who, the students, as expert guides, are patiently leading through a foreign country. I can feel the ways that our intra-actions upend what it means to know and learn about sexuality and relationships for me and them. I feel my knowing in being as an (authoritative) researcher/teacher becoming undone other in this process in ways that are, often simultaneously, nerve-wracking and exciting.

Rhizomically following the music connection produces molecular flows. Discovering that some of the bands and musicians they listen to are the same as I loved when I was younger, I find myself suddenly flooded with memories of being a teenager and the profound ways in which I used music to make sense of emotions and feelings I was experiencing in my life (and still do). This rhizomic connection led to them showing me the favourite band t-shirts they were poignantly hiding underneath their school uniforms, and to conversations about *Joan Jett* and *Haim* and how they enabled Huia and April (and me) to produce other (non-normative) femininities (Quinlivan, 2018).

### **Re/doing sexuality education in the classroom as a rhizomatic assemblage: possibilities and challenges**

I suggest that my researcher experiments in re/doing sexuality education as a rhizomatic assemblage hold some possibilities for engaging more fully with the valuable lived experiences of young people in the sexuality education classroom, and making what happens in those encounters more meaningful and relevant to young people's lives. Re-conceptualising our focus group encounters as a rhizomatic sexuality education assemblage heightened my awareness of the profoundly intra-relational ways in which we affect, and are affected, by each other, spaces and materials in sexuality education encounters, and how various affective flows shut down and open up different possibilities in terms of teaching and learning about sexualities and relationships.

There are helpful resonances between the rhizomatic assemblage and indigenous knowledges in attempts to decentre the human, and in explorations of the intra-relationality (Barad, 2007) between animals and humans, humans and machines, affective relationalities, living and non-living objects, spaces, and their attendant power relations (Snaza et al., 2014; Tuhiwai-Smith, 2014; Webber & Macfarlane, 2018). Such congruences hold interesting possibilities for further pedagogical exploration in sexuality and relationship education.

Paradoxically, re-conceptualising microsocial encounters such as sexuality education focus groups and classrooms as rhizomatic assemblages is both eminently

relevant and practical, while also, incredibly pedagogically demanding. Deleuze and Guattari (1994) see the task of philosophy as to create concepts to experiment with, to practice in new ways in order to produce something new and different. The concept or theory is the practice, rather than separated from practice, so there is no fraught theory/practice divide to overcome. Deleuzo-Guattarian (1987) orientations to social worlds are geared towards experimenting in the present with what emerges experientially in encounters. Along with the possibilities, it is important to acknowledge that Deleuzo-Guattarian (1987) reconfigurings of social worlds are also both complex and discombobulating, and signal considerable pedagogical demands for teaching and learning about sexuality and relationships.

Deleuze (2004) suggests that shifting from a focus on acquiring knowledge and content to more actively engaging with problems and ideas holds the possibility of facilitating rhizomic processes. The shift from having already decided what it is that young people need to know—to engaging with sexuality education as a problem, as an ongoing idea and as a question to be open to (Gilbert, 2014) has been, and continues to be, challenging in sexuality education classrooms within schools (Elliott, 2014; McClelland & Fine, 2014; Quinlivan et al., 2014). As I have acknowledged, working with students in these ways is demanding and discombobulating onto-epistemological labour. It reconceptualises the traditional roles of health and sexuality education researchers and teachers as expert adult understanders/providers of knowledge and skills (Leahy, Burrows, McCuiag, Wright & Penny, 2016), and requires cultivating an analytical disposition to identifying and mapping normativities, and then politically experimenting with and transforming them. Given that you can never predict in advance the desiring intensities that will emerge within micro-social encounters and the affective flows they produce, framing sexuality education as an open question, requires researchers and teachers to cultivate an openness to the unpredictability and uncertainty that characterise rhizomatic pedagogical encounters (Strom & Martin, 2013; Quinlivan, 2018). Cultivating an openness to the ways in which the desiring forces that meet in sexuality education encounters can intra-relationally reshape what both student and teacher/researcher subjectivities can be.

In considering some of these educational questions, Rosiek and Gleason (2017) draw attention to the potential 30-year-old field of practical knowledge scholarship within teacher education. Combining anti-foundationalism and ethical realism, the authors suggest that the recognition of practical insights that can emerge from an emphasis on the malleability and continuity of experience is valuable. Using case studies and narrative enquiry, teachers are encouraged to refine the complex weave of practical, personal, technical knowledge and personal identity that informs their teaching practice. The authors suggest this scholarship needs to develop in ways that can engage more intensively with the ontological effects of contemporary knowledge traditions in the social sciences, in order to engage with 'knowing in being' in teacher practice. The ethical and political ramifications of 'knowing in being' for teachers and researchers, requires a challenging onto-epistemological re-orientation to not having already decided what it is that young people need to

know in relation to sexuality education, and endeavouring to remaining open to the unpredictability and uncertainty of the present. Working from a small but safe piece of ground (Deleuze & Guattari, 1987), a desire and willingness to experiment with 'becoming other' for both students and teachers is the most important capacity to cultivate.

Recognising the differing relationships with contemporary social theory and practice that can characterise the roles of researchers and classroom teachers (Quinlivan, Boyask & Carswell, 2009; Lenz-Taguchi, 2009), I suggest that researchers and teachers working together (Lenz-Taguchi, 2009) hold some possibilities for 're-doing' everyday sexuality education encounters in the classroom as a rhizomatic assemblage. While demanding, such experimental researcher and teacher partnerships could provide exciting new directions in sexuality education research and classroom practice. Recognising the differing and shifting exchange values of theoretical and practice knowledges across schooling and academic contexts (Quinlivan et al., 2009), and the challenges of re-conceptualising theories as practice within school contexts (Lenz-Taguchi, 2009) in an era of neoliberalism would need to form an important part of undertaking such work.

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# 16

## EDUCATION AS PRODUCTS AND PRODUCTIONS OF NORMS

*Eva Reimers*

### Introduction

“Hey there, girl-slave! Tie my shoes!”

Following PE, a nine-year-old boy with a big smile on his face, puts his feet with untied shoes on a bench, and demands the female ethnographer, who is sitting nearby with her notebook, help him. Smiling, she replies, “But how old are you?” Laughingly, he ties his shoes and runs away across the schoolyard.

This mundane school situation is from Jenny Bengtsson’s thesis *Age, Gender and Sexuality in the Early Schoolyears*. Here, I use it to demonstrate how ‘norm-critique’ can be used for analysis of ethnographic data. The brief exchange between the boy and the researcher is a joking and benevolent power struggle, where the boy is citing patriarchal gender norms in order to subordinate the female researcher and thus make her help him. She on the other hand, in a facetious way, subordinates him by citing age norms, making his demand invalid. Hereby the situation is transformed from an exchange between a male and a female body into an exchange between a child and a grown-up. As the boy laughingly ties his shoe, the exchange is stabilised as the latter. This simultaneously changes the hierarchical order between the two bodies. In interpellating the male body as the body of a child, the initially subordinated female—and adult—body becomes hierarchically superior to the male—and young—body. This time, age wins over gender. This analysis discloses how different norms produce different subject positions, power hierarchies, as well as different possibilities and limitations for how to think, act, and perform oneself.

With this background, this chapter introduces norm-critique as social theory as well as a pedagogy against discrimination, harassment, and marginalisation.

## Norm-critique as a way of putting Judith Butler's work 'to work'

Norm-critique as social theory as well as a strategy for non-discriminatory practices in relation to gender, sexuality, functionality, and multiculturalism has been developed and is now commonplace in Sweden and other Nordic countries. It is a perspective centred on the concept of 'norms', asking questions about how norms work, change, and become challenged in different contexts.

Even if the concept 'norm', within the framework of norm-critique, shows many similarities with, and often is synonymous with the concept 'discourse', there are significant differences. The most apparent is that the concept 'norm' more directly points to the regulative and disciplinary aspect of notions, ideals, policies, and practices. Consequently, the choice to use the term 'norm' rather than 'discourse' is deliberate. Differing from the theoretical concept of discourse, norm has colloquial usage expressing an idea about cultural forces that regulate human notions and behaviour. Thus, most people recognise that norms are both descriptive and prescriptive. It is for example possible to assert that a patriarchal norm is at hand when a male child asks a female adult to tie his shoe. It is also possible to appreciate that this patriarchal norm is prescriptive, containing a demand for female bodies to subordinate themselves and abide by demands from male bodies. The ordinariness of this concept renders norms a concept that effectively illuminates how knowledge, images, and representations are related to power and the ongoing construction of superiority and subordination. Thus, using the concept of 'norm' builds a bridge between the academic and the non-academic context. The concept is already familiar, which makes it politically and pedagogically useful.

As a social theory, norm-critique is based on the presumption that individuals and societies are entangled in webs of norms, which allow them to make sense of themselves and others. The perspective draws on Foucault's notion of the regulatory power of discourses, and even more so on Judith Butler's theory on gender, performativity, and recognition, not the least her way of analysing sexuality, gender, and desire as repetitions of norms. In many ways, it shows similarities with queer theory. Like queer, the interest of norm-critique is to deconstruct and subvert conceptions and practices that are usually taken for granted as 'self-evident' and 'natural' in order to elucidate how conceptions of what is understood as the normal always entail that which is regarded as situated outside normality. In stressing that norms are fluid and situated, norm-critique recognises that all norm productions always encompass that which is positioned outside the norm. Hereby, norms produce the abnormal and the abject. Norm-critique is used to scrutinise all sorts of norms as well as the effects and intersections of different norms. Hereby, norm-critique also draws upon Critical Race Theory, post-colonial studies, studies of class, crip-theory, as well as other perspectives that question subordination and oppression based on hierarchies and domination.

Norm-critique claims that within the plethora of norms in which humans are situated, some norms are given hegemonic positions and become normative. These norms form conditions for how to desire, interpret, feel, look, behave, and

organise. In doing this, they make some life trajectories, some bodies and some ways of organising societies recognisable, and therefore appearing as more normal and natural than others. Simultaneously, this makes other bodies and ways of living unrecognisable and therefore more or less impossible. Thus, a norm is always constructed together with what is perceived as the abnormal, that is, everything that does not fit into the norm. Actions, ideas, artefacts, bodies, categories, groups, or people are continuously distinguished as being different from the norm. This also pertains to emotions, feelings, and desires that individuals experience; desires that are repressed because they are perceived as frightening or unintelligible. The same process takes place in relation to norms about bodies, race, and religion, where some bodies are produced as normal and others as abnormal. In this way, norm-critique elucidates naturalisations not only of misogyny, homophobia, and transphobia, but also of racism, Islamophobia, and other forms of discriminatory and oppressive divisions. Thus, an important characteristic of norm-critique is the presumption that notions and feelings of abnormality make norms visible and tangible. The notion of the abnormal serves as a precondition for the conception of what is perceived as normal. By identifying what it is that is regarded as deviant, problematic, or out of the ordinary, it becomes possible to trace and assert conceptions of normality. Norms produce boundaries and distinctions, meaning that for every norm, there are acts, feelings, desires, persons and institutions that are considered outside the norm.

Norms are not solely harmful. They are necessary to all sorts of meaning making and have an essential role in making the world appear intelligible. Norms are necessary for thinking, acting and maintaining social interaction. Without norms, there would be chaos. This does not imply that norms are self-evident or stable. Sometimes transformations of norms work in contradictory and paradoxical ways. The Swedish norm of gender equality is one example. On the one hand, the norm of gender equality has subverted a great many patriarchal norms and hierarchies, thereby making other lives possible. On the other hand, it has continued to reproduce a multitude of heteronormative as well as nationalist forces. This shows how norms can simultaneously work in different directions. They do not have linear effects. The production and transformation of norms are not predictable.

One strength of norm-critique as a social theory is that it makes it possible to make contradictions, social and individual changes and complexities visible. Like all poststructural perspectives, it questions notions of foundational structural orders. This is also why norm-critique often stresses the importance of looking at the inconsistencies, instead of solely focusing on the repetitions of norms. One way of understanding inconsistencies theoretically is to embrace the idea that there is not one single order, or one single structure with one single source. Instead there are several changing and often contradictory norms at play simultaneously. Every repetition of a norm, or every articulation of a norm, takes place in relation to (and together with) other norms, and every repetition and articulation of a norm, slightly changes the norm. Here, norm-critique echoes Butler's notion of gender performativity (1993) consisting of citational practices without an original, where

the articulations in themselves produce an imagery of an original. Norms are unstable and they gain force through articulations. The precarious nature of norms points to and discloses the uncertainty of society and culture. Simultaneously, the instability and fragility of norms is a possibility to change and destabilise what is taken for granted as seemingly self-evident. Every performance, and every reiteration and articulation of norms, therefore entails a responsibility. In the same way as Foucault's conception of power (1990), norms are continuously produced with productive as well as destructive effects. No single authority in politics, business or religion can decide on their own to introduce a new norm. It needs to be repeatedly articulated and materialised in order to gain agency and become forceful. Power works through its ability to name, to define, and to describe people, places, practices, and artefacts both as different from others, and in ways that exclude other definitions.

In order to analyse and understand how norms work, it is crucial to acknowledge that they are not only repeated and performed in thoughts, notions, minds, and speeches, but that they are also materialised through reiterations of and connections between artefacts, technologies, bodies, organisations, and institutions. Norms can be seen as assemblages, or networks of different materialities and discourses. This means that it is impossible to separate norms from materiality and technology. Thus, norm-critique goes against both materialism and idealism, insisting that materiality is not the origin of norms, nor is it a simple effect of norms. Bodies, technologies, organisations, working life, clothing, medicine, new public management, and schools are all different normative materialities that connect to each other and, together with different ideas and imaginations, have normative effects, describing and prescribing what is to be considered normal and abnormal.

### **Norm-critique in educational studies**

Norm-critique has both activist and academic roots. Like most feminist, queer, and post-colonial research, the objective is both to make visible inequalities and to bring about change. From preschools to higher education, norm-critical educational research aims to contribute to more equal and inclusive education. It is a critical theory sharing its main objective with critical pedagogy and with a similar interest in disrupting oppressive power relations. However, there are epistemological and practical differences between norm-critique and critical pedagogy. The most apparent is the difference between critical pedagogy as a structural theory and poststructural norm-critique. The Marxist roots of critical pedagogy (see Giroux, 2011) entail a structuralist presumption where inequalities are effects of, and can be explained by, material and economic conditions. Norm-critique, on the other hand, is post-Marxist and non-foundational. It does not recognise any essential or given sources for inequalities. Instead, they are seen as continuous materialisations with no starting point in a complex web of norms in organisations, policies, economy, working life, political structures, and so forth. This is one reason why

norm-critique, like queer theory and differing from critical pedagogy, redirects the focus from investigating conditions of marginalised bodies to the norms that produce some bodies as normal and others as deviant.

This focus of norm-critical analysis is apparent in the study that in Sweden, came to introduce norm-critique in education. The edited volume *Skola i normer* [Schooling in Norms] (Martinsson & Reimers, 2008, 2014), sprang from a research project named 'Heteronormativity—school as space for construction of sexuality and gender'.<sup>1</sup> The original theoretical perspective for the project was queer theory. However, as the research progressed, it became apparent that in order to scrutinise effects of gender and sexuality norms, it was necessary to expand the perspective to a broader set of norms. In publications from the project, gender and sexuality norms were analysed as intersecting with age, race and nation, human rights and gender equality, and the teacher profession. From this, it was concluded that in order to make sense of how bodies, places, institutions, and different practices become significant, it is necessary to scrutinise all (possible) norms that make these phenomena imaginable and meaningful. Furthermore, it is necessary to take into account not only how norms produce bodies, places, institutions, and practices, but also how bodies, places, institutions, and practices partake in stabilisations, subversions, and disruptions of norms. This is reflected in the title *Skola i normer*, where the Swedish word 'skola' is used both as a verb and as a noun. The verb 'skola' [to school] encompasses both educating and fostering, and as a noun the meaning is equivalent to the English noun 'school', i.e. school as a building and as a social institution. Thus, the title points to schools as simultaneous materialisations of norms—and their effects—as well as spaces where norms are continuously produced, stabilised, and destabilised.

Even if *Skola i normer* were the first publication in Sweden with a declared and defined norm perspective on education, it was inspired by forerunners who used queer theory and intersectionality in order to address questions of discrimination and oppression in education in relation to gender and sexuality. Among these, two stand out in particular. The first is Debbie Epstein, who together with colleagues has written extensively, drawing on ethnographic data, on how sexuality is made (non)significant in education, in most cases in the UK, and at different school levels. Epstein and colleagues do not present themselves as norm-critical, but their work shares many similarities with norm-critique (see Epstein, 1994; Epstein, Steinberg & Johnson, 1997; Epstein & Johnson, 1998; Epstein & Sears, 1999; Epstein, O'Flynn & Telford, 2003). Not only do they scrutinise the heterosexual norm in education, they also show how norms about sexuality intersect with norms about the following: pedagogy; what a school should be; the teacher profession; nation; race; class; and religion. Hereby, Epstein's work has been a source of inspiration for the development of norm-critique in the field of education. This is also the case with Kevin Kumashiro (2002), who has studied the effects of heterosexual and race norms in education in the US. With a point of departure from Judith Butler's theory on the performativity of gender and sexuality, and queer theory, Kumashiro 'makes trouble' with educational practices. Based on narratives

of self-identified lesbian, gay, bisexual, transgender and queer (LGBTQ) students with different ethnic and racial backgrounds, he demonstrates how education repeats and materialises hegemonic norms about heterosexuality and whiteness, as well as how this affects LGBTQ students. In doing this, he simultaneously makes trouble with intersections in education between whiteness and different forms of queerness. His research demonstrates that this also goes the other way; racial identities such as Asian, Latino and Black are dominantly intersecting with heterosexuality. Categories of sexuality are racialised and categories of race are sexualised. Kumashiro asserts that this creates different conditions for different educational subjects.

A common point of departure for the bulk of norm-critical research in education is gender and/or sexuality norms. This was the case for the project on heteronormativity in schools mentioned above. When the analytical interest shifted from marginalised categories to the productivity of intersections of materialised norms, it was found that in primary school, intersections between gender and age produced sexuality sometimes as embarrassing, sometimes as alluring, and other times as insignificant. A study of teacher education (Reimers, 2017) found that bodies with different ethnic backgrounds were positioned differently in relation to hetero- and homo-sexuality, making LGBTQ identification more accessible and likely for persons seen as Swedish, than for persons who by themselves and/or others were seen as non-Swedish. In addition, being Swedish was constructed as implying a tolerant and open attitude towards LGBTQ persons, whereas being 'other' (Syrian, Somali, Latino, Kurdish etc.) implied homophobia. Norm-critical analysis of interviews with teachers, where some identified as heterosexual and some as homo- or bi-sexual, affirmed intersections between norms pertaining to the teacher profession and the heterosexual norm, not only making heterosexuality default but simultaneously obfuscating heterosexuality in terms of sex and sexual attraction.

