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The medicalisation of food pedagogies in primary schools and popular culture: A case for awakening subjugated knowledges

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In this paper we interrogate the ways nutrition and health have become increasingly influential to children's everyday life practices and conceptualizations of food. We challenge the orthodoxy of meanings afforded to food that draw a distinct binary between 'good'/'bad' or 'healthy'/'unhealthy'; ideas widely promulgated in health texts, popular culture and pedagogical practice. Whilst these dominant medico-scientific discourses are pervasive in accounts of food, they are not the only meanings that permeate the popular cultural and pedagogical landscape; for instance, there has been a burgeoning interest in culinary cooking programs and food sustainability in recent years. In this paper, we use Foucault's notion of biopower to trace the various ways food is governed through interventions; pedagogised by popular culture; and, taken up in school policies and practices. We draw on interviews with 32 Year 5 students from Australian public and private primary schools. Not surprisingly, the analysis demonstrates how students reiterated food as a practice of 'temptation' and 'risk', similar to nutrition based knowledge of food circulated in popular culture and health programs. This suggests that other meanings of food are often socially and pedagogically marginalised. We argue that because of the perceived risk attached to food practices, these young people see food as an object of guilt and a reason for self-surveillance. After discussing the results we consider some of the consequences for young peoples' sense of self and their relationships with food in every day life, particularly in light of the perilous effects of deeming food as 'good'/'bad' from such a young age. As a point of departure we explore some of the subjugated knowledges that can be brought to the table of food pedagogies in schools in order to bring about a broader assemblage of food 'truths'.

Keywords: food; children; regulation; temptation; body pedagogies; health, biopedagogies

Introduction

What do you like when you roll out of bed?
A nice warm slice of homemade bread?
Dip it in egg,
Slop it in cream,
Fry it in butter,
or Whipped mar-jar-eeen (sic).
Pour on a syrup
You like the most
Love that breakfast with warm French toast! (Mudlicious, 1986)

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It is hard to imagine the above excerpt from the song ‘What do you like to start the day?’ (Irving & Currie, 1987, p. 28), disseminated as a teaching resource in the *Early Childhood Education Journal*, over two decades ago, making it into primary school teachers’ choice of food-based activities in the current schooling epoch of ‘healthy food choices’ and healthified canteen menus. The food options suggested in the song would now be considered extremely ‘unhealthy’ because of their association with a multitude of health risks, with heart disease, diabetes, and obesity heading the list. The sentiment inherent in this song – choosing foods because of the pleasure associated with their consumption – is at odds with that of contemporary primary school initiatives, canteens and curriculum enactments. Rather, discourses of risk and nutrition, often associated with health and weight, are entwined in and through both school pedagogies and children’s popular culture. Other scholars have provided detailed critiques of the ‘obesity epidemic’ as one of the most influential discourses informing our thinking and pedagogies of health and the body (Evans, Davies, & Rich, 2008; Kirk, 2006; Leahy, 2009; Wright & Dean, 2007). It is not our intention to take up these debates, but, rather, to submit that obesity discourse, along with other health ‘risks’ such as cardiovascular disease and diabetes, has given rise to nutritional based pedagogies of food in schools, popular culture and widespread government campaigns such as *Go for 2 & 5* (Australian Government Department of Health and Ageing, 2008; NSW Department of Health, 2003).

Methodology

Like the other papers in this Special Issue collection, we are drawing on the large dataset from an international study, funded by the ARC and ESRC, that investigated schools’ uptake of overweight and obesity-related school policies and practices. The analysis in this paper is informed by one component of the data: the interviews with children from three primary schools in Australia. All 32 Australian children interviewed were in Year 5 or Year 6 and were typically 10 or 11 years old. The children were interviewed in pairs at their school, during school hours. The interviews were designed to engage with young peoples’ meanings of health, their sources of health knowledge and how they perceived school health practices. All interviews were audio-recorded and then later transcribed. Transcriptions were uploaded to NVivo™ data analysis software and then thematically coded against research nodes pre-identified by the research team and according to emerging themes in the dataset. Through this process we were concerned with comparing, contrasting and contextualizing participants’ interview texts with broader discourses on the topic. Together, these analytic processes raised questions as to why such unexpectedly ‘grown up’ notions of food knowledge and practice featured so prominently in the schoolchildren’s talk.