Several education researchers have found it fruitful to focus on the productive power of norms when addressing inequalities, oppression, marginalisation, bullying, and discrimination in educational contexts. The analytical focus for this research is on how the productive power of norms marginalises not only some bodies, but also practices, materialities and ideas. In Norway, Åse Røthing has, alone and together with others, scrutinised intersections of gender and sexuality with norms about nation, race, and religion (Røthing & Bang Svendsen, 2011; Røthing & Bang Svendsen, 2010, 2011). Based on this research, she has coined the term 'homotolerance', pointing to a specific form of heteronormativity prevalent in the Nordic countries and with regulatory effects. Norwegian homotolerance, Røthing claims, is signified by constructions of hegemonic heterosexuality in combination with tolerance of homosexuality as a national trait. This produces a conception of Norway as a gay-friendly nation in contrast to other presumably more homophobic nations. By producing LGBTQ persons as the tolerable other, homotolerance reproduces heteronormativity with LGBTQ persons as its deviant outside. This notion has, in a Swedish context, been further elaborated using Jasbir Puar's (2007) concept, homonationalism. Reimer's study (2017) shows how intersections of norms concerning gender,

sexuality, nation, religion, and modernity, not only position LGBTQ persons as the other, by defining who belongs and who does not belong to the imagined tolerant nation, but how homonationalism simultaneously produces some people—based on perceptions of race, religion, and culture—as intolerant and thereby as outside the nation. The Swedish study (Martinsson & Reimers, 2008, 2014; Reimer, 2017) demonstrates how this is repeated and stabilised in school and teacher education.

Considering the origin of norm-critique, it is not surprising that it is a prevalent perspective in research in sex and relationship education. Besides being the case for some of Røthing's studies, there are norm-critical studies of sex education in secondary education (Bolander, 2009), of sexual education in special education (Löfgren-Mårtenson, 2012), of sexual education material targeting secondary education (Bäckman, 2003), and of sexual education material targeting immigrants in Sweden (Bredström, 2005). Besides elucidating how most of this teaching materialises and stabilises the heterosexual norm, these studies point to other concomitant norms in sex education, of which one is sexualisation, and where norms of nation, secularism, whiteness, and age intersect.

### **Norm-critical pedagogy and the prevalence of norm-critique in Sweden**

Norm-critique is not only used as a social theory for research. In Sweden, it has emerged as a common pedagogy in relation to discrimination, bullying, and harassment, not only in schools, but also in working life and in society in general. In its focus on norms that make oppression possible, rather than focusing on victims and/or perpetrators, it is seen as a method to identify, and change, discriminatory structures. The aim of norm-critical intervention is to counteract discrimination, achieve awareness of discriminatory practices, and thereby change people's way of thinking and acting.

Norm-critical pedagogy has emerged as a reaction against a pedagogy of tolerance, but also as a response to diversity discourses. The argument is that both these strategies fail to question and change what is seen as natural and given, i.e. the norm. The National Agency of Education has picked up the concept of norm-critique as way to work against bullying, discrimination, and harassment in education. It has been promoted in courses for school leaders and teachers. Several handbooks with exercises and examples of how to work with norm-critique have been produced. Today, the term norm-critique in public discourses is conspicuous and has spread to different sectors of society. National agencies, businesses, NGOs, municipalities, schools, and preschools use it. There are norm-critical municipalities, stage plays, designers, and museum exhibitions.

The prevalence of norm-critique can give the paradoxical impression that norm-critique has become a Swedish norm. In relation to how common the term is, this might be the case. However, taking norm-critique seriously always implies concluding each form of norm analysis with the following questions: what is now the

norm? And what/who is excluded by this new norm? Norm-critique, as pedagogy and research theory is a never-ending endeavour. There is a risk that the normalisation of norm-critique might trivialise the need to continuously scrutinise how hegemonies are constructed and made relevant, not only by others but also by oneself.

## Note

1 Swedish Research Council, VR, p. 2003–4442.

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# 17

## DIGITAL HEALTH TECHNOLOGIES, BODY PEDAGOGIES AND MATERIAL- DISCURSIVE RELATIONS OF YOUNG PEOPLE'S LEARNING ABOUT HEALTH

*Emma Rich, Sarah Lewis and Andy Miah*

### Introduction

Over the past decade there has been a rapid growth in digital health technologies, such as software, mobile phone apps, devices, wearable technologies (for example, fitness bands and sensors) and websites. Many of these technologies provide the means through which individuals and organisations can acquire information about their own or others' health, bodies and behaviours. Of particular prominence are technologies which are used to promote healthy lifestyles, both within the commercial health and fitness industries, but also within public health care and medical contexts. Such technologies are populated by new kinds of health data and have prompted onto-epistemological questions about how we understand the social, cultural, ethical and political production of health knowledge and promotion—questions which draw attention to the utility of particular social theories to understand 'health education' and learning.

Concerns have been raised about the extent to which these technologies are acting as "key techniques of governing" young people, particularly within education settings (Williamson, 2016, p. 2). Schools are now using "digital devices and software that allow students to collect, track, manipulate and share health-related data" (Gard, 2014, p. 838). There is therefore an urgent need for critical understandings of how young people perceive, negotiate and manage these digital environments and how this contributes to "embodiment, selfhood and social relationships" (Lupton, 2012, p. 299). As such, important questions are being raised about how health knowledge circulating through these digital eco-systems *functions as a pedagogy* through which young people learn to become particular kinds of 'healthy' subjects. In this chapter, we introduce some of the theoretical concepts from within the field of *public pedagogy*, particularly those informed by critical posthumanism, which offer useful

conceptual lenses for examining the body pedagogies produced through the engagement with digital technologies for learning about health. In short, young people's engagement with digital health technologies for learning can be conceptualised as enactments of public pedagogy. This chapter offers an example of an analysis informed by posthumanist theory which brings together critical digital health studies and public pedagogies.

After briefly bringing together some of this literature, we offer an analysis of qualitative data with young people from a recent research project on young people and digital health technologies to demonstrate how these theoretical concepts can be applied as an analytical lens. In so doing, we invite the reader to think of public pedagogy as *in process* and *becoming* rather than linear and pre-determined. As will be demonstrated, the concepts introduced enable an analysis of public pedagogy which moves beyond humanist dichotomies such as public–personal, human–nonhuman, pedagogue–learner. Instead, the analysis demonstrates the entanglement of subjectivities, affects and digital health technologies in the formation of personal–public knowledge about ‘being healthy’.

## The research study and questions

In what follows we include research material from a study funded by the Wellcome Trust, which sought to examine the impact of ‘healthy lifestyle’ technologies on young people's (11–18 years) learning, identities and health practices. Here we focus on how the analysis helps to answer the following research question:

How do young people discover, select, adopt, share, employ, resist or reject the information and assumptions about health and bodies that are offered by digital technologies?

Guided by an understanding of public pedagogy informed by posthumanism and new materialism the intention was to examine how digital health technologies and pedagogical modes of address co-mingle to shape what and how young people know about health, their bodies and ‘healthy lifestyles’. Through material objects such as sensors, mobile phones, apps, and wearable technologies, embodied subjects are connected to others' bodies and objects, but we know little about how young people actually learn through their engagement with these technologies. This approach has shaped the research questions of a study which forms the focus of the rest of this chapter. The research questions developed as part of this project were oriented around particular onto-epistemological assumptions about knowledge/pedagogy, technology, subjectivity and affect. These theoretical approaches enabled us to ask what pedagogical modes of address are produced through digital technologies and how these invite particular ways of knowing the body, self and health practices.

## Theorising learning through public pedagogy

In recent years the emergence of the field of public pedagogy has presented new opportunities for theorising learning from a perspective that is informed by a broad range of disciplines and literature, including but not limited to curriculum studies, pedagogy, sociology, cultural studies, adult learning, lifelong learning, critical pedagogy, posthumanism and feminist studies. Public pedagogy, broadly defined, refers to:

[The] various forms, processes, and sites of education and learning occurring beyond formal schooling...It involves learning in institutions such as museums, zoos, and libraries; in informal educational sites such as popular culture, media, commercial spaces, and the Internet; and through figures and sites of activism, including public intellectuals and grassroots social movements.

*(Sandlin et al., 2011, p. 338–339)*

However, scholars have noted that public pedagogy risks being conceptualised so broadly that it becomes almost meaningless (Burdick and Sandlin, 2013; Sandlin, O'Malley and Burdick, 2011), and exists within a “fabulous haze” (Savage, 2010, p. 103). These critiques speak to the need for clearer articulations of “precisely how pedagogies are conceptualized and how these pedagogies are enacted” (Burdick and Sandlin, 2013, p. 143). As such, a number of public pedagogy scholars (Hickey-Moody, Savage and Windle, 2010; Rich, 2011a, 2011b; Savage, 2010) have underscored the need for greater theoretical clarity. In this chapter we also respond to the call from Sandlin et al. (2011) to articulate more directly one’s conceptualisation of pedagogy as those very “mechanisms and interactions that enable an individual’s capacity to learn” (Burdick and Sandlin, 2013, p. 143).

As Postma (2012, p. 148) observes, “critical traditions in education are largely characterised by rationalist and humanist assumptions which require an autonomous and rational human agent and which conceptualise transformation from a position of moral and cognitive privilege”. One of the appeals of public pedagogy is the potential to move beyond what Burdick and Sandlin (2010, p. 339) refer to as “the confining space of existing cultural models and vocabulary of teaching, learning and curriculum”. These models are grounded in a history of education as a predominantly humanist project through which educational activity is focused on the learner as rational, autonomous and developing in terms of cognitive enhancement. Such models tend to underpin many public health campaigns; in the UK for instance, public health policy continues to be framed in individualistic terms despite evidence of societal and economic factors (Ulijaszek and McLennan, 2016). Such humanist thinking continues to operate through a range of binary categories such as human/nonhuman, mind/body, and limits not only our understanding of pedagogy but of the range of critical possibilities.

Whilst a body of literature has revealed how digital health technologies are the site of regulative discourses and practices, the adoption of these practices is not

simple, nor can it be assumed in the broader readings of public pedagogy (see Hickey-Moody et al., 2010). To some extent, the process of learning through these digital technologies can be read through the concepts available in existing work within critical health education and pedagogy. This includes the work of scholars who have revealed the normalising practices within different social sites which are variously referred to as *body pedagogies* (Shilling, 2008, 2010), *biopedagogies* (Wright, 2009; Wright and Harwood, 2009 and Chapter 3 in this collection), or *body pedagogies* (Evans and Davies, 2004; Evans, Rich, Davies and Allwood, 2008) and their specific mechanisms and processes. For the purposes of this paper I draw on the concept of ‘body pedagogies’ which provides a lens through which to think through embodied learning:

Occurring over multiple sites of practice, in and outside schools, they define the significance, value and potential of the body in time, place and space, producing particular, embodied subjectivities that are essentially corporeal orientations to self and others.

*(Evans and Rich, 2011, p. 367)*

The notion of body pedagogies provides the means to examine the instructional and regulative messages which urge individuals to monitor and regulate their bodies via the many health apps and devices used for accumulating and sharing health data/information. Such data practices reflect a broader expectation of individual responsibility for health (Fotopoulou and O’Riordan, 2016). In this way, the analysis might focus on the pedagogical processes that are deeply infused with a “corporeal ethic, a socially regulative moral code” (Evans and Rich, 2011, p. 365). However, whilst recognising the discursive organisation of bodies is important, more recently in developing the connection between body pedagogies and public pedagogy, Rich and Miah (2014, p. 307) have cautioned against focusing only on “the *content* of pedagogy rather than its *relational* derivation”. Similarly, Savage (2010, p. 85) warns against such “totalizing and mythologizing” approaches to public pedagogy, which become all-encompassing and through which “popular public pedagogies, therefore, are reduced to little more than mechanisms for exercising ideological domination”. Whilst it is certainly important to identify the ways in which digital cultures enact pedagogies which normalise and govern the body, we also need to be cautious of assuming that technology can be categorised as either inherently ‘harmful’ or ‘empowering’.

Building on this work, there is a need to further examine the critical relationships between the educative force of a range of cultural sites in people’s lives and engagement with physical practices, corporeality and subjectivities (Rich, 2011a, 2011b; Rich and Sandlin, 2017; Fullagar, Rich, Francombe-Webb and Maturo, 2017; Fullagar, Rich and Francombe-Webb, 2017). In moving beyond humanist notions of education and the rationalist learner, the turn towards posthumanist accounts of materiality and affect can inform the questions we ask about the “affective relations between constitutive elements of public pedagogies” (Fullagar,

Rich and Francombe-Webb, 2017, p. 4). Drawing on the perspective offered by Fullagar, Rich and Francombe-Webb (2017), in this chapter, we explore how a material-discursive analysis of public pedagogy may therefore enable an understanding of body pedagogies which trouble the dualisms of private/public, formal/informal, pedagogue/learner, mind/body which feature in the field of education and in dominant models of health behaviour change.

Informed by the work of Karen Barad (2007) we can begin to examine the human-digital relations as not simply (re)presenting health knowledge but as 'co-implicated' in the production of body pedagogies. Thus, rather than approaching body pedagogies in the digital terrains as 'transfer' of knowledge, we can begin to explore how health knowledge materialises through the complex entanglements of subjectivities, discourses, digital devices, data and embodied and affective histories. Thus, for example, how young people come to know about health through engaging with a health app which monitors their physical activity or food intake. Learning is not taken to be the simple result of the 'transfer' of knowledge through the production of data as might be assumed through rationalist humanist notions of learning. Rather, we might examine the specific pedagogical modes of address of these apps, and examine what different digital practices 'do' through the mediated process of human and non-human relationality. Following Barad (2007) both the user and device, rather than being seen as separate bounded entities are digitally entangled (see Lupton, 2018 and Chapter 7 in this collection). Furthermore, this approach might tune our conceptual lenses towards the potential inequalities and exclusions of these co-implications.

Work with colleagues elsewhere (Fullagar, Rich, Francombe-Webb and Maturo, 2017), although specifically focused on youth mental (ill)health, has attempted to offer a new conceptual approach to analysing the interrelations between formal and informal pedagogical sites for learning, with a specific focus on digital health technologies. Building on this work, specifically, we might ask how pedagogic modes of address are produced through the entanglement of subjectivities, affects and digital health technologies? How are body pedagogies enacted and how do they contribute to the circulation of ways of knowing and doing health? How do digital health practices (e.g. sharing, monitoring, responding to data, changing health behaviours) occur in relation to other bodies (digitised/avatars/fleshy bodies), materialities, practices and discourses—in the context of society conceptualised as a multiplicity of "assembled relations" (Fox et al., 2018, p. 115). These theoretical approaches provide a lens through which to ask what material forces are contributing to the entanglement of individuals with what are otherwise considered isolated/simple behaviours in relation to use of digital health technologies (e.g. conceptualising online/offline in a dualistic way). How are these pedagogies produced, materially, affectively and discursively and 'co-implicated in the political, economic, material and discursive relations' of digital health technologies as "an 'affective arrangement' of learning-knowing" (Slaby et al., forthcoming; Fullagar, Rich and Francombe-Webb, 2017, p. 11).

## A material-discursive analysis of public pedagogies of digital health

In this next section, we demonstrate the application of ideas through a discussion of research material from the Wellcome Trust project co-produced via an in depth focus group and interviews with young people aged 13–18. Both the focus group and interviews explored the young people’s experiences of digital health technologies focused on ‘healthy lifestyles’. The analysis of the interviews pointed to how the young people talked at length about the socio-material conditions of their different entanglements with digital health technologies as significant features of body pedagogy.

We could approach analysis of this data in various ways. For example, we might analyse the interpretation of meanings as produced by these young people as ‘learners’. Alternatively, we might focus on particular apps or devices and examine their design, elements, features and contents. Instead, the analysis below focuses on how digital and human are *co-implicated* in affective processes of learning about the body and health. We draw on a couple of examples to illustrate the use of these concepts in an analysis of the research material.

### Beyond informal and formal learning

Young people are being actively positioned as producers of health knowledge through the growth of material they produce related to health within social media environments. Testimonials, training videos, blogs and vlogs on Tumblr and YouTube and ‘fitspiration’ pics on Instagram and other social media are now commonplace. The young people in the study reported that learning about health was not confined to ‘official pedagogies’ but involved a range of activities including engaging with recommended health apps, creating their own digital content, reading sharing or creating social media, searching for health information via ‘official’ and ‘unofficial’ websites, tracking and monitoring health through wearable devices. In navigating these digital health ecologies, one of the central concerns reported was ensuring they were finding ‘safe’ spaces and ‘trusted experts’ through which to learn about health.

RESPONDENT 6: I’d consider, like, maybe a personal trainer or a health food expert to be an expert; someone who has studied, in depth, all of these things, and has the qualifications; but at the same time, out there, there’s like a million different books on personal training and health food specialism, and they all say completely different things—some of which do have results, some of which don’t. I feel like, perhaps, Mark might be a bit of a guinea pig for those tests, and maybe that’s what the apps are really doing. I don’t know.

RESPONDENT 1: I think one of the nice things, the positives about YouTube, is that it’s not just made of people who are there because they’re there to just post videos or whatever; there are some professionals on YouTube. So, I think you have to take everything you see with a pinch of salt, and one of the nice things is that they often explain things in a way that people of our generation can understand. I think that’s the main benefit of it.

Rather than analysing how young people ‘acquire’ knowledge about ‘healthy lifestyles’ through an engagement with digital technologies, we can consider the way in which social media, pedagogue and ‘expertise’ are co-implicated. For example, Respondent 1 above describes YouTube as a digital site of learning where both informal pedagogies (typically associated with social media) and more formal (‘professional’) modes of learning interrelate (see also Fullagar et al., 2017). Rather than separating formal and informal pedagogies the analysis can focus on how these interrelate. As learners who also ‘produce’ knowledge, the young people describe how they are not simply passive learners of biomedical knowledge transmitted by ‘experts’ and thus actively search for knowledge in informal spaces such as social media. For example, the boys discussed the importance of learning from other young men/boys about weight training through YouTube videos. However, the production of this more ‘authentic’ and ‘relatable’ knowledge is not free of medicalised mediation. The idea that young people ‘take everything you see with a pinch of salt’ reveals how the opportunities for learning require work on behalf of young people to understand what is knowable and intelligible in terms of formal ‘expertise’ within informal social media platforms. On the one hand social media platforms might make the pedagogic mode more accessible for young people, but this also requires work in looking for signs of expertise as made knowable by neoliberal models of health (e.g. qualified health expert, fitness trainer, etc.).

In this example, even the young people’s learning about healthy lifestyles in informal spaces is also bound up with well recognised expert pedagogies that circulate truths about bodies and un/healthy behaviours. As such ‘expertise’ becomes recognised through certain material practices often those which they recognise as also circulating through institutionalised health spaces and organisations such as health promotion campaigns, schools, health clinics and policy discourses.

As these accounts suggest, the boundaries between formal and informal sites are blurred across a range of digital practices such as social media, apps and self-assessment/diagnostic tools, such that the ‘expert’ or pedagogue is no longer easily identifiable. These pedagogical forces might appear to “link people together as a *public*” (Savage, 2013, p. 80 emphasis in original) but involve often competing and contradictory ways of knowing health in which expert/non-expert becomes difficult to distinguish. Thus, rather than analysing separately the attributes of YouTube or the capacities of health professionals to influence learning, we can analyse how these are brought together in ways which produce particular capacities for learning. Whilst the mode is recognised as more engaging, young people were also discerning about the ‘pedagogue’ in ways which conformed with traditional models of expertise.

### **Digital pedagogies, affect and the knowable body**

Many health apps now have the capacity for monitoring and self-tracking aspects of the body and health such as weight, diet and physical activity. Wearable and mobile tracking technologies were used by many of the participants in the research;

such technologies provide a popular means through which health and the body are rendered knowable. In this regard, young people as ‘learners’ are encouraged to undertake particular practices of health encouraged through humanist notions of learning, progression and self-empowerment. The young people made frequent reference to the pedagogic address of technologies such as these, which draw on biomedical expertise to legitimise the promise to provide patient empowerment and the tools through which to reshape their bodies and lives.

RESPONDENT 5: But also, if you say you have these apps or fitness bands or whatever, and you get data—so, per month, you see, “Oh, what is my progress for that?” and then you see, say, my previous month, how well I did, or how much exercise, how much sleep, whatever, I got; and then you see, “Oh, I want to beat this milestone next month,” and that sort of gives you that burst of energy, and if that carries on, it will just get better.

INTERVIEWER: It sounds like you like having some targets along the way, or milestones to beat.

RESPONDENT 8: I find that loads of people take progress pictures, and they see that as a way of... “Oh, that’s what I was like three months ago. Now I can see my progress and everything,” so that’s a good burst of it. You know you’re doing it for yourself then.

RESPONDENT 2: I think, in society, one of our main values is how we appear physically, and people go so far just to maintain their physical appearance; and of course, being healthy on the inside is something that I think is really important—there’s a limit, there’s a fine line between going too far and developing an obsession with fitness, and then just being healthy; and I think, a lot of these fitness apps, if you’re not seeing the results you want to see instantly... If ever I do a workout, I’ll look in the mirror and be like, “Why am I not ripped yet?”

The comments above describe health apps which invite young people to engage as dutiful biocitizens (Halse, 2009); the expectation, indeed promise, is that through this learning they will develop the digital knowledge or literacy to make sense of their data, their activities and make any necessary changes to their health practices. These body pedagogies are therefore enacted through forms of pedagogic address which focus on ‘instructional’ and ‘regulative’ practices underpinned by ‘expert’ knowledge. Young people recognise the practices of value through which to learn health, but also through which to perform ‘healthy citizenship’. As Fullagar, Rich and Francombe-Webb (2017) argue in this context of ubiquitous lifestyle advice (apps, webforums, blogs, promotional campaigns) it is very difficult for young people to untangle themselves from the intent of expert pedagogies.

Public pedagogies of digital health work through particular logics and affects to reinscribe normalised views of health. Rather than simply focusing on the way in which bodies are being governed by these technologies, we can focus on how pedagogies circulating through these technologies work to mediate how bodies are

rendered knowable as material phenomena. These pedagogies do not simply impart or transfer knowledge as more humanist rational perspectives might suggest. Our analysis points to how they contribute to a social-material way of learning.

Similar to the approach adopted by Fullagar et al. (2017), we draw on the concept of ‘affective arrangement’ to analyse the learning-knowing (Slaby et al., forthcoming) taking place in these digital interactions. Slaby et al. (2017, p. 1) “propose “affective arrangement” as a working concept for the philosophical and interdisciplinary study of affect and emotion” which “provides an angle to focus on the ways in which putatively “transpersonal” affect unfolds in the sites and settings of social life”. Many of these tracking devices use expert classification systems (e.g. Body Mass Index, or step counters against established norms of 10,000 steps) which come to frame how young people, as learners, collect information about themselves and then receive advice on their basis of quantification of the data collected on and through their bodies. In this regard, such apps are designed to intentionally promoted pedagogic modes that ensure users develop health literacy through which to monitor and enact healthy lifestyles. In this regard, such pedagogic modes of address, through self-management, are complicated in shaping how young people judge themselves against these body pedagogies. The mobilisation of these classification systems, along with expert ‘advice’ (e.g. increase your training/goals) form part of an ‘affective arrangement’ through which young people come to know who they are and come to judge themselves. Many of the young people in our study revealed how they worried about failing to meet targets, or of failing to achieve the desired bodies, as the participant above suggests ‘am I ripped enough yet’. Conversely, others described the ‘pleasure’ experience when meeting daily goals and targets (such as walking 10,000 steps) or where they could see some form of progression through visualisations of their data. These pedagogies therefore involved forms of learning which generated powerful intensities such as shame and pleasure.

For example, the pedagogic address in the apps such as those described above, typically invites the user to firstly visualise and understand themselves as in some way ‘lacking’ through comparison with material objects in the form of images online (‘why am I not ripped yet’); The respondents above describe being drawn into the ‘affective arrangement’, such that they invest the time energy and thoughts to acquire insight about their bodies and to adjust their lives in order to achieve particular goals (and achieve that which is deemed normal and healthy). In other words, there is a process of enacting particular forms of care of the self, to overcome signs of the abject or abnormal (overweight, underactive, embodied distress). Their comments indicate the complex negotiations that are undertaken as part of the process of becoming a ‘healthy’ fit citizen.

These discourses of certainty are entangled with relations of affect which suggest far more complex forms of self-knowledge. As indicated in the following quotes, digital data is read against the images of their own and other’s bodies, such that particular pedagogies are enacted through intensities and relationalities with data, materiality and embodied histories.

RESPONDENT 3: I think it's a lot about people seeing these summer bodies, or getting hate from other people; and it's just, like, little things that bug them can cause them...

RESPONDENT 5: Build up.

RESPONDENT 3: Yeah, build up, and then they start thinking, "Oh, three people have called me fat now. Am I actually fat?"

In talking about the discursive-material learning through these apps, the participants above refer to the broader discourses and desires, or what Ringrose (2011, p. 602) describes as the 'affective assemblages' which intensify the way in which learning materialises. The desire to achieve the normative 'summer body' is entangled with the shame of 'being called fat' in ways which limit bodily capacity.

### Self-knowledge, resistance and alternative affective arrangements

Focusing on this discursive-material approach also provides a means for examining how young people's own agency in their learning and knowing about healthy lifestyles can disrupt normalised articulations of the neoliberal empowered. In another example, a young male participant talks about how he resists the pedagogies of certain health promoting health apps—describing his resistance to using official public health apps, making reference to the change4life<sup>1</sup> campaign in the UK, a national anti-obesity health programme.

Umm, I don't think I'd be too keen on having it because I don't think I'd use it. It would just clutter up my phone really. And also, I find the Change4Life adverts incredibly irritating, so that's already prejudiced me against it...um...ugh, the theme tune, the plasticine people, literally everything about it...yeah, when I was a lot younger I used to be a lot fatter than I am now, and so I had a lot of, a lot of, that kind of stuff put towards me, and that just angers me...I found it patronising and quite invasive in a lot of ways.

*(Male, 17, White British)*

Viewed this way, the 'anger' expressed by this young man can be conceptualised here not as an emotion that is fixed within the human subject, but instead as an affect, or "the effectuation of power" (Deleuze and Guattari, 1987, p. 284). Rather than an individual emotion, his response speaks to the way in which broader discourses of public health promotion associated with change4life, his embodied history of being 'fatter' when younger and the affects which materialise are co-implicated in the learning-knowing taking place.

However, turning attention to the relations of affect that are constituted through the entanglement of private lives and public/expert knowledge, the dialogue below between two young people in a focus group reveals how young people work against discourses of illness as 'abnormality' (see Fullagar et al., 2017) in ways which produce new capacities:

RESPONDENT 7: I think self-diagnosis is one of the worst things, and I count doing a test online, “Do I have psychosis? I’m going to do a little test,” and it’s like, “Yes, you have schizophrenia,” or whatever. People really get into that, and I think, personally, that’s why—and I don’t mean to offend anyone—but I haven’t met a girl my age who doesn’t claim to have depression or anxiety; and I’m sure it wasn’t that way, perhaps, when you were my age. I think, because of the internet, so many people can just go on, do a little test on the internet and see, “Oh, yeah, wow, I’ve got depression”.

RESPONDENT 2: One thing I think I should have mentioned a bit earlier is...I don’t know if you guys are aware of it, but in the subculture that I’m into, like the musicians and all of the fashion and stuff...It’s quite odd, but mental illness is, like, a cool thing to have. There’s this whole ‘sad boy’ subculture, and like, all these rappers who market their depression and stuff like Lil Tracy, and Lil Peep, who recently died. Yeah, people really make money off it. A lot of people want to be able to be, like, “Yeah, I’m in the sad boys club. Yeah, I’ve got depression”, so when they take these tests, they put these things in, because they want to get a result saying that they’re depressed so that they can kind of flaunt it—which is really weird, but...

An analysis of this exchange reveals how digital technologies can be simultaneously disciplining and liberating for users (Hardon and Moyer, 2014). Respondent 2 comments on the creation of new affective arrangements which generate intensities such as pleasure and empowerment, experienced through the performance of emotional distress in certain spaces. Although diagnostic tools for mental health are constructed through biomedical and neuropedagogies, the material-discursive practices described above reveal how the young people connected these technologies with resistant practices which were shaped by the performativity of personal accounts of mental health within popular culture.

### **The affordances of public pedagogies of digital health: a cautionary note**

Public pedagogy provides a conceptual lens through which to make sense of how non-institutional sites and spaces, such as digital technologies, can operate as pedagogy. However, as suggested above, there is a “looming indistinction that threatens to foreclose on those opportunities via a lack of sustained attention on precisely how pedagogies are conceptualized and how these pedagogies are enacted” (Burdick and Sandlin, 2013, p. 143). As Burdick and Sandlin (2013, p. 162) observe, even articulations of public pedagogy which draw on more relational understandings of pedagogy are often “still rooted in the humanist tradition”.

In this chapter we have briefly discussed how posthumanist theories can inform and develop understandings of body pedagogies and public pedagogies. Through a material-discursive approach, analysis of learning through digital health technologies can be undertaken in ways which move beyond traditional humanist binaries

such as body/mind, human/non-human, pedagogue/learner. Whilst there has not been the space to undertake a detailed socio-materialist analysis of learning through digital health practices, the above speaks to the value of an approach to public pedagogy which moves beyond the idea of ‘transfer of knowledge’ and instead explores how health knowledge materialises more complex entanglements of affect, discourse, humans and digital technologies.

## Note

- 1 Change4life is an anti-obesity public health programme in England which began in January 2009, run by the department for health. Evans et al. (2011) examine how the campaign attempts to produce healthy bodies through a form of pedagogy which is centred upon notions of embodied connectivities and collectives.

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# 18

## PUTTING FOUCAULDIAN ETHICS TO WORK IN CRITICAL HEALTH EDUCATION

*Karen Shelley and Louise McCuaig*

### **Putting Foucauldian ethics to work**

As Foucault (1990) demonstrates, taming bodily pleasures associated with food, drink and sex has been a persistent objective of a diversity of institutions, which all undertake this work according to sanctioned approaches to the art of good living (O’Leary, 2002). Foucault’s interrogations of these diverse approaches to the art of living resulted in his unique approach to ethics and the development of an analytic framework that, in this chapter we argue, is particularly useful for critical scholars within the field of health and education. In this chapter, we first review the theoretical and methodological approaches that Foucault (1990) uses in his ethical interrogations of sexuality and the subsequent elaborations devised by Rose (1996) in his own Regimes of the Person (RoP) analytic framework. We then draw on a doctoral study of health education teacher education to demonstrate the methodological and analytical usefulness of these ethical analytic frameworks in studies that seek to appraise strategies and practices of healthy living and health education.

### **Introduction to Foucauldian ethics and Rose’s Regimes of the Person**

In his introductory comments to *The Use of Pleasure*, Foucault (1990, p. 10) justifies the modification of his history of sexuality from one that analysed rules or moral codes to a quest that asked more simply, “Why this ethical concern?” Foucault’s subsequent and unique model of morality comprised three components: the moral code; the actual behaviour of those subject to the code; and finally, the techniques by which individuals constitute themselves as moral subjects of the code (O’Leary, 2002). For Foucault, ethics comprises this model’s final dimension which, Rose

(1996) explains, refers to those forms of practical guidance as to how one should be concerned with oneself and conduct oneself in everyday life. Ethical work, according to Foucault (1990), requires individuals to act upon themselves: to monitor, test, improve and transform their conduct and, in so doing, engage in constituting a particular self. Importantly, O’Leary (2002, p. 7) asserts that, for Foucault, “one of the most significant limits to individual freedom in this work of self-transformation...is the array of practices that one’s culture makes available for appropriation.”

Foucauldian ethics as a field of self-constitution by subjects, is further divided into four major aspects, characterised by four key analytic questions:

- ← Ethical substance—what part of the self should be addressed?
- ← Mode of subjection—why should selves engage in this work?
- ← Forms of elaboration—what tools are available for this ethical work?
- ← Telos—what is the aim of this ethical work?

As an analytic tool, this ethical fourfold (O’Leary, 2002) has been used by Foucault and others to interrogate the self-governing practices of individuals that give rise to particular subjects within specific sociohistorical contexts (Dean, 1995; McCuaig & Tinning, 2010; Niesche & Haase, 2012; Tait, 2000).

In his elaborations on Foucault’s analytic approach, Rose (2000, p. 311) outlines the theoretical and practical dimensions of, what he terms, a genealogy of subjectification and offers a useful RoP analytic framework to investigate “the history of the relations which human beings have established with themselves. In distinguishing his investigation into the formation of the subject, Rose (2000, p. 312) argues that transformation of humans is not the sole result of an experience because humans give meaning to experience to formulate their own histories”. Devices of meaning production produce experience; they are not produced by experience. According to Rose (2000, p. 312), these techniques need to be

created, refined, disseminated and implanted in different ways and in different places e.g. schools, families, workplaces, courtrooms. Therefore, the term subjectification includes all of those processes and practices and means by which human beings come to relate to themselves and others as subjects of a certain type, then subjectification has its own history.

This view of subjectification, Rose (2000, p. 312) claims, is “more practical and less unified” than traditional sociological views of subject formation and includes all “the norms, techniques and relations of authority that have acted to shape the ‘conduct of persons’” (p. 313). As an analytic, Rose’s (2000, p. 322) RoP framework sheds light on the diversity of places where “repertoires of conduct are activated” and form “webs of tension across a space that accord human beings capacities and powers to the extent that they catch them up in a hybrid assemblage of knowledges, instruments, vocabularies, systems of judgement and technical artefacts” (p. 322).

In the RoP framework that Rose (2000) subsequently devised for scholarly work, Foucault's ethical fourfold is augmented to include a focus on authorities (see Table 18.1). Rose (2000) believes that this focus on authorities rather than power is a distinctive feature of genealogy of subjectification investigations as they focus on people, things, devices, modes of thought and the types of judgement that are afforded authority. In further explanation, he articulates a concept that provides a useful mental which he refers to as "folds in the soul" (p. 321). As such, the things that are infolded into oneself are ones that have acquired authority and consist of "injunctions, advice, techniques, little habits of thought and emotion, an array of routines and norms of being human" (p. 321). These infoldings become quite stable, as individuals come to understand themselves as subjects of a certain biography, a biography that is not only psychological, but is "organised through rituals of storytelling, supported by artefacts such as photograph albums and so forth" (p. 321). In the remaining sections we draw on a doctoral study (Shelley, 2018) to demonstrate how scholars can use the ethical fourfold and RoP framework to devise methodological tools and data analysis themes to "unfold" the ethical formation of pre-service health education teachers.

### Translating Foucauldian ethics into research questions

As an experienced, and at times frustrated, health education teacher, the first author of this chapter wanted to understand how a critically oriented health education teacher education (HETE) programme might be more effective in creating socio-

**TABLE 18.1** Regimes of personhood framework

<i>Regimes of Personhood framework component</i>	<i>Key analytic question</i>
Problematisations	Where, how and by whom are aspects of the human being rendered problematic, according to what systems of judgment and in relation to what concerns?
Technologies	What means have been invented to govern the human being, to shape or fashion conduct in desired directions and how have programmes sought to embody these in certain technical forms?
Authorities	Who is accorded or claims the capacity to speak truthfully about humans, their nature and their problems, and what characterises the truths about persons that are accorded such authority?
Teleologies	What kind of person do I want to be or what kind of life do I want to lead? What forms of life are the aims, ideals or exemplars for these different practices for working upon person?
Strategies	How are these procedures for regulating the capacities of person linked into wider moral, social or political objectives concerning the undesirable and desirable features of populations, workforce, family and society?

Source: (Rose, 2000).

critical teachers of health education? Her subsequent study explored the case of one tertiary educator's attempts to shape and direct the conduct of pre-service teachers of health education using the strategies and techniques of critical pedagogy. Drawing on the theoretical perspectives of Foucault and Rose outlined above, the researcher recognised that strategies, such as critical pedagogy, techniques have been mobilised in response to a perceived "problem" in practising teachers' implementation of contemporary sociocultural HPE curriculum. Pedagogical strategies used in HETE also represent a response to the ways in which broader public health agendas have been translated into school-based health education curriculum. This is consistent with Miller and Rose's (2008, p. 14) observation that "if the conduct of individuals or collectives appeared to require conducting, this was because something in it appeared to be problematic to someone".

Translating these perspectives inspired a number of sub-questions:

- ← What does critical pedagogy look like in HETE in this case study?
- ← How are critical pedagogies harnessed to shape the good teacher of health education?
- ← How do students engage with these pedagogical endeavours?
- ← What are the implications of their engagement, or otherwise, on students' personally and professionally?
- ← What are the implications of this for HETE?

In response to these questions, a research design and methodological approaches were devised to generate data that could reveal the authoritative voices, rationales, technologies and strategies used by a teacher educator (Sally) and her tutorial team, in their efforts to achieve a particular vision of the good teacher of health education. This vision was enacted at a large metropolitan university in Queensland, Australia through two identical HETE courses that consisted of an introductory two-hour lecture and a subsequent 11 weeks of interactive three-hour workshops. In Australia, health education is combined with physical education into one subject area entitled Health and Physical Education (HPE) and so one course was delivered to primary classroom generalist teachers with secondary specialist re-service teachers of HPE undertaking the second course. Pre-service teachers' engagement with and response to the teacher educators' health education teacher regime and the pedagogical approaches employed were documented. Students participating in this research included 124 primary and middle school generalist teachers commencing the second year of their teacher education course, and 44 third year secondary HPE specialist students. Students were recruited to interview after they had completed the course, and six primary generalists and six HPE pre-service teachers agreed to participate in the research.

As outlined below, the ethical fourfold and RoP framework were used to formulate semi-structured interview questions, inform data analysis and as a structural organiser for the presentation of findings. Data generated within the study included: transcripts from semi-structured interview with teacher educators and

participating students; course materials and powerpoints; field notes and written reflections collected by the researcher while observing course implementation; and, participating students' reflective essay assignments. Generated data were categorised according to Rose's (2000) RoP framework, with subsequent thematic coding following the process recommended by Braun and Clarke (2006). This process included data familiarisation, generating initial codes, searching, reviewing, defining and naming themes, and finally, producing a report.

### **Applying ethical analytic frameworks to data analysis, interpretation and discussion**

In the first domain of problematisations, data were generated in response to the question of "Where, how and by whom are aspects of the teacher of HPE rendered problematic, according to what systems of judgment and in relation to what concerns?" Within the context of this study, interview questions, ethnographic observations and analysis of course artefacts focused on the problematic knowledges, attitudes, values and beliefs of pre-service teachers that impinge on their ability to successfully implement a socio-critically oriented HPE syllabus. As such, the researcher sought to establish the expression and nature of the problematics that surround curriculum implementation, policy and practices in school-based health education.