We utilize the notion of biopower as derived from Foucault (1978) to understand not only the ways the children in this study considered food, but also the pedagogical, pop-cultural, and government interventions that promulgate discourses that constitute particular understandings of food and health. Specifically, we adopt the analytical tools of biopower as explicated by Rabinow and Rose (2006, p. 197) to examine how particular ‘truths’ influenced the ways the children came to understand food, health and the body. Rabinow and Rose (2006) outline three minimum elements of biopower as a historical ‘plane of actuality’ that imparts knowledge and make meaning:

- (i) One or more truth discourses about the 'vital' character of living human beings and an array of authorities considered competent to tell the truth;
- (ii) Strategies for intervention upon collective existence in the name of life and health that may be addressed to the population or collectivities [in this, case children, and to a lesser extent, parents]; and
- (iii) Modes of subjectification, through which individuals are brought to work on themselves ... by means of practices of the self in the name of their own life and health. (Rabinow & Rose, 2006, p. 197)

Adopting Rabinow and Rose's three elements facilitates analysis of biopower's pedagogies of 'life' as applied to children, specifically the 'truths', strategies for intervention and modes of subjectification pertaining to the current framing of the relationship food and health. In adopting Rabinow and Rose's framework, this paper will point towards the consistency with which 'biopedagogies', that is, 'the art and practice of teaching of "life"' (Harwood, 2009, p. 21), related to food as a nutritional practice, are entangled across young people's everyday experience, at school and in popular culture. Further, we will explore how pedagogical practices work to govern bodies in everyday life and practices around food.

Lastly, in this paper, we offer considerations of the subjugated knowledge of food in both popular culture and children's everyday experiences. In doing so, we present the case for a broader discussion of food practices in the primary school, and the need to reconsider the use of medicalised and 'healthified' pedagogies in the ways we talk about food with young people.

'Truth' discourses about food: Medico-scientific discourses of food and health

Over time, the roles and responsibilities of the state, family and child have been differently emphasized in relation to children's health. Albon and Mukherji (2008, p. 1) describe five historical periods of food policy development since 1906, each illustrating different ways in which food has been valued within primary schools: a philanthropic concern (pre-1906); a residual service (1906-Second World War); a universal service (1944-79); a return to the market (1980-96); and safeguarding futures (1997 onwards). Among the concerns raised over these periods are cleanliness and manners, malnourishment, and food quantity over quality. Various processes of industrialization, the processing of foods and the marketisation of food have also contributed to changes in food availability and function; and these have filtered into school food practices (Chamberlain, 2004). Albon and Mukherji (2008) suggest that, since 1997 there has been a concern with the nutritional value of food and its role in ill-health and disease prevention, that is, food has increasingly been regarded as instrumental in safeguarding children's futures.

The development of nutrition as a science over the last century as a means to prevent illness has been rapidly taken up in everyday life (Apple, 1996; Chamberlain, 2004). By scientifically attributing certain health and risk values to food, discourses associated with food have become increasingly medicalised; that is, food has become valued for its contribution to preventing disease, or vilified for its contribution to illhealth. Medicalisation (Illich, 1975) is defined as a process whereby 'non medical problems become defined and treated as medical problems usually in terms of illness or disorders' (Conrad, 1992, p. 209) by laity, the media, educational and medical institutions (Jutel, 2006; Zwier, 2009). Scrinis (2008) associates the medicalisation of

food with a wider trend within nutrition science; one that reduces the value of food to its nutrients and their health-giving properties. He describes this trend as 'the ideology of nutritionism' and links its dominance to the food industry's marketing strategies.