Three dominant problematisations were subsequently identified. In the first theme of curriculum and policy imperatives, Sally emphasised the need for student-centred approaches, evidence-based practice and the "dangers" of becoming too close to students. Broader health agendas and the role of other "players in the field" were highlighted in the second problematisation theme. Within this context, teachers' recognition of their responsibility for educative as opposed to health behaviour outcomes, influence of health promotion and public health agendas, danger of external providers, scare tactics and sensationalism were recurring themes and routinely emphasised. Finally, the impact of students' privileged positions on their enactment of pedagogical approaches and the lives of their future students were established as a third dominant theme in the problematisations of the good health education teacher.

Seeking to illuminate the authorities that informed this ethical work involved data generation according to the question of "Who has the capacity to speak truthfully about teachers of HPE, their nature and their problems, and what characterizes the truths about persons that are accorded such authority?" Sanctioned authorities identified within the HETE study data set included the teacher educators, national and state curriculum organisations, tertiary institutions and the agencies that accredit programs of teacher education. The personal authority of Sally formed a primary site of interrogation and data analysis revealed Sally's investment in pedagogical practices and narratives from the field that positioned her as a credible health educator with extensive experience. Curriculum authorities responsible for the production of syllabus documents that outline the rationale and privileged content, assessment and

pedagogical practices of school health education were also harnessed as truthful sources of knowledge and practice. Agencies who establish professional standards that underpin teacher education accreditation, such as the Australian Institution for Teaching and School Leadership, were also identified as playing a dominant role in shaping the objectives, possibilities and limitations of the learning experiences and assessment in the HETE course. One of the key themes evident in the data was the competing demands of these authorities and the resulting tensions in the structure and cohesion of knowledge and pedagogical practices as the teacher educators attempted to align what needed to be taught with what they believed should be covered and experienced in the HETE courses.

These tensions further compromised the realisation of the desired telos of the HETE teachers' pedagogical work. An interrogation of teleologies encourages researchers to identify the forms of life that are the aims of ethical regimes and the codes of knowledge that support these ideals (Rose, 2000). In this project, participating teacher educators were explicitly asked to outline their aim, ideals and exemplars of an effective teacher of health education. Drawing primarily on critical health scholarship and the socio-critical HPE curriculum that their students would be required to teach, for the teacher educators in this case study a quality health education teacher would demonstrate the attributes of:

- ← Critical and reflective practice
- ← Knowledge and use of student-centred pedagogical approaches
- ← Knowledge to be critical consumers of health information
- ← Knowledge of health related school curriculum and policy
- ← Sensitivity to the needs of students
- ← Advocacy for health education and young people

With respect to the domain of technologies, the researcher sought insight into the question of "What means have been invented to govern, shape or fashion the conduct of teachers of HPE in desired directions?" As Rose (2000, p. 313) explains, human technologies are "hybrid assemblages of knowledges, instruments, persons, systems of judgement, buildings and spaces, underpinned at the programmatic level by certain presuppositions about, and objectives for, human beings". The pedagogical devices described in interviews and enacted in the name of shaping good teachers of health education included approaches advocated by Queensland HPE syllabus documents at the time of the study. Learner-centred approaches reflecting inquiry based approaches to learning (Macdonald, 2004) were the dominant pedagogical practices delivered within the courses.

In addition to this, the HETE teachers employed a combination of pedagogical strategies in pursuit of their vision of a good health education teacher. Arts-based approaches were enacted through contemporary dance learning experiences inspired by Gard (2004) and Hooke (2009), while a major assessment task included the construction of a Shoe Box Collage as a visual expression of the life history students described in the written reflective assessment piece (McDermott, 2002).

Sally included these approaches in order to challenge her students' exploration of mediums other than sport or written text, to trouble dominant and familiar modes of expression. Personal reflection was designed to stimulate critical thinking and to incite students' analysis of the forces and discourses that shaped their lives and to consider the alignments and tensions with the values and needs of their future students. As an adjunct to these technologies, the course was littered with personal narratives from the lecturer, tutors and guest speakers who were practising teachers from a range of schools and a representative from a leading provider of reproductive and sexual health services. Finally, a pedagogy of discomfort (Zembylas & McGlynn, 2012) involved deliberate pedagogical strategies that endeavoured to simulate the sense of ill-ease, exposure and self-consciousness and marginalisation of children and young peoples' experience in HPE classes.

Overall data from teaching observations and student interviews demonstrated students' mixed receptivity towards these pedagogical techniques, with the exception of the personal narratives, which interviewees universally enjoyed and viewed as relevant to their teaching futures. With the remaining strategies, a few students valued and understood what Sally was trying to achieve, while many more misunderstood the intent, and at times resented and sabotaged Sally's attempts to manipulate their fledgling teacher selves. It is within this context of contested engagement that critical articulations between the technologies employed by the teacher educators and the RoP domain of strategies were revealed.

Strategies, according to Rose (2000), invite researchers to consider how procedures that regulate the capacities of persons are linked to wider moral, social or political objectives concerning the undesirable and desirable features of populations, the workforce, family and society? In the HETE project, this domain of inquiry informed an analysis of the broader societal factors and agendas that influenced the design, engagement and enactment of the health education teacher regime of personhood. Here the researcher sought to understand how these procedures for shaping HPE teachers linked into wider moral, social or political objectives concerning the undesirable and desirable features of teachers, schooling and young people? Data generated through semi-structured interviews with participating students proved invaluable in this domain, as student responses could be compared with the vision of good health education teacher to which the HETE team aspired. As discussed in depth elsewhere (Shelley & McCuaig, 2018), the privileged worlds of the courses' pre-service teachers emerged as a dominant theme.

For example, there was little doubting the privileged backgrounds of the majority of participating HPE students who comfortably reported on their elite schooling and social, economic and academic privilege. As demonstrated above, the overarching telos of the suite of pedagogical technologies was to incite students' awareness of their own privileged positions. Nonetheless, while students generally understood and retained curriculum knowledge, they often struggled to accurately articulate the characteristic features and practices of a socio-critical health education. A resulting issue, following Howard (2010, p. 1973), was the lack of a "comprehensive framework for understanding the pervasive nature of privileges as

it is woven into the fabric of lived experience.” Indeed, a major shortcoming of Sally’s course was the limited attention allocated to the situating of students’ individual experience within the systemic dimensions of social inequity and inequality (Sleeter, 2013). Evidence of this absence was clearly obvious in the students’ reflection essays. Simply put, students did not have anything on which to “hang” their analysis. While this task was successful in prompting students to disclose and even affirm their privileged identities, they tended to view this as a positive potential for their future teaching, as opposed to a contributing factor within a wider system of inequity.

### **Possibilities and limitations of Foucauldian ethics**

Harnessing the theoretical and analytic potential of Foucauldian ethics and Rose’s RoP framework offers a robust approach to explorations of the lived experiences and practices of individuals as they engage with a diversity of ethical regimes within specific social and cultural contexts. Such work can explore individuals’ uptake of intended healthy living knowledge and practices and the manner in which these may intersect and compete with other regimes of the person, forming tensions and alliances. This research can also reveal slippages between the lived experiences of individuals and the sanctioned ethical practices of healthy living advocated within school and community health education programmes.

Notwithstanding these opportunities, a primary limitation to the potential posed by these ethical analytic frameworks can be found in the spirit of Scheurich and McKenzie’s (2008) critique that education researchers have tended to “cherry pick” from the Foucauldian toolbox. While Foucault himself encouraged scholars to use his concepts as tools, it is important to recognise that each analytic tool relates to others in the Foucauldian toolbox and to Foucault’s general epistemological position. A wide and deep understanding and engagement with the diversity of these conceptual tools is recommended. As Rose’s use of governmentality demonstrates, an analysis of ethical regimes can be rich and robust when a number of Foucault’s conceptual tools are harnessed to the task of conducting a genealogy of subjectification.

To summarise, conducting interrogations of healthy living according to the ethical analytic frameworks reviewed in this chapter can offer new insights into claims concerning the ethical work conducted in health education contexts. Putting Foucauldian ethics to work within the context of a genealogy of subjectification can reveal perspectives that inspire others to think differently and to ask new questions. As Foucault (1990, p. 8) contends, what is the value of “knowledge if it resulted only in a certain amount of knowledgeableness and not, in one way or another and to the extent possible, in the knower’s straying afield of himself?” With this in mind, we encourage others to adopt the genealogical approach as a navigational tool that can guide a Foucauldian “straying” into the ethical domains of our health education field.

## Further reading suggestions

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# 19

## ENGAGING WITH NORMATIVITY IN HEALTH EDUCATION RESEARCH

### Inspiration from Continental Critical Theory

*Venka Simovska, Nis Langer Primdahl and Anders Skriver Jensen*

#### Introduction

Education is the point at which we decide whether we love the world enough to assume responsibility for it and by the same token save it from that ruin which, except for renewal, except for the coming of the new and young, would be inevitable.

*(Hannah Arendt)*

The notion of ‘critical’ and the discourse that continues to shape the field of social research, including research in health education, was forged by critical Marxist thought in the early 1920s. One of the key scholars in this tradition, Max Horkheimer, coined the term Critical Theory in 1937. Between the 1960s and 1980s, critical education scholarship developed beyond the Marxist tradition and engaged with issues such as social transformation, justice, equity, gender, sexuality, race and ethnicity. In these diverse theoretical developments that occurred in a broad range of geographical, socio-political, ideological and conceptual spheres, the word ‘critical’ became a buzzword and was often used lightly, thereby diminishing the currency of its academic meaning (Ladson-Billings, 2014, as cited in Gottesman, 2016, p. 2). At present, in the era of the proliferation of different intellectual ‘turns’, and ‘post’ domains in research, Critical Theory is frequently oversimplified and its value in terms of shaping the ‘post’ domains, as well as a worthwhile analytical perspective in its own right, is largely overlooked. In this chapter, we discuss some of the ways in which health education research can engage with criticality and normativity by bringing a close reading of selected key concepts by the educational theorist Wolfgang Klafki (1927–2016) into dialogue with the sociologist and philosopher Jürgen Habermas (1929–).

Arguably, Marx’s key legacy in the Critical Theory tradition is not philosophy but ‘critique’, or what Marx described back in 1844 as “the ruthless criticism of the

existing order, ruthless in that it will shrink neither from its own discoveries, nor from conflict with the powers that be” (1992, p. 207). This emphasis points to normativity as a key concept and the common denominator of the diverse landscape of cross-disciplinary theoretical and epistemological perspectives that constitute Critical Theory today. To be a critical theorist implies adhering to the explicit norm that in addition to understanding and interpreting the world, research and scholarship needs to engage with transforming the world (Denzin, 2010; Marx, 1992). This theoretical universe aligns with our key assumption that health education (as well as education in general) is a highly embodied and enacted practice that cannot be reduced to the development of knowledge, skills and attitudes, or to the shaping of health-related behaviours. Rather, we understand health education as social practice involved in the formation of multidirectional response-ability related to oneself, to others, and the world, whereby questions of how health education relates to norms and how normativity is always at play, are inevitable.

Our point of departure is that in addition to the classical educational aims of qualification and socialisation (Biesta, 2014) related to health and wellbeing, the deliberations concerning purposes, expected outcomes, content and pedagogical strategies of health education need to consider the broad horizon of contradictions and tensions related to the conditions education provides for pupils’ subjectification. Subjectification is conceptualised as ‘coming into the world’, or ‘becoming’ in the socio-discursive-material world of plurality and difference (Biesta, 2014). This implies that there is no definite rational system that determines what good health education is and assists in rationally justifying pedagogical choices and actions. Health education as practice is always normative (Van Manen, 1991); it involves value-based, ethical and moral deliberations, even if these are always in motion, (re)negotiated, configured and enacted on the trajectories between global, national and local actors (Nordin, Jourdan & Simovska, 2018). Consequently, research in health education needs to engage with normativity; that is, to consider the dynamic interactions between normative and other educational questions.

Against this backdrop, in what follows, we aim to elucidate some aspects of this engagement. We begin by tracing and outlining selected concepts from the universe of continental Critical Theory, as used by Klafki (1998, 2000, 2005), read in dialogue with Habermas (1971 [1968], 1984 [1981], 1996 [1992]). Then we deploy these concepts as ‘tools to think with’ when working analytically with the empirical material. We close the chapter by discussing the challenges of this theoretical/analytical strategy and point to some possible avenues forward, towards updating critical theory with some of the ‘post’ domains of criticality (Biesta & Stams, 2001; Gottesman, 2016; Primdahl, Reid, & Simovska, 2018).

### **Normativity: dialogue between Klafki and Habermas**

One of the central points where normativity intersects with health education includes the convergence of *purpose*, *desired outcomes* and *content* of health education. The concept of *Bildung* can be used to highlight some of the issues in this respect

while keeping in mind that there is no such ‘thing’ as *Bildung* in itself, but a number of situated historical perspectives related to it (Biesta, 2002). *Bildung* is a German word denoting an educational ideal that can be traced back to Antiquity. Through the developments in Roman culture, humanism, neo-humanism and the Enlightenment it became vital in the continental educational tradition, especially in Germany (Klafki, 2000, 2005) but also in Scandinavia and elsewhere (Jensen, 2013; Schnack, 2000; Willbergh, 2015). It relates to the question of what it means to be a cultivated human being and how education can respond to this question, in the midst of the Kantian paradox related to *cultivating* freedom by restricting it (Kant, 2007 [1803]).

Klafki (1998, 2000, 2005) defines *Bildung* through three main, mutually constitutive dimensions of subjectivity: self-determination, co-determination and solidarity. *Self-determination* refers to the ability and responsibility of the individual to make independent choices; *co-determination* relates to the obligation of the individual to contribute to a given community or to society in general; *solidarity* secures the rights and potentials of both self- and co-determination by the normative assumption that the individual members of society are able and willing to act with consideration for others, particularly for the underprivileged members. The entanglements of these three dimensions shape the ways in which individuals are able to determine their own responsibility and independence, while also being responsible for the development of “corresponding conditions”, i.e. conditions for self-determination and independence of other individuals (Klafki, 1998, p. 310). This relates to Habermas’ emphasis on the relation between individualism and universalism. That is, where the autonomy of the individual is framed within and enabled through specific *communicative actions* in which historical-hermeneutical ways of knowing are infused with critical, self-reflective ways of knowing that defend the right of all legitimate lifeworlds to be accommodated within the human community (Habermas, 1984; Lovat, 2013). Habermas emphasises the democratic potential of deliberative processes, where participants engage in discussions and seek agreement on a given problem: “Each [participant] has an equal opportunity to be heard, to introduce topics, to make contributions, to suggest and criticise proposals. The taking of yes/no positions is motivated solely by the unforced force of the better argument” (Habermas, 1996, pp. 305–306).

Along these lines, Klafki (2000, 2005) argues that *Bildung* is about learning how to engage with conflicts of interests and to solve societal problems by means of rational argumentation (Klafki, 2005, pp. 79–80). *Bildung* enables individuals and communities to counter ideological perceptions of societal matters that sustain inequality (pp. 132–133). In this way, *Bildung* also entails an aspect of critical consciousness and an obligation to act on one’s insights, echoing Habermas’ construct of *knowing* and the series of cognitive or *epistemological interests* that shape the ways in which the mind works in constituting reality. Habermas views the knowledge interests as embedded in natural, human and social sciences: (a) *control*, implying an empirical analytic type of knowing; (b) *understanding*, which gives rise to a historical

hermeneutic or communicative way of knowledge shaped by mutual engagement, intersubjectivity and dialogue with others; and (c) *emancipation*, which implies a self-reflective, critical way of knowing aimed at practical action for change, that is, *praxis* (Habermas, 1971). Both Habermas and Klafki call upon public discourse to engage in reflection and action to guard institutions and educational norms through the interaction between individual and common interests and ultimately, solidarity and social justice.

The concept of *action for change* or *praxis* brings us to the question of *content* as the next point where health education intersects with normativity. *Bildung* as an educational ideal entails the necessity that the curriculum content is negotiated in the public space and is intertwined with different epistemological interests and ways of knowing, as discussed above. This calls for cross-curricular thematic work based on two types of educational content (Klafki, 2005, pp. 93–94): (a) *societal content*, which Klafki designates as “key problems of the epoch”, such as war/peace, the environment, inequality, information technology, and problems related to “I–You relationships”, concerned with love, sexuality, and the interpersonal (Klafki, 2005, pp. 79–80); (b) *individual content*, which targets the multidimensionality and socio-ecologic nature of the human existence through aesthetics, reflections, emotions, cognition, sociability, and practical (material) work, functioning as an antipode to tensions arising from working with global societal problems as educational examples. Although Klafki points to specific societal and individual issues, the designations ‘key problems of the epoch’ and ‘multidimensionality of the human existence’ indicate that the curriculum content is not to be thought of as definite norm to govern educational practice; rather it is a framework that invites continuous reflection and negotiation by different actors involved in the practice of education.

In the educational situation, content is always brought in interaction with the three main dimensions of *Bildung* described earlier: self-determination, co-determination, and solidarity. Following Habermas, normative deliberations concerning purpose, desired outcomes and content of (health) education can be linked to the concept of *public sphere*, a realm of social life in which the formation and reconfiguration of public opinion takes place. This formation presupposes a specific notion of normativity present in Habermas’ general theory of communicative action (1996 [1992], 1990 [1983]), which is important for Klafki’s (2000, 2005) integration of normative standards within education. Normativity infers dialectic between individual and collective interests. A particular moral or political action or curriculum decision demands what Habermas terms *normative legitimacy* (Habermas, 1996), which is established through discourse in the public domain.

The consequence of this line of thought for health education is that it becomes distinctly ethical and relational, characterised by a sense of critically reflected upon and dynamically (re)negotiated curriculum concerns related to social justice, equality and freedom rather than pre-determined knowledge transfer and individual behaviour regulation.

## The concepts put to (analytical) work

Addressing normativity through the concepts discussed above interacts not only with the way we work analytically with the empirical data in research, but also with the research questions we ask. Critical Theory inspired research questions frame research in ways that enlarge the spatial domains of ethics, ontology, epistemology and method by: involving considerations about educational processes and outcomes that layer rather than reduce complexity; engaging with plurality and difference within the tangles between rationality, normativity and ethics in relation to specific contextual features; exploring commonalities and idiosyncrasies between multiple health-education settings; and appraising their affordances in terms of promotion of health and wellbeing as individual, but also social/societal concern. Finally, yet importantly, such questions tend to be attentive to the *core tasks of education* and aim to critically examine relations of power and dominance in the discourse; for example, between the health sector and the education sector when it comes to shaping curriculum expectations. This entails asking questions concerning curriculum content, purposes, aims, desired outcomes and pedagogical strategies, and also unpacking the processes in which these are shaped, (re)interpreted and (re)presented, mapping and tracing the actors involved in the process and those excluded, the voices privileged as well as those silenced or disregarded. This engagement operates under the assumption derived from Critical Theory that particular knowledge interests always underlie scientific research. This assumption opens research towards different methodologies but rejects paradigms that claim to be 'objective' or 'value-neutral'. It also involves challenging the traditional knowledge interests (i.e. evidence-based practice) by bringing in plural epistemological concerns as suggested by Habermas. Such research problematises taken-for-granted assumptions about 'what works' in health education and endeavours to widen the question to, for example, what works, for whom and in which circumstances (Pawson & Tilley, 1997) or to why 'what works' still won't work (Biesta, 2010)?