The conflation of food with medicine and science is a powerful alliance and one that constitutes 'truths' in public discourse that are difficult to contest. Representations of food in the different sites of advertising (Zwier, 2009), the home and popular culture (Chamberlain, 2004) increasingly feature food for its 'health giving' nutritional contents (e.g. protein and antioxidants) (Scrinis, 2008). Fruit and vegetables are valued for vitamins and minerals or fibre and their generally low energy value; on the other side are foods judged to be low in vitamins and minerals and high energy value (high 'empty calories'). All this becomes translated into the shorthand of 'junk' and 'fast' food. As Lupton (1996, p. 27) states 'one powerful binary opposition which is often invoked in popular and medical discourses relating to food is that between 'good' and 'bad' food'. Chamberlain (2004, p. 469) describes how 'fruits and vegetables changed their status from inessential delicacies to essential foods for good health' and how nutritional science 'opened the way for the state to intervene in the regulation and surveillance of food'. This is apparent in the ways the Australian government, for instance, disseminates nutritional guidelines and food promotion campaigns to citizens. The early years are seen as a key stage of health development and prevention of ill-health and disease, and food is valued for its medicinal role in safeguarding futures. Medico-scientific food truths, then, are intimately connected with children's everyday life practices and work to constitute and regulate understandings of 'morality' and 'risk'. For instance, fast foods are characterised as bad because of assumed low nutritional and high energy value, but also because they carry associations of food prepared outside the home, demonstrating a lack of a caring relationship between parents (particularly mothers) and children (Lupton, 1996).

Healthy eating is largely seen as a public health concern, however, those who are privileged, and those who are marginalized by constructions of food are rarely considered in such accounts and the research that fuels them (Chamberlain, 2004). A common undertaking in these accounts of health promotion and education is to 'educate' for behaviour change. This is a key tenet of what Crawford (1980) describes as 'healthism', a notion well established as a feature of modern society and the rise of neo-liberalism, where health is promoted as the individual's responsibility invoking a shift toward considering individuals as health consumers. Yet, concluding that particular social groups and individuals need education in order to change their behaviour fosters a practice of blaming individuals, and fails to consider socio-cultural worlds that contribute to individuals' practices of the self (Lupton, 1996). These renderings of food and the body fail to take into account the complex relationships that make up health and the structural causes underpinning food disadvantage (Coveney, 2000~~03~~ ^{2000 in references}). All of these truths re-present food as a means of corporeality and health utility before pleasure. These truths of food, then, produce a dominant permutation of what it means to be 'healthy' by drawing on medicalised classifications and food binaries, separating those who 'can/do' from those who 'can't/don't' eat well.

Interventions: Bio-pedagogies of food in the primary school

Food knowledge is taken up in strategies for intervention and (re)produced through the pedagogical practices of parents, teachers, marketers and media. According to the elements of biopower, these varied and collective sites of knowledge production tacitly govern children's food knowledge, beliefs and behaviour in relation to life and health in both subtle and overt ways. Schools are particularly central to the enactment of public health food agendas, as they are seen as convenient sites to access children in order to foster their 'development' of food habits for health and longevity. Wright and Dean (2007), for example, point to the ways school health texts (websites and text books) commonly draw on medicalised knowledge and contribute to normative positions that value food and exercise for their role in controlling health and weight.

The overhaul of 'healthy' canteen legislation in schools is another way food is pedagogised in the battle over children's health. The NSW *FreshTastes@School Strategy* (NSW Department of Education and Training, 2004) largely arose from concerns about childhood overweight and obesity and has had a direct effect on the ways food is provided in schools in New South Wales. The *Fresh Tastes* 'Healthy Canteen Menu Planning Guide' legitimates its implementation across NSW primary school canteens via a 12 page commentary on the 'issue' and 'risk' of overweight and obesity which includes: statistics of the 'prevalence of overweight and obesity'; the case to dispel 'the myth of puppy fat'; images of young people playing computer games; and, health risks of overweight and obesity. Other Australian states have similar versions of the *FreshTastes@School* initiative similarly motivated by the concern about 'childhood obesity': *Smart Choices* (Queensland), *Go For Your Life* (Victoria), *Healthy Food and Drink* (Western Australia), and *Right Bite* (South Australia). These moves to 'healthify' school canteens have been accorded further status through a range of canteen awards distributed by organizations such as the *Parents Jury*, and *Fresh Tastes*, all of which contribute to the canteen as a space of school 'performativity' (see Ball, 2003). The health promotion intervention *Crunch and Sip* is another popular school-based program in Western Australia. It advocates the consumption of fruit and water in class time at the exclusion of all other foods; and promotes water and fruit as a means to physical and mental performance in the classroom (Government of Western Australia, 2005).

Collectively, these initiatives discursively subject young people to the requirement to be attentive to their health and bodies through monitoring the food and drink they consume. These accounts of food and health place children constantly at risk of the consequences of 'unhealthy' eating and moralise 'good' eating. Such campaigns prompt children and their parents to monitor and regulate children's eating behaviours, in order to avoid health risks, in particular overweight and obesity. Other writers have urged that such practices serve to normalize and regulate children's relationships to food and their bodies (Cliff & Wright, 2010; Gard, 2006; Gard & Wright, 2001, 2009 Not in refs; Leahy & Harrison, 2004). Paradoxically then, the modes of food disciplinary power tend to be framed as either: serving an 'educational' role where children are prompted to make healthy decisions; or, by governing children's exposure to, and removing choice of, un/healthy food through legislation and codes of conduct.

Popular media as a biopedagogical site

Narratives of food in children's popular media texts appear to be discursively similar to the healthism rhetoric and binaries of un/healthy food cited in schools. What

follows are examples of public pedagogical interventions directly aimed at children (and their parents) that promote via the popular media, medico-scientifically derived notions of food – that is, a simple relationship between food and health. Several of these are commercially produced television and video programs, and one is a national government campaign. In this section we also draw on some of the data from the interviews with children to highlight direct links in their talk to the popular cultural resources being documented.

Beginning in 2005, the multi-million dollar *Go for 2 & 5* campaign was first disseminated throughout Australian media (magazines, television, billboards, online) by the Australian government in an attempt to make fruit and vegetables a central part of adult's and children's food thoughts and practices. The campaign targets children, parents and carers of children and is prescriptive in tenor, encouraging individuals, both children and parents, to increase the amount of fruit and vegetables that they consume (Australian Government Department of Health and Ageing, 2008). The campaign continues to provide information about overweight and obesity risks and the relationship between diet and disease on its website. The promotional material is made readily available and distributed to childhood educational sites and interested health educators. The success of this campaign is evident in that half of children in our study mentioned the campaign directly when talking about health. For instance: 'I listen to the commercial to eat two fruit and five veg' (Jorge, Trimdon Primary School); 'the past year and stuff they have had a lot of ads about eat two and five' (Amir, St Mark's PS); 'it's [a pop up on the computer] like five vegetables or five servings of fruit and two vegetables' (Jordy, St Clarie's PS); 'every year (at school) for a few months we would all do two and five' (Johnny, St Mark's PS); or 'I remember going up in front of the school and presenting this poster of why you should be eating two to five vegs ... we also read through this little booklet for the two and five thing' (Liz, St Mark's PS). The success of the campaign can also be inferred from the prominence given to fruit and vegetables in all of the children's responses to questions about health. Responses that exemplify this prominence will be detailed later in this paper.