For example, within the line of *curriculum research*, possible research questions inspired by this theoretical perspective include:

- ← How is health education curriculum negotiated, which dynamics between different actors are involved in the curriculum making, and which knowledge interests are embedded in the curriculum?
- ← How are pupils, or teachers, involved in processes of curriculum making and enactment, and what is the relevance of health education for their everyday lives and agency, considered in relation to the societal health issues of the epoch?

Similarly, in the line of *curriculum enactment*, *intervention research* or *research on implementation* of health education and health/wellbeing promotion programmes, the research and evaluation questions informed by this theoretical perspective shift the focus from, for example, fidelity of the implementation or changes in pupils' health-related knowledge, skills and behaviour, to questions like:

- ← How do interventions unfold in a specific school environment, what are the dynamics of translation and transformation of a given intervention into a particular context?
- ← How are the dynamics of the whole-school environment entangled with the promotion of health and wellbeing of pupils, teachers and school staff?
- ← What are the effects of a school-based health-promotion intervention in terms of equity and social justice, as well as individual pupils' ability to take action on social determinants of health and wellbeing?
- ← What dynamics of power and pedagogical normativity underlie pupils' involvement, participation and engagement in learning about health and wellbeing?

In the following, we contextualise and present an instance of analysis of convergences and divergences between (a selection of) the health, sexuality and family education curriculum in Denmark in 1991 and 2015, where we analytically engage with the concepts discussed above.

Public primary and lower secondary schools in Denmark are regulated by the national Folkeskole Act, which provides the overall legal framework for the schools' activities, regulating the common aims, requirements concerning the subjects, as well as regulations concerning the leadership and organisation of the school system. However, it is the responsibility of local government (municipal boards) to determine how the framework is enacted in the everyday practice. The municipal boards can set additional objectives for the schools, incorporating local priorities and systems of meaning. The framework for the latest school reform was negotiated and agreed between the Danish Government at that time (2013) (the Social Democrats, the Social-Liberal Party and the Socialist People's Party), the Liberal Party of Denmark and the Danish People's Party. The curriculum for health, sexuality and family education was subsequently revised in 2015. We compare this latest revision with the curriculum from 1991. In the initial level of analysis, we deploy the selected concepts to code, select and condense the curriculum documents from 1991 and 2015 (Table 19.1).

The spotlight, guided by Critical Theory, is on the following analytical questions:

- ← How are educational purposes, desired outcomes and the content of health education framed and prioritised in the curriculum documents?
- ← How are the lines of their mutual entanglements drawn in the body of text, which relations are emphasised, which ones are left implicit, and which are absent?

As can be seen in Table 19.1, both curricula, in 1991 and 2015, use the concept of 'action competence' to formulate the overall *purpose* of health education. Action competence is a *Bildung*-inspired concept that points to liberal education, determined through close interaction with society (Carlsson & Simovska, 2012). In the 1991 curriculum action competence is framed in relation to health, ethics and desire to

**TABLE 19.1** Purpose, outcomes and content in the 1991 and 2015 curriculum for health, sexuality and family education in Denmark

<i>HE Curriculum 1991</i>	<i>HE Curriculum 2015</i>
<b>Purpose</b>	
To develop the action competence of the pupils in relation to health; to support the development of identity, self-respect, love of life ('livsmod'), capacity to assess ethical questions and desire to learn; connected to the overall purpose of public school	To develop the action competence of the pupils in relation to health and wellbeing; to develop commitment, self-confidence, love of life ('livsmod') and identity; to realise one's own and other people's boundaries and rights
<b>Desired outcomes</b>	
No predefined statutory learning outcomes for pupils	<p>Can promote one's own health and the health and wellbeing of others based on democracy and rights</p> <p>Can assess norms and rights related to body, gender and sexuality in a societal perspective</p> <p>Can discuss how to prevent abuse of children and young people/Has knowledge of physical, psychological and sexual violence and abuse</p> <p>Can assess emotional dilemmas in relations/Has knowledge of the influence of feelings and emotions on health, wellbeing and sexuality</p> <p>Can assess what promotes one's own and other people's sexual health and wellbeing/Has knowledge of sexual health and wellbeing</p> <p>Can analyse gender, body and sexuality in contemporary, historical and global perspectives/Has knowledge of cultural and social norms related to gender, body and sexuality</p> <p>Can discuss sexual rights in Denmark and globally/Has knowledge of rights related to body, gender, sexuality and family</p>
<b>Content</b>	
Personal development (self-confidence, gender identity; group pressure; sexuality and sexual life); body and body consciousness; puberty; relations and families; gender roles; love; pregnancy, contraception and abortion; AIDS; sexually transmitted diseases	Holistic (physical, mental, social and sexual health); health and wellbeing as closely linked; focus on health promotion (individual and collective actions); focus on ethics, rights, values and norms, responsibility and action

learn, while in the 2015 curriculum the emphasis is on health *and* wellbeing as well as on related rights. The operationalisation of action competence in the 1991 curriculum appears to be more individually framed, although a reference is made to the overall (democratic) purpose of public schooling. The 2015 curriculum moves towards explicitly connecting the individual and the social. This development echoes

the ideal of a dialectic entanglement of societal and individual curriculum purposes suggested by Klafki (2005). On the other hand, there is a slight difference in the formulation of the purpose between the two curricula, from supporting the development of identity... (Van Manen, 1991) to developing identity of pupils, indicating an increase in instrumental rationality (Habermas, 1984) in the 2015 curriculum.

The framing of *desired outcomes* further illuminates the point of increased instrumental rationality in the 2015 curriculum. While no specific learning outcomes are determined in the 1991 curriculum, the outcomes in the 2015 curriculum are numerous and very specific, clearly designating the normative rationality of democratic health education. However, normative dilemmas are not explicitly framed as particular behaviours related to health and wellbeing. Rather they are positioned within the public sphere (Habermas, 1996) of reflection and negotiation, leaving space for pupils to respond by not only making behaviour choices but also collectively engaging with the normative frameworks conditioning the priorities of self-determination. In other words, the desired learning outcomes framed in the 2015 curriculum point to health and wellbeing as sites of participation in social, discursive contexts, underpinned by certain epistemological interests as suggested by Habermas, i.e. understanding and emancipation, and to a lesser degree, control (Habermas, 1971). The notion of epistemological interests is grounded in the idea of ethics as a public concern, which clearly contradicts the assumption of 'universal' and 'essential' health-related behaviours, while still adhering to general principles of democracy and rationality as preconditions for any public discourse.

It is apparent that there continues to be a tension between two ideals when we turn the analytic spotlight to the *content* of health education in the two curricula. This tension is between creating public discursive spaces for negotiating, configuring and reconfiguring the desired outcomes in interaction with the overall purposes of health education on the one hand, and the instrumental rationality of specified learning outcomes driven by interests of emancipation and understanding on the other hand.

The emphasis in the 1991 curriculum content is on personal development, which is contrasted by the socio-ecological content in the curriculum from 2015. In the 1991 curriculum, the content mainly relates to abilities and responsibilities of individual pupils to reflect upon and act according to their singular development of competencies concerned with the main issues within the domains of health, family and sexuality. Priority is given to self-determination as one of the pillars of the multidimensional definition of *Bildung* (Klafki, 2000), while the other dimensions (i.e. co-determination and solidarity) are absent. The curriculum content privileges knowledge interests based on well-defined normative categorisations; for example, preventing AIDS and sexually transmitted diseases, use of contraception etc., as a base that informs self-determination and individual behaviour choices. The framework of values and standards prescribed though this particular curriculum content is to be presented to pupils as ways of navigating complex networks that do include co-determination and solidarity. However, the key health-related problems confronting pupils and requesting their responsibility are defined in advance, leaving severely limited space for pupils to introduce new problems or domains of reflection and choice, or to transpose the existing ones.

In contrast, the 2015 curriculum content is driven by interests of health promotion, which combine both individual and collective norms of practice and communicative action. This content reflects the entanglement of dynamics of self-determination, co-determination and solidarity related to *Bildung*. At the same time, however, analysed together with the purpose of health education discussed above, the 2015 curriculum takes health education out of the overall context of the educational purposes in general and can be characterised as being sustained by its own singular goal. Thus, it could be argued that the relationship between self-determination, co-determination and solidarity was not dissolved or expanded from 1991 to 2015, but has undergone a process of renegotiation and reconfiguration of the specific dynamics of individual and collective interests related to the purpose, learning outcomes and content within the two curricula.

In summary, the analysis shows that while both curriculum documents can be seen as largely aligned with the concept of critical *Bildung* and its related values, the 2015 curriculum connects with Critical Theory more intensively, despite inherent contradictions; it explicitly treats health and wellbeing as an assemblage in which social/discursive, material, societal and individual dimensions intersect. The 1991 curriculum does point to the general democratic purpose of education and hence partially aligns with the concept of *Bildung*; nevertheless, it remains largely focused on individual development and behaviour regulation related to health framed in bio-medical rather than socio-ecological terms.

## Discussion

Even though Critical Theory and the idea(l) of *Bildung* assumes an autonomous and free subject, the very act of specifying educational outcomes for an individual subject can be thought of as a disciplining, normalising, act. Biesta (2014), among others, problematises this idea and argues that the question of what it means to be an educated person cannot be determined *before* we engage with education. Subjectivity is not developed from within; rather it is assembled in the social realm, in relation with others. While Klafki's critical *Bildung* emphasises the autonomous, rational, self-determining subject, Biesta (2014) suggests that autonomy is inevitably a quality of human interaction.

Thus, rather than normative-prescriptive pedagogy, the post-critical perspective endorses a pedagogy of interruption (Biesta, 2009), connecting activity and ethics to a public sphere whereby freedom can come into being in the face of plurality and difference. Biesta (2014), drawing on Arendt (2006), defines action as a two-fold concept. First, action is about taking initiative, starting something new. It is about bringing something unique into the sphere. Second, it is about responses to this initiative. Action is never possible in isolation. In action, and thus in freedom, everything depends on how others, different from ourselves, respond to our actions. The subject is an initiator as well as someone affected by and responding to the initiations of others (Biesta, 2014). In this light, action assumes a quality of response-ability and ethics rather than an individual competence one can acquire

through education as suggested by both curricula. Thus, in the post-critical perspective, the subject, as well as the notions of social transformation, are theorised as “sites of ambivalence” (Davies, 2014, p. 445, my emphasis), where power is constitutive and at the same time contains the possibility of agency to transcend it. To the three knowledge interests of Habermas discussed earlier, the post-critical perspective adds *deconstruction* (Derrida, 1978), that is, destabilising the binary assumptions of dominant discourses and the examination of taken-for-granted realities, including one’s own. Deconstruction can be seen as a ‘meta’ interest that challenges the very possibility of controlling the conditions for argumentation and knowledge generation within language and history from outside the dynamics that shaped them (Primdahl, Reid, & Simovska, 2018). In that sense, the post-critical position opens up possibilities for resignifying Critical Theory through unsettling the conceptual straitjackets (Davies, 2014, p. 449), with a view to moving beyond normalised research practices towards unknown futures.

In conclusion, the engagement with normativity through Critical Theory, updated with post-critical perspectives, calls for holding the educational questions in perpetual motion, ‘unthinking’ the common sense of schooling, and turning “matters of fact” into “matters of concern” by connecting education with the wider social configurations in which it takes place (Biesta, Allan & Edwards, 2014, p. 204–205). The normative orientation in education could be interpreted as a shift from criticality, in which struggle yields more struggle (Ergas, 2017), to post-criticality in which the struggle is embraced but also construed in a dialectic entanglement with hope and, as Arendt states in our opening passage, through the love for the world.

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# 20

## DESTROYING THE FAMILY AND CIVILIZATION

### Marxism, safe schools and sexuality education

*Roz Ward*

#### Introduction

It's under the guise of an anti-bullying program but I'd argue it's more about advocating the LGBTI agenda... We all agree nobody should be bullied or victimised. But this is social engineering. Teachers are increasingly expected to take over from what families traditionally have done. Schools and teachers need to focus on the key disciplines, the basics, and that means more education and not as much social engineering.

*(Dr Kevin Donnelly responds to Safe Schools in Bita, 2016)*

The provision of inclusive comprehensive sexuality education has always been contested (Allen, 2011; Gibson, 2007; Kempner, 2003). Scholars, educators, and politicians have questioned what is 'appropriate' content and debated the role of parents in providing children information about sex and gender. Like Donnelly above, opponents of inclusive sexuality education have often described the subject as a form of 'social engineering' that aims to unduly influence children. Janice Irvine (2000), for example, wrote about schools in the USA:

Since the earliest call for sex education in public schools at the turn of the twentieth century, the phantasm of the innocent child being dangerously stimulated by sexual talk has provoked controversy and fuelled efforts to regulate or silence sexual speech with children.

*(p. 1)*

The particular silencing of students whose genders or sexualities fall outside of a cis-heterosexual norm has been shown to have a detrimental impact on both their health and educational outcomes (Riggs, 2013). In their investigation into the experiences of gay, lesbian, bisexual, transgender, intersex and queer (GLBTIQ) students in sexuality education in Australia, Hillier and Jones (2012) found that

Australian classes (as experienced by GLBTIQ students) strongly privilege both conservative discourses and liberal discourses focusing on the ‘typical’ sexual development of male and female bodies, heterosexual procreation and sexual risks – messages excluding GLBTIQ issues, pleasures and identities.

(p. 441)

It is into this milieu that Safe Schools Coalition (Safe Schools) was established with funding from the Department of Education in Victoria, Australia, in 2010 with the aim of providing additional support for lesbian, gay, bisexual, transgender and intersex (LGBTI) students, staff and parents. In 2016, after having been rolled out nationally in 2014, Safe Schools became the subject of heated and protracted political and public debate. As a result of the controversy, the Liberal-National federal government recommended changes to Safe Schools that would arguably reinforce conservative ideas about what should be considered ‘age appropriate’ content as well as insisting on the need for parental consent in order for students to take part in discussions about sexuality and gender identity (Rhodes, Nicholas, Jones, & Rawlings, 2016).

In the course of these debates, some of the most vociferous opponents of Safe Schools argued that the initiative represented something much more sinister than a wellbeing or anti-bullying program. Opponents accused Safe Schools of being part of a broader ‘cultural Marxist’ agenda that aimed to “reshape the family” (Devine, 2016) and ultimately threaten to “destroy civilization” (Latham, 2016). As the co-founder of Safe Schools, and as a long-term socialist and political activist outside of work, I became the subject of a barrage of media attention and abuse. The attacks on my involvement in left wing political activism were made in conjunction with a call for funding to be cut for Safe Schools and all program resources to be withdrawn from schools (Alcorn, 2016).

Despite these assertions, Safe Schools was never intended, nor did it provide, any ‘Marxist intervention’ into formal education. In many ways, the content of the Safe Schools materials had much more in common with ideas based in Queer Theory, a set of theoretical perspectives that are generally understood to reject Marxist materialism and ‘metanarratives’ (Wolf, 2009). However, the prominent use of ‘cultural Marxism’ in the backlash discourse around Safe Schools, and in the broader climate of a resurgent far-right politics internationally, provoked my further examination of Marxist theory as a potential tool for understanding current debates about sexuality education.

## **Theoretical tools of Marxism**

In this chapter, I will use three concepts within classical Marxist theory in order to critically analyse the discourse around inclusive sexuality education in relation to Safe Schools. These are: historical materialism; the understanding of the family as a building block of capitalism; and the idea that gender is socially rather than physically constructed. This discussion does not examine whether or how Safe Schools

was Marxist in either form or content, instead focusing on how Marxism is useful in helping to understand the discourse of the negative response to Safe Schools. I take the position that Marxist theory offers new tools to researchers who find themselves on the frontiers of an intellectual ‘culture war’ in the age of fake news, Trump, and an emerging and potentially powerful ‘Intellectual Dark Web’ (Weiss, 2018).

Marxists, as with Feminist theorists or Queer theorists, do not represent a unified political tradition. Marxist theory originates from the work of Marx and Engels who collaborated in the context of mid-nineteenth-century Europe. Much of their writing was directed towards winning political debates with contemporaries about the nature of capitalist society. In this chapter I will use Marxism in its classical philosophical form, and in the tradition of revolutionary praxis. At the core of Marx’s basic methodological approach is the idea that historical change can only be understood in material rather than idealist terms, and that revolutionary change is needed to transform production and reproduction beyond the structures of capitalism. Only with this type of change is human liberation possible. Marxism is a tool for understanding the world that cannot be separated from the purpose of changing it.

In Marx’s most well-known book, *Capital*, he proposes that we can only perceive the partial truth about the reality we experience. Marx strives to demonstrate the “difference between everyday experience of the surface phenomena determined by the prevailing mode of production and a scientific analysis of which goes beneath this surface to grasp an essence” (Kain, 2001, p. 160). This method encourages researchers within any discipline to be constantly critical of whatever is presented as ‘common sense’. As socialist writer, Chris Harman explains, “activists who say they do not need theory, and follow the dictates of common sense are, in reality, failing to take the effort to understand the world and their place in it” (Harman, 2005, p. 3).

To demonstrate how Marxist theory and practice could be applied in relation to sexuality education and critical discourse analysis, I will use two mainstream newspaper opinion pieces that typify the conservative reaction to Safe Schools and broader perspectives on inclusive sexuality education. This process will aim to show how Marxism can provide both a useful method for research and a deeper understanding of the current critical moment in health education.

## Safe Schools and the limits of sexuality education

i used to get beaten up at school because i am a dyke. one day i had about 8 guys all in circle spear tackle me to the ground and kicking me, i used to get fruit thrown at my head every lunch time and pushed into brick walls.

(Christie, 20 years, quoted in Hillier et al., 2010, p. 45)

The extent of homophobic and transphobic bullying in Australian schools has been well documented in contemporary research (Hillier et al., 2010; Robinson, Bansel,

Denson, Ovenden, & Davies, 2014; Smith et al., 2014). Despite broad anti-bullying initiatives and commitments being in place for decades, rates of discrimination, verbal, and physical homophobic and transphobic abuse have either increased or remained stable since the beginning of the twenty-first century. As a result of these high levels of homophobic and transphobic bullying, Robinson et al. (2014) found in national data, that at least two in five LGBTI young people in Australia acknowledged that at some point they had thought about self-harm (41%) and/or suicide (42%).

Safe Schools was designed primarily to address the research that found these high rates of abuse and their subsequent effects on young people's health. Rather than just punishing the bullies or challenging individual behaviours, the program aimed to introduce more positive and affirming messages aimed at LGBTI students, teachers, and family members. One option provided to schools was the opportunity to facilitate discussions with health education teachers in order to deliver more inclusive sexuality education. In response to multiple requests from teachers, a curriculum resource called *All of Us* was produced that provided a series of videos (made and starring LGBTI young people) and accompanying classroom activities to address the reported gap in LGBTI content in sexuality education.

Studies have repeatedly shown that for LGBTI and other gender or sexually diverse students, sexuality and puberty education is inappropriate at best, or in many cases actively discriminatory. Jones et al. (2012), for example, argue:

There was a lack of structural support and inclusion in sexuality and puberty education in most transgender and gender diverse students' experiences, and other deficiencies which may perhaps be better addressed by holistically rethinking how schools operate in relation to gender diversity both structurally and in the curriculum.

(p. 167)

Robinson et al. (2014) also found that

Whilst sex education focused on heterosexual reproduction, it did not address issues of passion, desire, or intimacy. Nor did it adequately address issues of sexual health and care for oneself and one's partner, or increasing risks of STIs. Participants noted that whilst they received no education about queer sexualities their identities were often 'sexualised', with teachers and peers making assumptions about their sexuality and treating them differently on the basis of these assumptions.

(Robinson et al., 2014, p. ix)

Yet despite this evidence of a need for a more comprehensive curriculum, it was the content of the single Safe Schools sexuality education resource, along with the influence of 'cultural Marxism' that became the most prominent themes in the discourse. Using Marxism as theory can help explain this controversy by applying a

wider lens on society. Marxism examines the broader processes and structures that shape the world we inhabit in order to explain even our most intimate relationships within the family, sexuality and gender.

### **The family and civilisation**

Marxists argue that humans are fundamentally exploited in capitalist society through class structures based on minority ruling class ownership of the means of production and a perpetual pursuit of profit. Oppression on the basis of particular identities or constructed group categories—e.g. gender, race, sexuality etc.—is considered to be fundamentally connected with this exploitation based on class domination.

Engels argued that when you explore the historical evidence there is one common cause of women's and all forms of oppression—class society:

Specifically, it rests on two key pillars – the particular experience of women's direct exploitation in the workplace, and the privatised nature of the maintenance and reproduction of the system's most important commodity, labour power, primarily organised in modern capitalism through the social and economic institution of the family.

*(O'Shea, 2014, para. 13)*

A Marxist analysis presents the family in modern Australia as continuing to play the role it was prescribed in the nineteenth century. That is, producing, raising, socialising and caring for children as well as looking after older people and people with other caring needs. The majority of the work carried out within the family is done by women for free with the resulting benefits being claimed by those who profit from human labour (Baxter & Tai, 2015).

Marxists also locate the development of gender stereotypes in the social institution of the family. The idea that women are more naturally caring and nurturing, have an innate desire to have children, and want to be attractive to their male partners all fit within the framework of family life. The fact that women do unpaid work in the home then acts as a downward pressure on women's wages in the workplace, which also benefits those who own and manage production. Even though families have clearly changed and evolved over time there is still an ideal model against which deviations are measured.

Marxism has been subject to the critique that it does not adequately address questions of gender, sexuality or racial oppression because it is too focused on issues of class and the economy. In order to address this perceived flaw, many feminists in the 1970s chose to adopt a 'dual-systems' theory to account for family and women's oppression within it. These scholars proposed that structures of capitalism and patriarchy run in parallel to exploit and oppress particular groups. Feminists such as Juliet Mitchell argue that the 'woman question' is merely "an adjunct to socialist theory, not structurally integrated into it" (Mitchell, 1971, p. 81). More

recently, Social Reproduction Theory (SRT) has attempted to ‘build on Marx’ to find ways to unify feminism and Marxism in order to better explain the production and reproduction of society. SRT is particularly concerned with understanding the reproduction of people who can then produce the “unique commodity” that is ‘labour power’ within capitalism (Bhattacharya, 2005).

In exploring recent responses to progressive or inclusive sexuality education, Marxism can provide a means by which to understand the basis and purpose of oppression and discrimination in contemporary capitalist society. From this theoretical perspective, research questions informed by Marxism would seek to uncover the material basis of particular ideological positions while also critically examining the ways in which discourse replicates and perpetuates the maintenance of particular material structures in society.

### Propaganda and social engineering

The two articles I have chosen to examine are written by commentators and columnists, Miranda Devine and Mark Latham. Both regularly feature in News Corp (Murdoch) owned publications—Devine has a regular column and is well known for supporting a range of conservative causes (Saville, 2018), while Latham is the former leader of the Australian Labor Party who has developed a much closer relationship with figures from the far right of politics in recent years (Wilson, 2017). Latham’s article was published in the *Daily Telegraph* (currently the biggest selling daily paper in New South Wales) under the headline ‘Trojan horse in schools’ in October 2017. Devine’s piece, also published in the *Daily Telegraph* and syndicated to other publications was published in April 2018 with the headline ‘Left’s Marxist agendas threaten our students’.

The aim of both of these pieces is to present Safe Schools as part of an explicitly left wing and ‘cultural Marxist’ project to influence school-based education and impact the ideas of children and young people. Both commentators begin by making an explicit and strident case that Safe Schools was created as a form of propaganda with a hidden but true purpose of ‘infiltrating’ schools and fostering Marxism that encourages ‘gender fluidity’ and ‘sexual experimentation’.

Devine states:

It doesn’t matter how many parents say they don’t want gender fluidity taught to their children, or how many doctors warn of the dangers. It doesn’t matter that the federal government has stopped funding Safe Schools, or that the NSW government has explicitly banned it. The propaganda is now embedded, as part of the cultural Marxist infiltration of education from preschool through university.

(Devine, 2018)

Writing in 2018 even after the federal government withdrew funding for Safe Schools, Devine argues in the quote above that the program’s content is

propaganda and that it is another demonstration of how Marxism has successfully embedded itself at every level of educational institutions. Likewise, Latham insists that a ‘program of Marxist liberation’ has become so entrenched in schools that it has become difficult to get rid of:

Like a toxic weed that nobody can rid from their garden, the Safe Schools program keeps growing back into NSW classrooms. When it was established in 2013, Safe Schools was supposed to be about the prevention of playground bullying. But its founder, the Victorian academic Roz Ward, admitted its true purpose was to foster gender and sexual diversity as part of a program of Marxist liberation.

*(Latham, 2017)*

The accusation of being a ‘program of Marxism’ or simply ‘cultural Marxism’ is clearly intended to undermine and generate suspicion in the content and form of Safe Schools. Ideas of ‘reds under the bed’ draws on familiar Cold War era propaganda (Schrecker, 2004). Devine references the crimes of Stalinism in her piece warning that the ‘unholy trinity’ of “equity”, “diversity”, and “inclusion” “should send a shiver up the spine of anyone who understands the blood-soaked consequences of ‘equitable outcomes’ in the 20th century”:

The lesson of the 20th century is that an “equity” ideology, combining “careless compassion” and resentment, stacks up “millions of corpses”. Take the “Dekulakisation” of the Soviet Union in 1929–1932 when millions of the most productive peasants or “kulaks” and their families were deemed class enemies.

*(Devine, 2018)*

Their aim in drawing on the ‘dangers of Marxism’ is to shape the discourse about inclusion around a much broader defence of capitalism as it stands—including ideas about gender and sexuality. This is reinforced, somewhat ironically, by the mainstream media, education, and other state institutions.

### **Conservatives defend the nuclear family**

Conservative critics of Safe Schools have accused the program’s founders of deliberately attacking the family and that this therefore constitutes an attack on broader society. Latham contends that the current debates about sexuality education are so serious that they represent a fight “for the future of our civilisation” (Latham, 2017). These claims explicitly tie together the preservation of the nuclear family with the preservation of society and a specific notion of Western civilisation.

The problematic at work in these critiques of Safe Schools is the link or disruptive connection between sexuality education and the maintenance or rejection of the nuclear family. When Safe Schools, and other inclusive sexuality education is

actively affirming diverse relationships and disrupting the narrative of biological determinism there is a perception that it is challenging the very nature of the family. Even when evidence shows that family forms are becoming increasingly diverse (Australian Institute of Family Studies, 2018), there still appear to be limits on what is seen ideologically as the ‘normal’ or ‘ideal’ family structure—one male and one female heterosexual and monogamous parents with two children, male or female. In addition to creating boundaries or expectations about what can or should constitute a family, conservative critics also position the family, and parents in particular, as the rightful source of children’s understanding of sexuality and gender.

Using Marxist theory to better understand the historical development of society and social institutions can provide specific insight into the importance of the nuclear family specifically within the capitalist mode of production because the family continues to play an important role in contemporary society, not because of a moral or idealist notion of what constitutes ‘civilisation’, but to the material maintenance and smooth functioning of capitalist exploitation. For conservatives like Latham and Devine, capitalism and civilisation are presented as synonymous and to be understood as the direct opposite of the horrors of Stalinist or communist state control. Using an analysis of society as a totality constructed of intersecting parts in constant motion, with the relations of production shaping social relation, Marxists recognise the essential role the family plays in physically producing and socialising children. In challenging the idea that social life is shaped by ideas and natural attributes, a Marxist analysis is also able to provide a critique of why and how parents and families promote a specific set of ideas that defend and maintain the status quo.

This perspective means that when Latham argues that inclusive sexuality education and ideas about gender go against ‘common sense’ and that parents should be able to ‘sort out’ any issues with their children, it can be understood as an ideological claim:

The encouragement of gender and sexual diversity in education is a cancer on common sense. These are matters for parents to sort out, if they ever arise, not the relative strangers in our lives who work in the schools [sic] system.

*(Latham, 2017)*

Marx and Engels’ most well-known direct writing on the question of the family is Engels’ *The Family, Private Property and the State* (1972). First published in 1884, Engels challenged the idea that women and men have always been unequal and the claim that families are a natural unchanging part of human existence. This challenge remains central to a Marxist understanding of the family and gender relations more broadly. Using the theoretical approach provided by Marx and Engels allows an analysis of the backlash against Safe Schools that can interrogate the claims of commentators like Latham and situate them in the broader and more fundamental structures of society.

## The (dis)connection between biology and gender

A Marxist analysis of oppression is not based on biological difference or the question of whether there are particular gender traits that are inherently connected to sex assigned at birth. Rather, by starting with an examination of exploitation more broadly in society, Marxists suggest that there is an essential connection between all forms of oppression and the needs of capitalist production and reproduction. Pressure to conform to specific gender roles and transphobia can therefore be more satisfactorily explained by society, and particular forms of ideology that support that society, than by biology (Agostinone-Wilson, 2010, p. 165).

In Australia, the first national research conducted into the experiences of transgender and gender diverse young people found high levels of transphobic abuse and discrimination, similar to those found in studies of homophobia. Researchers also found that transgender and gender diverse young people did not feel safe in school environments. They also did not feel that their experiences of puberty education and/or sexuality education met their needs or made them feel included (Smith et al., 2014). As a response, Safe Schools worked with transgender young people and their families to provide support to school staff to affirm their identities and provide appropriate education and access to facilities. The idea of “boys wearing girls’ school dresses”, “penis tucking”, and “chest binding” (Kids Rights, 2018) became central images in the backlash discourse, particularly online and on social media. In these spaces the idea that Safe Schools rejected the reality of there being two binary genders fixed at birth was seen as another example of dangerous social engineering.

As I have argued elsewhere, it is possible to view the affirmed lived experiences of non-binary or genderqueer identities that reject ‘male’ or ‘female’ as having the potential to provide an inherently radical challenge to traditional understandings of society (Ward, 2018). Schools and the entire Western education system have been built on the understanding that there are only two genders: male and female. Much mainstream education theory, particularly in health and sexuality, has supported this view through a series of gendered biological or behavioural assertions about boys and girls (Kenway, Willis, Blackmore, & Rennie, 2004 [1998]).

On this point, Latham’s article (2017) again appeals to ‘common sense’ and what he presents as simply an obvious reality. Marxist theory not only questions the surface appearance of things, but can also be used to interrogate the ideological underpinning of Latham’s argument that “The leftist project is to defeat nature and mould society in its own image. But some things are immutable, like the basics of biology”. Here, the discourse has shifted into an argument that Marxism is against ‘nature’, in this case against the natural and indisputable difference between the sexes. Marxist theory interrogates all claims of what should be considered ‘natural’ and recognises by extension the fact that if biology determines behaviour, then women’s subordinate role in society is ‘natural’ and heterosexual reproductive relationships are ‘normal’. Marxists reject all forms of oppression based on gender or sexuality and challenge the fundamental premise that any idea or individual way

of being is ‘natural’ (Bloodworth, 2010). This means that Marxism provides a theoretical framework with which to deconstruct the notion of ‘normal’ gender and sexuality because it reveals them to be constructed not just socially, but by a particular form of society.

## Conclusion

Marxists recognise that context is vital not just in our ability and choice of immediate strategy to change the world, but also in our understanding of history and our view of the world as it currently exists. Marx famously wrote:

Men make their own history, but they do not make it as they please; they do not make it under self-selected circumstances, but under circumstances existing already, given and transmitted from the past.

*(Marx & De Leon, 1898, p. 1)*

The current moment in politics, health, and education is fraught with tensions and contradictions along with the possibility of change. Marxism helps us understand that change comes through struggle, and to recognise the forces at play in any battle for progress within capitalism. In the ‘controversy’ discourse around sexuality education, Marxist theory draws attention to the broader structures in society that show the necessity for this system, both economically and ideologically, to maintain gender stereotypes, roles, and private family units.

At a narrower level, as in the case of Safe Schools, specific decisions, statements or acts cannot be explained in these purely theoretical terms. It is necessary to also look at broader trends, themes and patterns. A degree of pragmatism and nuance can be lost in this process. In the example of Safe Schools, it is also worth noting that I have a particularly partial perspective as co-founder of the program and as the recipient of a significant proportion of the homophobic and transphobic vitriol within these debates.

My aim here was to show that a Marxist theoretical perspective can be used effectively in the field of sexuality education and health studies more broadly. While sexuality and gender may not be at the centre of Marxist theoretical debates today, nor Marxism in education research, there is definitely potential to learn from this perspective, especially at such a crucial historical moment.

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# 21

## BEYOND CARROT STICKS AND SERMONS

### The practice of education in obesity interventions

*Megan Warin*

In public health circles and public understandings it is taken for granted that obesity is an individual problem related to poor choices (Farrell, Warin, Moore, & Street, 2016; Mayes, 2016; Warin, Zivkovic, Moore, Ward, & Jones, 2015) and that relevant information is required to educate and ‘nudge’ (Thaler & Sunstein, 2008) people to change their behaviours and adopt a healthier lifestyle. As the incidence of overweight and obesity is more prevalent in Australian communities with high levels of disadvantage (Ghosh, 2016; Peeters & Backholer, 2014), it is these communities that are presented as ‘knowledge deficient’ (Sanabria, 2016), rather than the middle class, overweight and obese sections of society. Despite the overwhelming evidence that education as a single strategy is ineffective, most public health campaigns continue to have education as the main platform of information dissemination to enact behavioural change.

In unpacking the dominant form of individualistic behaviour education in healthy eating programmes, I turn to the work of Ingold (1999, 2013, 2018), who proposes an alternative model of education through social practice. To demonstrate the value of a social practice approach to food and eating in the context of precarious livelihoods, I draw on ethnographic data from long-term fieldwork (from 2012–2017) in a major Australian metropolitan city, including a community labeled as *obesogenic* that has been the target of a raft of healthy eating initiatives. I describe an innovative local programme in South Australia (*Family by Family*) that understands the ‘doing’ of food and eating as shared practices of embodied skill, rather than cognition. This programme radically reformulates the values of education and knowledge from one of information transmission from expert to novice, to education as skill and shared social practice amongst community members. In conclusion, I argue that positioning education in the context of everyday spaces, relationships and social practices has the potential to place skill as a key component of knowledge, rather than understanding individuals and information as the primary unit and transmission of knowledge.

## Introducing theories of practice

Social practice theories build on long traditions of social theory in anthropology and sociology (e.g., Bourdieu's *habitus*, 1977, 1990; Giddens' structuration theory, 1984), and have broadened into other disciplines, emerging as alternatives to behavioural approaches in addressing so-called wicked problems. Social practice theorists locate the 'social' in practices themselves (and not in mental structures of individuals or isolated habits), and look to common configurations and routinised performances to understand how behaviour change might occur in relation to contemporary problems like climate change and sustainable living (Shove & Walker, 2010; Shove, Pantzar, & Watson, 2012).

Focusing on both micro and macro components of everyday worlds, social practice theorists (Reckwitz, 2002a, 2002b; Schatzki, 2002; Strengers, 2010; Warde, 2005; Warde & Southerton, 2012) consider how bundles of social practices, consisting often of inconspicuous habits and routines, are held in place by broader systems. In explaining the conceptual framework, Shove et al. (2012) delineate the different elements of practice that interconnect and shape each other. Elements that combine to make up practice are materials, competence and meaning (Shove et al., 2012). As an example, they take the practice of driving rather than the car or the driver as the central unit of enquiry. Elements of practice come together between the vehicle (along with the road and the traffic—material), the know-how required to keep it in motion (competence), and the meaning and significance of driving and 'passenger-ing' (meaning). This elemental approach to social practice can be applied to public health concerns such as smoking, alcohol consumption, eating, and physical activity practices.

Children from my research who live in one of Australia's most disadvantaged suburbs have been targeted in a state-wide obesity intervention (Warin, 2017; Warin & Zivkovic, 2019). Social marketing messages encourage them to ride their bikes to school. However, many children refuse to take these messages on board as only "kids who are *povo* [poor]" ride their bikes. Riding a bike signals poverty, whereas arriving at school in a car symbolises status and cultural capital. This is especially important in a location that was established on the back of the Australian Holden car industry, which is key to local pride and working-class identities. The social marketing approach fails as it takes bike riding as a single and discrete habit that is separate from its context. Such an understanding encourages individual children to mechanically respond to a 'nudge', but the healthy lifestyle message is lost amongst other more important and competing contextual factors that shape young identities. The multiple elements that combine to make up the practice of bike riding for young people in this community (materials/competence and meaning) have been overlooked.

As a social anthropologist, I understand social practices such as eating as influenced by myriad socio-cultural, political and economic factors, with sensory, affective, cognitive and morally laden dimensions. Food and eating then, are not located with the individual, but are relational practices that are dispersed across

different places, times and people (Abbots & Lavis, 2013). Practices are contingent on differing situations, and people can hold contradictory accounts depending on changing dynamics of power and politics. This messiness makes it difficult for traditional public health programmes to know where to intervene, but looking to social practices (and not the individual) as sites of change opens up new methodological and theoretical perspectives for public health programming and policy.

### **The limits of changing behaviours and ‘educated’ choices**

Anthropologists and critical health education researchers have highlighted how changing health behaviours through education is ubiquitous in schools (e.g., Gard & Plum, 2014; Leahy & Wright, 2016; Rich & Evans, 2012), health-related research (e.g., Cohn, 2014; Warin, 2017; Yates-Doerr, 2015) and intervention studies (as well as in policy documents: Sanabria, 2016). Government-led responses to being overweight and obese in Australia have primarily been through social marketing campaigns and education, and to a lesser extent, community-wide initiatives that focus on changing dietary and/or physical activities. In the last two decades there have been many obesity-related interventions delivered at national, state and local levels, and they include initiatives such as making people aware of nutrition guidelines and physical activity (e.g., the *Go for 2&5* national campaign; *Smart Choices*, a mandatory Queensland Government strategy; and a national training manual developed through *Eat Smart, Play Smart* for out-of-school-hours care), reducing screen time in family homes, educating people about the link between increased waist measurement and the risk of chronic diseases such as heart disease and Type 2 diabetes (*Measure Up* campaign), and how to swap unhealthy foods for more healthy foods (*Swap It. Don't Stop It*).

A number of commentators have pointed to the key underlying assumptions of these theories (Baum & Fisher, 2014; Cohn, 2014; Prentice, 2015; Warin & Zivkovic, 2019), in which behaviours are construed as individual, rational, deliberate choices that can simply be modified through education. While there is a discourse concerning wider social factors (such as socio-economic status, poverty) from some public health and policy sectors that favour a socio-ecological approach, in most interventions there is a general “lifestyle-drift” (Baker, 2017, p. 148; Popay et al., 2010), in which behaviours are abstracted from contexts and become unique and discrete measurable variables subject to bio-political governance (Mayes, 2016). Education-based approaches may be cheaper and less controversial than government regulations (e.g., a sugar tax), but there is very strong evidence that interventions that try to change people’s behaviours in isolation have limited efficacy and cost-effectiveness (Baum & Fisher, 2014; Lemmens, 2008; Sanabria, 2016; Summerbell, 2005).

A second, and equally important, problem with this type of health promotion education is that it is premised on a particular understanding of knowledge transmission. Ingold, drawing on earlier work by Craft (1984), identifies two distinct forms of education, one in which knowledge is instilled in the minds of the

learner, and the other in which knowledge is learned through creative skill, practice and improvisation. The first form of education Ingold argues, comes from the “Latin verb *educare*, meaning to rear or to bring up” (2013, p. 1) and is akin to the school classroom, where pupils’ minds are filled with accumulated knowledge from the past, often from experts. In this understanding, knowledge is information. A common way to explain the higher prevalence of obesity amongst Australian families living in circumstances of disadvantage, from bureaucrats and public health workers, is the constant iteration that people do not know what or how to eat because they do not have a level of nutritional education that affords them the capacity to eat ‘well’. This assumption relies on a simple, linear model in which the causes of the problem (unhealthy behaviours—eating too much, exercising too little) need to be addressed to bring about prevention. As Kelly and Russo (2018) eloquently argue, in this schema the mechanisms of aetiology and of prevention are the same. If the cause of obesity is overeating and reduced physical activity, then the solution is to eat less and exercise more. The problem however, is that these mechanisms are often significantly different (as we know from research on smoking, alcohol and drug taking). A failure in this logic is to understand that eating is a social practice.

When the causes of obesity are understood primarily as an energy over-supply, nutritional education becomes a key player. A ubiquitous piece of information that kicks off many nutrition education sessions is the gold standard corpus of knowledge—the *Australian Guide to Healthy Eating*. The *Guide* is presented as normative, authoritative and accumulated knowledge that is already pre-packaged and formed, what Ingold might call “an induction into the rules and representations” (Ingold, 2013, p. 1) of how to eat healthily. The assumption here is that, if people are given this knowledge as information, they can follow through with a rational and logical mode of knowing—“attend to the communication, understand the information it contains, remember that information, believe it to be true, and integrate it with his or her existing knowledge” (Prentice, 2015, p. 268). To support people in changing eating behaviours, healthy recipes are provided, along with education on reading food labels.

The conversion, however, is not such a simple matter. As Prentice suggests, “people may understand what they need to do but not know how to do it” (Prentice, 2015, p. 269). Participants in my research recounted stories of not being able to convert this type of information into ‘skillful knacks’ (de Certeau et al., 1998) to produce a dish. At the end of a five-week community nutrition course I attended in a community described as obesogenic, a young woman named Brooke, who described herself as “very overweight”, lamented that she still did not know how to cook.

Rather than construct this situation as one of ignorance making (Sanabria, 2016), Ingold asks us to reflect on the mode of education in action. This nutrition course was the school classroom mode of instruction, where a highly trained expert filled our heads with important information. We learnt about the foods groups from the *Guide to Healthy Eating*, portion sizes, how to read labels, manage our emotions,

‘problem’ social situations like Christmas, and try out a few recipes. Here knowledge was transmitted as information, but as noted above, this form of education did not capture the embodied skills that Brooke needed in ‘doing cooking’ in her kitchen.

Information in recipes and eating guides is not, in itself, knowledge. Rather, as Ingold suggests: “It opens up a path to knowledge ... [yet] only when placed in the context of skills gained through this prior experience does information specify a route that is comprehensible and can be practicably followed” (Ingold, 1999, p. 15). In this sense, knowledge is found in skill and not information. People must have prior knowledge of cooking as a practice—of how to do things that are written in the recipe. For example, separating eggs does not mean placing two eggs apart from each other. It requires knowledge that yolks and whites can be separated, and learning the sound of an eggshell cracking evenly, the care fingers need to tip the egg yolk from shell to shell, and feeling the heavy, gelatinous egg white slide away from the yolk.

Cooking classes are an encouraging step in moving beyond information as knowledge, but remained “closeted from the multiple domains of practical life in a real world of people, objects and relationships” (Ingold, 1999, p. 15). Many families in my research were unemployed, had little enthusiasm for trying new things and were wary of wasting food and money. Some at the nutrition course were long-term, night shift workers, and commented on the difficulty of making healthy choices in a factory that only offered overnight food from vending machines, or when sugary and caffeine laden drinks helped to shorten the long, dragging hours after midnight. Employment conditions, and other structural factors (such as gendered caring roles, low incomes, unemployment, poor mental health) all have a significant influence on how and what we eat, but are overlooked and not considered as contextual factors in nutrition information (Aphramor, Brady, & Gingras, 2013; Dodds & Chamberlain, 2017; Sanabria, 2016, p. 136). These bundles of practices influence people’s patterns of eating, but are pushed to the background in obesity interventions that privilege eating as an individual choice within an individual’s control (Dodds & Chamberlain, 2017).

### **Education as social practice**

While community nutrition programmes are to be commended for attempting to put some skills into practice, they remain wedded to a model in which patterns of approved conduct are instilled by knowledge delivered as explicit instruction from expert to novice, from teacher to pupil. In his second form of education, Ingold identifies a vastly different model in which education is a “matter of leading novices out into a world that is continually unfolding” (2013, p. 1). Unlike *educare* described earlier, this form of education comes from the Latin *educere*, meaning to lead out rather than instil (Ingold, 2013). Knowledge here is understood as skill and is practice based, and not rooted in literacy or reading information. Building upon the anthropological literature on food and the senses (see, for example, Sutton, 2010; Warin, 2005), knowledge is embodied and practised in the multiple domains and improvisations of practical life (Ingold, 1999, p. 15).

This type of education was at play in my fieldwork. It was foundational to an innovative model called *Family by Family* (FbF), an initiative developed in partnership with local people and families experiencing hardship, in which any attempt to influence social change was always contextualised in people's everyday environments and lives. While working broadly in child protection and family crisis services, the FbF approach recognised that, despite the best efforts of well-intentioned services and professionals, solutions needed to be generated from the families experiencing stress, and learning what matters to them and how they manage situations. As Ingold argues, "the environment then, is not merely a source of problems, of adaptive challenges to be resolved; it becomes part of the means for dealing with them" (Ingold, 1999, p. 15).

Central to this model was bringing different types of families together—'seeking families' and 'sharing families'. 'Seeking families' were families who self-identified as being in need of support. Supports could be around events that gave rise to household stress, such as domestic violence, mental health or financial hardship, or help for recently arrived migrant families trying to understand new cultural practices and bureaucratic systems. Other families had less immediate needs and simply required help with increasing their social networks and linking in with community organisations and support networks. Whatever the need, priority was placed on the issues that families themselves determined to be important, and the development of meaningful, long-term and genuinely transformative relationships.

Sharing families have themselves experienced hard times and have learnt skills to manage and move out of stressful situations. One family (two adults and five children), who were key informants in my fieldwork, had had a lengthy and difficult period of unemployment and homelessness, but now had their own home and a regular income, and were in a position to help others. When I met them they had 11 people in their small, three-bedroom house (one bathroom, one toilet), having invited another family that was homeless into their house. As space was rearranged to accommodate more people and it was difficult to find a communal space to sit and eat together (because there was not one), at times everyone ate in their bedrooms. The mother of the 'sharing family', who had a chronic health condition and was on a disability support pension, would sometimes have to be creative in finding a place to prepare the evening meal, and would sit in bed and make the evening meal on a tray on her lap.

During fieldwork I interviewed families involved in this programme, and they often reported that food and eating was a major part of day-to-day challenges—whether having the income to buy food, being able to prioritise food provision amongst myriad other daily issues (mental health, domestic violence) or knowing how to feed a family. Healthy eating was not always a priority, but eating was. One participant, Nadine, a young mother of two, said that cooking was a specific goal that she was working on with a single parent from another family she was helping:

She's got a big family [five children] and she struggles to cook for a lot of people, and even though I don't have a massive family I feed a lot of people quite frequently ... so trying to explain to her how to bulk things up, bulk cook and how to use a slow cooker ... I've had them over [to my place] for tea and there's six of them and I don't struggle to cook for their six and my four. Definitely cooking is something that comes up a lot.

Nadine further explained the value of having people in the community be part of the education around healthy eating, rather than just outside agencies or experts. Nadine has first-hand experience of limited income and knows the challenges of trying to feed a family with young, and often fussy, eaters. "You don't have money to waste" she said, "so I tell the families I work with what I do with my family. I say to my family: this is what's for tea, if you're hungry you eat, if you don't eat it, that's it". Nadine regularly visits the homes of the families she works with (and takes her own children), shows them how to cook and sits down to eat with them.

This learning the art of cooking is very different to the standard nutritional education approach. Nadine rummages through kitchen cupboards to find a suitable dish to cook with, reassuring the family that they have resources on hand. She uses her body to draw attention to her movements: the way she clears a space to prepare the meal, mixes the foods together with spoons and a bowl, sprinkles spices onto her hand and then into the mixture, and rounds the meatballs into small bite-size shapes. This is what Ingold refers to as "guided discovery ... a mixture of imitation and improvisation that generates a knowledge that novices discover for themselves" (Ingold, 1999, p. 16). The mother and children seek to bring their own bodily movements in line with Nadine's, allowing their hands to feel the consistency of the food and their tongues to taste the saltiness of the sauce, to "achieve the kind of rhythmic adjustment of perception and action that lies at the heart of fluid performance" (Gatewood, 1985, cited in Ingold 1999). Moreover, Nadine navigates the tricky terrain of how to manage family eating, providing important examples on what to do and say to children in negotiating their food preferences. Here, both situated and attentive engagement is fundamental to becoming a skilled cook (Ingold, 1996, p. 179).

In this example, the three elements of social practice come together: materials, competence and meaning. Rather than taking healthy food as the central focus, cooking as a practice is the line of enquiry. Elements of practice include not only the cupboards, tables, and cooking tools, but the location of shops, availability and cost of foods, public transport, the price of electricity (materials); the ways in which bodies shape and taste the food and develop practical know-how (embodied knowledge of competence); and the social significance of gendered caring roles, parenting and the shared sensations of salty sauce and pleasures of taste are the final element (meaning).

Here, food is not simply about health, or reduced to invisible vitamins, nutrients and minerals (Mayes & Thompson, 2015; Scrinis, 2013). Nadine is highly attuned to the environments of families, and can modify her suggestions and talk to specific contexts. She understands the mood of the house because of the rhythms of

shift work or husbands working multiple jobs to pay the bills, the importance of time management around hunger and food insecurity, and the challenges of providing food when major depression saps all your motivation. In an area where there are high mandatory notification rates for childhood abuse, she is acutely aware of families being highly surveilled and being told they are failures: failures at parenting, holding down jobs, raising a family or providing healthy food. Nadine tells the families she works with through showing in small increments, not asking them to comprehensively change their eating habits or filling them up with a corpus of information they do not know how to act upon (c.f. Warin, 2017; Yates-Doerr, 2015).

In many ways this programme resonates with anthropological approaches to cultural reproduction (Sutton, 2009); understanding the ways in which learning and the relational contexts of skill and knowledge work in communities of practice and are laden with complex power dynamics (Haase, 2006; Shove et al., 2012). In terms of learning about food, eating and cooking, attention is attuned to bodies, their techniques and sensory engagements, and how embodied knowledge (as opposed to traditional Western models of explicit instruction) are key to the ways in which people come to know what they do (Sutton, 2009, p. 64).

Blue, Shove, Carmona, and Kelly (2016) suggest that social practice theories “provide more compelling insight into the dynamic reproduction of health inequalities than do either the social determinants approach or individually orientated lifestyle explanations of behavior and behaviour change” (p. 45). Table 21.1 provides an overview of these differing positions, highlighting how social practice theory can bring both structural and individual elements together, avoiding the slippage into lifestyle drift.

If we were to take social practice as a central line of enquiry in public health problems, interventions and policy formulation, this would require “a major change in the theoretical foundation of public health policy and for corresponding forms of methodological inventiveness and ingenuity” (Blue et al., 2016, p. 47). To take social practice seriously however, we need to question the dominance of current education models that arrive in our communities already pre-packaged.

**TABLE 21.1** Points of difference between behavioural and practice theories

	<i>Theories of behaviour</i>	<i>Theories of practice</i>
Basis of action	Individual choice	Shared, social convention
Processes of change	Causal	Emergent
Health interventions	External influence on the factors and drivers of behaviour	Embedded in the systems of practice it seeks to influence
Transferable lessons	Based on universal laws	Specific to the cultural context
Education	Pre-packaged expert knowledge delivered to a pupil (rules and representations)	Leading people out to experience learning (embodied knowledge)

Source: adapted from Shove et al., 2012, p. 143.

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# 22

## PUBLIC HEALTH PEDAGOGY AND TECHNOLOGY AS A MODE OF EXISTENCE

*Benjamin Williams and Jessica Lee*

### Introduction

You know [...] you'd be foolish to think that um, um, this was just [...] an evidence based [campaign]. You know, any interventions are not just based on the evidence. [...] There's a whole range of, you know, interactions.

*(Healthier. Happier., campaign worker)*

Bruno Latour is one of the most influential thinkers of our time. A prolific author, he has produced a large body of work on a diverse array of topics. The ideas presented in these works have been taken up by scholars across a wide range of disciplines. Consequently, Latour has become one of the most frequently cited authors in the contemporary social sciences. Yet, to date, his scholarship has had little impact in health education. In this chapter, we aim to help address this gap. Instead of drawing on Latour's well-known writing on actor-network theory (Latour, 2005), we use his recent research on modes of existence to study health pedagogies-as-technological beings. We begin by summarising the term, *mode of existence*, and its associated concepts. Then, we describe the characteristics of the technological mode of existence identified by Latour and the means by which it can be studied. In the penultimate section, we use this vocabulary to explore the development of the public health campaign, *Healthier. Happier.* This campaign interested us because it took an innovative approach to public health interventions, yet seemed to ignore, omit or overlook potentially useful critical health insights about obesity, m-health and behaviour change. To this end, Latour's work offered a means of exploring how the campaign came together and considering why these insights did not feature in it. We conclude by reflecting on the value of studying public health pedagogies in this manner.

## Modes of existence

The fullest account of Latour's thinking on modes of existence can be found in *An Inquiry into Modes of Existence* (Latour, 2013). However, the best starting point for understanding this work is a book he wrote some twenty years earlier. In *We Have Never Been Modern* (Latour, 1993), Latour interrogated the division between Nature and Society upon which modernity is founded and the distinction it created between Modern and Premodern people. Through this investigation, he illustrated Western civilisation's ever-increasing creation of, and dependence on, *hybrid beings*—mixtures of natural, social and discursive phenomena whose ontological status cannot be accommodated within the tidy dualisms of modernity. According to Latour, this flaw in the metaphysics of modernity has precipitated the many crises confronting the contemporary world. It has also stymied the West's ability to respond to these challenges. *We Have Never Been Modern* is, therefore, the diagnosis of a problem and a description of its consequences. By contrast, *An Inquiry into Modes of Existence* is an attempt to develop a metaphysics better able to reconcile the values the Moderns hold dear with the way they define and defend these values to themselves and others. This metaphysics is pertinent to our research insofar as it provides a *nonmodern* (Latour, 1993) way of studying the role of science and technology in democracy and vice versa.

The metaphysics Latour develops in *An Inquiry into Modes of Existence* is underpinned by a *relationist* ontology (Latour, 1988). From this perspective, every entity is a consequence of its relations with other entities. Moreover, the actions and attributes of an entity are defined by its connection to the other entities with which it is associated. Thus conceived, an entity like a fish, “depends on, is constituted by, the water it swims in, the plankton or little fish that it eats, the right temperature and pH, and so on” (Mol, 2010, p. 257). Similarly, the existence of the fish in this example has consequences for the animals it eats, the ecosystem in which it lives, the fishers who derive their livelihood from it, the scientists who study it, et cetera. Latour's relationalist ontology attunes researchers to the ways in which entities *interdefine* each other. It also directs researchers' attention to the processes through which entities are brought into relations with each other. Latour uses the term *network* to refer to these two aspects of his relationalist ontology—that is, network (noun) as an arrangement of interdefined entities and network (verb) as an assembling of interdefining entities. In our research, Latour's relationalism focused us on how the public health campaign we studied *came to be* and *continued to exist* through these relations and processes of interdefinition.

Alongside relationalism, Latour's sensitivity to *hybridity* is another feature of his metaphysics. Latour's worldview is not built upon *a priori* distinctions between humans and nonhumans, facts and values, subjects and objects, or realities and constructions. Nor does it adopt the analytical convention of dividing reality into clearly bounded domains such as science, politics, economics, technology, religion, law, and so forth. Rather, the conceptual architecture Latour has developed prioritises the fuzzy middle ground between each of these poles and domains. In

this way, it helps researchers appreciate the ontologically diverse array of associating entities that are critical to the existence of any given entity. Moreover, it provides researchers with a means of studying situations that seldom respect domain boundaries. For example, this concern with hybridity has allowed Latour to highlight the heterogeneous elements out of which an entity like a scientific fact is composed: biological specimens, laboratory equipment, scientific theories, novel hypotheses, academic journals, research protocols, conference presentations, business contracts, funding grants, patent law, ethical guidelines, industry partners, personal rivalries, skilled technicians, and much more (Latour, 1987; Latour & Woolgar, 1986). It also illustrates how the scientific domain is actually a mixture of science, economics, politics, law, technology, and ethics. Thus, Latour's sensitivity to hybridity helped us similarly register the heterogeneous elements and practices assembled together to compose *Healthier. Happier*.

The third feature of Latour's metaphysics we drew on in this study is the concept of a *mode of existence*. Together, the principles of relationalism and hybridity make it possible to describe how an entity is assembled and out of what it is composed. However, they are not able to define the internal logic of specific kinds of network and networking. In other words, they are unable to help a researcher grasp why the entities produced in a scientific laboratory are different from those produced in a court of law, a house of parliament, or a work of fiction, despite their common hybridity and relationality. According to Latour, what accounts for these ontological differences are the modes of existence specific to each. From his perspective, a mode of existence is like a musical key—the scale upon which a composition is based. As de Vries (2016) explains, “Listening to a piece of music, someone well-versed in music will know the key the piece is played in and he will know when it's played in the wrong key; likewise, a music teacher may say that it should be played in a specific way” (p. 155). An attunement to modes of existence, therefore, provided us a means of both detecting and evaluating the compositional logic of *Healthier. Happier*. Having a conceptual tool of this kind allowed us to identify and avoid what Latour terms *category mistakes*—attempts to create or judge entities using the wrong metaphorical key, such as critiquing religious beliefs in relation to scientific principles. The ideas helped us think about the prospects of critical health evidence and how it features in what are purportedly evidence-based campaigns.

By Latour's reckoning, each mode of existence is defined by five characteristics. The first characteristic is its specific *hiatus*. Hiatuses are the metaphorical hurdles an entity needs to overcome to continue existing across time. The second characteristic of a mode of existence is its specific *trajectory*. A trajectory is the unique vector created by an entity through its relations and processes of interdefinition. The *felicity condition* specific to the mode of existence is the third characteristic. Felicity conditions provide the criteria for judging the networked elements and relations of an entity. The specific *being instituted* or brought into existence by a given mode is the fourth characteristic. The final characteristic is the *alteration* of being a mode of existence permits. This characteristic specifies the kind of changes to which a mode of existence subjects an entity. In the next section, we explain characteristics that define the technological mode of existence with which we are concerned.

## Making the beings of technology visible

In *An Inquiry into Modes of Existence*, Latour identifies 15 distinct modes that, he suggests, characterise modernity. Latour derives these modes from interpretations of his own and others' research. Among the 15 is what he terms, with a nod to Gilbert Simondon (2017), the *technological mode of existence*. As the name indicates, this mode provides the interpretative key for properly apprehending the mass of technological entities that shape and are shaped by the Moderns. Possessing this key is important to Latour for two reasons. The first pertains to visibility and Latour's contention that Western civilisation tends to take for granted the significant role that technologies play in everyday life, particularly in relation to the delegation of work. The second reason concerns the challenges of analysing the relationship between the Moderns and their technologies, such as the complex ways in which designers, users and technical objects create, maintain and transform themselves and each other over time.

The methodology Latour advocates for grappling with these challenges is a synthesis of an approach developed in earlier work (Latour, 1987, 1992, 1996) and the metaphysics outlined above. Using this methodology requires the researcher to examine a technology as it encounters a trial, controversy or crisis (Akrich & Latour, 1992). These circumstances consist of situations where: a technology is used by someone for whom it is novel; a technology fails to work as intended; a technology's design, development and dissemination can be traced; and/or taken-for-granted elements of a technology's use are revealed through deliberate misuse. Each of these situations makes visible the technological mode of being as well as its unique characteristics—as we shall explain.

Latour deduces that the *beings instituted* by the technological mode of existence are delegations, arrangements and inventions aimed at creating displacements of action, “not to do something, but to *have something done*” (Latour, 2013, p. 229, original emphasis). According to Latour, this displacement of action is achieved by folding together diverse components of varying resistance, duration and durability. These labyrinthine foldings are the *alterations* permitted within this mode of existence. Yet, while the constituent elements of these networks “lend themselves” to being folded into the arrangement, “they nevertheless remain ‘themselves,’ ready to let go at the slightest pretext” (Latour, 2013, p. 225). Thus, Latour (2013) notes, “everything that has been set up can be broken down” (p. 214). Technological beings, therefore, confront an obstacle course of *hiatuses* they must negotiate to move from one time, place or stage of development to the next. Accordingly, the *felicity condition* proper to the technological mode of existence is whether each addition to the network makes it more effective and better suited to doing what it is “made to do” (Latour, 2013, p. 227). The constant adjustments, rectifications and workarounds entailed by this requirement to innovate, coupled with the occasional false starts and restarts well known to artisans, engineers and project managers the world over, produce a *trajectory* of unpredictable zigzags of ingenuity and invention. And so, Latour (2013) concludes, “in the vicinity of a technological

being, nothing goes straight, everything is done on the bias—and sometimes, even, everything goes askew” (p. 224).

In the next section, we use this approach and its associated conceptual apparatus to study a single public health campaign. The data upon which the investigation is based comes from three sources: campaign materials (e.g., campaign website, stakeholder letter) obtained in the course of our research and the literature to which these documents refer (see Lee, Williams, & Sebar, 2018); field notes produced through an auto-ethnography of engaging with one element of the campaign (the *Health and Fitness Age Challenge* app); and, interviews with six key informants integral to the development and delivery of the campaign. These informants were four members of the Queensland Government’s Department of Health—two from each of the relevant departmental units—as well as one representative each from the market research company and the creative agency involved in the campaign.

Using these data, we were able to make visible the trajectory of the campaign, its various components, the work involved in assembling these components and the obstacles that had to be overcome to ensure the campaign’s ongoing existence. Given the innovations inherent in the campaign, we did so, first, by conceiving the campaign as a novel technology. Second, we used our interview and document analysis data to trace the campaign’s history. Last, through an auto-ethnography of the *Health and Fitness Age Challenge*, we attended to failing and taken-for-granted aspects of the campaign through deliberate use and misuse of the app. As we will argue towards the end of the chapter, the benefit of taking this approach is to prompt reflection on the possibilities of composing the campaign otherwise—out of other elements or through different processes—in light of its mode of existence.

## Describing the public health campaign

*Healthier. Happier.* is a preventive health initiative of the Queensland Government. Launched in 2013, it aims to reduce population levels of overweight and obesity by changing the physical activity practices and dietary behaviours of Queensland adults. To date, the campaign has had three phases, though our research studied only the first and second ones. The aim of Phase 1 was to have Queenslanders personalise the issue of overweight and obesity and recognise problematic personal habits and actions. The aim of Phase 2 was to help people modify behaviours identified as unhealthy in Phase 1. The aim of Phase 3 has been to continue encouraging and supporting these behaviour changes with a specific focus on food consumption. The campaign, thus, conceives of individuals as self-responsible and at-risk and in need of help and support if they are to successfully negotiate an environment understood as inherently obesogenic.

The campaign has pursued these aims using a social marketing approach in which commercial or business techniques like advertising are used to sell the benefits of behaviour change and enhance individual and collective health accordingly (Talbot & Verrinder, 2014). All three phases have been supported by television, online, outdoor and print advertising. A campaign website (Department of Health,

2018a) containing tools, information and resources (such as “how-to” videos), has also been a central feature of these phases. Since the campaign’s launch, one of the main tools on this website has been the *Health and Fitness Age Calculator* (Department of Health, 2018b). This tool uses an algorithm to convert user-entered data about weight, height, age, physical activity levels, sedentary behaviours, and food consumption into a personal *Health and Fitness Age*. By comparing it to users’ chronological age, the campaign’s designers intended this metric to serve as motivation for individuals to change behaviours deemed unhealthy. All the Phase 1 advertising referred to the concept of a person’s *Health and Fitness Age* and directed people to the campaign website. During the next phase of the campaign, the *Health and Fitness Age Calculator* was incorporated into the campaign’s second major tool: the *Health and Fitness Age Challenge* app (no longer available). This piece of smartphone software allowed users to calculate their *Health and Fitness Age* and then take a four-week challenge designed to help them become younger, from the perspective of the metric. Once the challenge is initiated, users receive regular alerts and tips from a virtual personal trainer. These interactions are tailored to the specific physical activity and/or dietary behaviours identified as problematic by the *Health and Fitness Age Calculator*. Every day of the challenge the app also prompts users to record their progress regarding these behaviours.

In the following section we analyse *Healthier. Happier.* as a technological being. To do this we attend to the specific characteristics of the technological mode of existence as they manifest in the campaign. This conceptual apparatus provides access to the interpretive key with which to better understand the often opaque and taken-for-granted process of evidence-based practice in public health pedagogies like *Healthier. Happier.*

### **Analysing Healthier. Happier. as a technological being**

Recall that the **beings instituted** in the technological mode of existence are delegations, arrangements and inventions designed to create displacements of action. In the case of *Healthier. Happier.*, it is the Queensland Government that is seeking to “*have something done*” (Latour, 2013, p. 229, original emphasis). As they note on the campaign website, “64% of Queenslanders are overweight or obese, with 33% of us not even realising it,” while among the remaining 36% of the population, “23% are at risk of being overweight in the future” (Department of Health, 2018c, para. 2). Thus, through the campaign, the Government is attempting to change these population-level health data and make “Queensland the healthiest state” (Department of Health, 2018c, para. 1). The campaign-as-technological-being seeks to achieve these population-level changes by encouraging individual Queenslanders to make “small changes” to how many serves of fruit and vegetables they eat, how large their meals are, how many sugary drinks they consume, how long they spend sitting, and how much physical activity they engage in on a daily basis (Queensland Preventive Health Unit, Stakeholder Letter, 28 March 2014, p. 1).

The campaign-as-technological-being entails manifold delegations and inventions. For example, it is characterised by at least three significant delegations. First, it delegates to individuals the power to change population-level health through their personal actions. Second, it delegates to the *Health and Fitness Age* concept the power to motivate individual behaviour change. Third, it delegates to the *Health and Fitness Age Challenge* smartphone app the ability to remind people how to behave and monitor their conduct. Delegating this work required the invention of the *Health and Fitness Age* metric, the *Health and Fitness Age Calculator*, the *Health and Fitness Age Challenge* app, the campaign advertising material plus the campaign website and its accompanying educational resources, none of which existed prior to the launch of the campaign. Indeed, prior to *Healthier. Happier.*, the Queensland Government had never delivered an obesity prevention campaign addressing dietary behaviours and physical activity participation simultaneously.

These delegations, and the inventions that made them possible, were built upon a series of important arrangements. *Healthier. Happier.* was the first time the Department of Health had developed and delivered a large-scale social marketing campaign as a collaboration between departmental units and outside agencies. Together, these groups consisted of the Department's Preventive Health Unit (PHU) and its Marketing and Online Communication Unit (MOCU), as well as the market research company and the creative agency that won the tenders for the campaign and its associated background research and target audience testing. As we illustrate below, the division of labour this set of intra- and inter-organisational relations created was complex and contested, yet, productive.

Bringing the campaign into existence, and allowing its various delegations, arrangements and inventions to circulate, required the creative folding together of a heterogeneous network of entities—in other words, **alterations**. Given the scale and sophistication of *Healthier. Happier.*, a comprehensive list of these components would be enormous and well beyond the scope of this chapter. Here, we limit ourselves to cataloguing a selection of the constituents most heavily implicated in the alterations that formed the trajectory of the campaign.

Some of these elements have already been introduced. For example, the campaign's social marketing strategy folded together television, online, outdoor and print advertising, as well as the tools, information and resources of the campaign website and the campaign app. Furthermore, *Healthier. Happier.* mixed initiatives aimed at promoting *both* physical activity *and* healthy eating within the one intervention. And, third, developing the campaign entailed assembling together staff from the Department's preventive health and marketing and online communication, as well as staff beyond the Department from the market research company and creative agency.

Other key components of the campaign-as-technological-being have not yet been added to our account. The most significant of these components was data mobilised as evidence. Broadly, two kinds of data were used to inform, justify and evaluate the campaign. The first were data generated through the knowledge practices of market research. These data were collected by the market research

company, who had already been engaged by the Australian Department of Health to review the existing national obesity prevention campaign and to identify key influences on health behaviours. The company was then commissioned to collect a booster sample of these data in Queensland and subsequently, to evaluate the effectiveness of the various stages of *Healthier. Happier*. The national data set and the state booster sample began with a large-scale, multi-method, qualitative investigation involving observation, interviews and video diaries in which participants recorded their food consumption and physical activity behaviours. The findings of this investigation were then used to create a quantitative survey of population-level body mass index, food consumption and physical activity measures, along with attitudinal profiling. These data were used as benchmarks for population segmentation based on the exhibition (or not) of healthy diet and exercise behaviours and the degree of likelihood to change.

The second kind of data used in the campaign were those produced through epidemiological and public health knowledge practices. The majority of these data came from descriptive, in-house research conducted by the Department for its own use (Lee et al., 2018). Very little of it pertained to public health interventions designed to reduce the prevalence and incidence of obesity or the behaviours associated with it. The most prominent sources were the fourth report of Queensland's Chief Health Officer (CHO) (Queensland Health, 2012) and a PHU technical report (Department of Health, 2013). Other conspicuous data sources of this kind included the Australian guidelines on physical activity, sedentary behaviour and healthy eating.

As we noted earlier, successfully folding together these alterations to sustain the ongoing existence of a technological being is a continuous task—one that inevitably encounters obstacles or **hiatuses**. An extensive account of the many obstacles *Healthier. Happier*. has negotiated during its existence—like changes of government, ministerial priorities, and funding—would exceed the space afforded us. Instead, we present, here, an illustration of just two hiatuses encountered by the campaign-as-technological-being, how these hiatuses were traversed through adjustments, rectifications and workarounds typical of the technological mode of existence, and the effects of these measures on the campaign's trajectory.

The first hiatus was encountered at the very beginning of the campaign's existence. From the State Government's perspective, Queensland had an obesity problem. Accordingly, the Minister and the CHO were committed to a new anti-obesity campaign. Reflecting the priority they gave this issue, both wanted to play a key role in designing and approving the campaign's messages, focuses and strategies. To this end, both wanted to buy a "shock tactics" campaign from another state based on a "toxic fat" concept. Indeed, content from the toxic fat campaign was showcased at the internal launch of the initiative, negotiations over its use having already begun. However, within MOCU and PHU, those responsible for developing and delivering the campaign opposed the toxic fat campaign's use of guilt and fear.

The workaround deployed in this instance was the folding in of bureaucratic procedure. In Queensland, an independent governmental communication committee must approve all government advertising. Approval from this committee is contingent on the advertising passing rigorous market testing of its suitability for a Queensland audience. As suspected by those with reservations about it, the toxic fat campaign did not test well when referred to this committee. The test audiences identified obesity as a sensitive and emotive issue. Instead, this group indicated a strong preference for positive, supportive behaviour change messages that were not focused on weight. Faced with these findings, the CHO decided to abort the toxic fat campaign, start over and develop a new, Queensland-specific campaign. The effect of this adjustment on the **trajectory** of the campaign was two-fold. First, it momentarily shifted the locus of control over campaign messages from the upper echelons of the Department to a sample of the electorate. In so doing, it changed the campaign's direction from the toxic fat concept to an obesity prevention campaign where the strategies avoided using the word "obesity."

A second hiatus was the relationship between PHU and MOCU, which was marked on both sides by perceptions of "us" and "them" early in the campaign. Differing knowledge practices were the most significant cause of these difficulties. Within PHU, epidemiological knowledge and concerns with evidence-based medicine dominated. From their perspective, the Government maintained its credibility as a source of health information through these knowledge practices. By contrast, within MOCU, market testing, message cut-through and the maximisation of return on investment were paramount. The hurdle created by this philosophical divergence was exacerbated by: the geographical separation of the two units (MOCU was located in the Brisbane CBD, whereas PHU was located four kilometres away in Brisbane's inner-North); the departmental division of labour (PHU held the budget and were responsible for the approval of campaign content, whereas MOCU tested ideas, content and messages with the target audiences); and, different intra-organisational processes (MOCU approval procedures were perceived as being faster and less cumbersome than PHU ones).

This obstacle was ultimately cleared by a series of syncretic foldings whereby heterogeneity was homogenised, domesticated and rendered commensurable (Law et al., 2014). For example, key MOCU staff began working in PHU offices one day each week to ensure easier communication between units. Furthermore, key staff in both units agreed to make the CHO report and relevant national guidelines the authoritative point of reference in any situation where each unit's knowledge created mixed messages about "the obesity problem in Queensland" or the means by which the campaign should try to solve it. These foldings created the **felicity conditions** by which entities were added, rearranged, and readjusted so that the campaign was able to continue to exist in a particular way. For instance, they routed the campaign through epidemiological data and national guidelines. These foldings also biased the campaign towards knowledge transmission approaches to behaviour change. Here too, then, the campaign's **trajectory** zigzags in response to efforts to stabilise its existence.

## The value of modes of existence

We opened this chapter with a quote from one of our PHU informants. In it, he responds to a question we posed about what prompted the *Healthier. Happier.* campaign. He goes on to list a range of factors beyond the epidemiological data, such as the availability of funding, public perceptions of the issue, political will, and so on. It is tempting to interpret this quote as illustrative of how campaigns like *Healthier. Happier.* get biased by political, technological or other forces. And, it is enticing to think public health campaigns might be more efficacious and more just if they applied the knowledge that is currently excluded (particularly the critical public health kind). However, Latour's work on modes of existence has helped us think about the campaign's existence in ways other theories have not. Specifically, it has benefited us in three related ways.

First, this conceptual apparatus sensitised us to the campaign's existence as a technological being. In so doing, our analysis eschewed anthropocentric or technocentric approaches in which primary attention is given to the ways humans shape their tools or tools shape humans. Instead, we were able to attend to the campaign's ontologically diverse constituents symmetrically and simultaneously. By de-centring humans in this way and highlighting hybridity, Latour's metaphysics are very much part of the ontological turn and the contemporary posthuman moment (Pickering, 2017).

Second, Latour's thinking helped us avoid the category mistake of interrogating the campaign in the wrong metaphorical key. For Latour, each mode of existence is valuable in its own right. There is no single mode in Latour's worldview to which we can defer for arbitration when values conflict (such as disputes about what counts as evidence in evidence-based-practice). Each mode needs to be addressed in its own terms and is irreducible to any other. We argue that *Healthier. Happier.* is not a scientific entity, nor a political entity but, rather, a technological entity and should be judged as such.

Third, Latour's explication of the technological mode of being has attuned us to issues implicated in attempts to increase public health campaign developers' engagement with critical public health literature. The question of why critical health research is seldom translated into practice by policy makers and practitioners vexes us. Analysing *Healthier. Happier.* as a technological being drew our attention to the compositional logic of the campaign's existence. The consequences of attempting to fold critical public health knowledge into a campaign like *Healthier. Happier.* is an open, empirical question. Nevertheless, it is a question whose answer would benefit greatly from grappling with whether such a folding would satisfy the felicity conditions proper to the technological mode and how it might affect the hiatuses encountered by the campaign, the trajectory of the campaign and so on. As we showed, the construction and incorporation of evidence was already a point of considerable turbulence and instability and we have doubts about the prospects of critical public health evidence to stabilise these dynamics without considerable attention being given to the complexity of these dynamics.

In this chapter, we have sought to study a public health campaign as a technological being and to highlight the characteristics unique to its mode of existence. Along the way, we have employed a mere fraction of Latour's extensive and complex philosophical project. We have not, for example, been able to address the beings of other modes of existence (like politics and law) whose path the campaign-as-technological-being crosses. Nor have we been able to explore the "labyrinth of unanticipated consequences" (Latour, 2013, p. 221) the twisting trajectories of public health campaigns leave in their wake. Hopefully, however, we have highlighted some of the utility of Latour's worldview for researchers interested in grappling with new ways of engaging with health education. Moreover, we hope we have hinted at the broader "compositionist" agenda (Latour, 2010, p. 478) that lies at its heart—namely, the difficult, but necessary diplomatic task of composing and inhabiting a common world shared by those human and nonhuman Others whose existence and franchise modernity has routinely been denied or ignored (see Hokowhitu, 2014; Taylor, Wright, & O'Flynn, 2016).

## Further reading

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