In August 2006, *Hi5*, a successful children's entertainment group, became engaged with the issue of combatting childhood 'overweight and obesity'. Charlie Delany, one of the band members, stated that whilst she was "not a mum", *Hi-5* were helping out in fighting the epidemic by getting the kids singing, dancing, keeping them active and writing songs about eating vegetables (Huntley, 2008). Another popular children's group, *The Wiggles*, released a DVD titled 'The Wiggles Hot Poppin' Popcorn' in 2009. In a scene from this DVD, Murray (one of the four characters that make up The Wiggles and depicted wearing the authoritative cover of a white lab coat) states, 'yes everyone, popcorn is a lovely treat to eat at the circus or at the movies and some foods are just for eating on special occasions'. Pointing to a plate of food containing chocolate, lollies, croissants and cupcakes, he says, 'these seem to be special occasion foods and sweet treats'. He then indicates the plate of fruit and vegetables and says, 'while these are delicious healthy treats you can eat quite often'. In response, Anthony, the idiosyncratically, ever-hungry Wiggle says, 'Wow, professor Murray! You know, I think I can eat all the food, all the time. And, even if I can't I'll try to eat it all!' To this, Murray looks worried and replies 'Anthony! Eat the healthy food, mate. The occasional foods can give you a tummy ache if you eat too much of them'. The other Wiggles members nod emphatically in agreement as Murray warns, '[a]nd if you have a tummy ache, you might have to call Food Man to help you'. Food Man, another character in the Wiggles' armory derives

his superpowers from his profound knowledge of healthy foods and a self-confessed and much-sung-of compulsion to 'fly away from cream pies'. Throughout this particular Wiggles DVD, Food Man helps the constantly tempted and apparently weak-willed Anthony to make 'good' food choices. These exchanges of food knowledge consistently characterise Anthony as misguided in his knowledge about how much food and what kinds of food he should eat and as lacking in self-control – the opposite of what any good child should aspire to.

Designed for older children and their parents, celebrity chef, Jamie Oliver's televised projects, 'Jamie's food revolution' and 'Jamie's school dinners', present another example of the ways food is both medicalised and imbued with particular moral values. These projects, although tailored differently for UK, US and Australian contexts, have as their central rationale the combatting of obesity through food 'education'. In an invited Television Entertainment Design (TED) 'award speech' where he was awarded \$100,000 prize money, Jamie talks about the aforementioned projects' role in health:

... fast food – it's sloppy joes, it's burgers, it's wieners, it's pizzas, it's all of that stuff. Ten percent of money we spend on health care as I said earlier is on obesity and it's going to double. We're not teaching our kids, there is no statutory right to teach kids about food. (TED Conferences, 2010)

This is a particularly explicit enunciation of food as a risk to health and to the national good of the economy. Jamie Oliver's programs, instruct children about cooking food as an important skill for health and avoiding the risk of overweight and obesity. He considers teaching people to cook (children and caregivers) as the answer to the 'obesity epidemic' (ABC, 2010). To do this, he has implemented a healthy eating program in a range of UK and US schools, and a cooking centre in Ipswich, Australia, all of which have received a great deal of media and television coverage in the Australian context (ABC, 2010).

The Biggest Loser, a popular 'reality' television program provides a further example of a site of 'medicalised' food knowledge accessible to children. The show was referred to by many of the children in their interviews when asked about health information. For example,

Int: So the next question is how do you decide what health information to believe?
R: Some TV shows are about fitness like the Biggest Loser, I watch that and they tell you like they have temptations to see what has got the most vitamins, and what is good, but has got lots of fat. (Renee, St Claire's PS)

The messages of temptation and guilt are likely to resonate with those children who watch it as they make connections between weight and foods with 'lots of fat'.

Collectively, these popular cultural interventions deploy forms of biopower by taking a singular, authoritative approach to food. Explicitly for Hi5 and Jamie Oliver and the Wiggles, they assume straightforwardly that there are foods children should eat and foods that they shouldn't eat. For the Wiggles there is an acknowledgment that the foods children shouldn't eat are those from which children might derive the most pleasure and therefore are the most tempting. Together, these texts act as popular pedagogical sites and 'strategies for intervention upon [the] collective existence' of children (Rabinow & Rose, 2006, p. 197). Thus, initiatives such as those mentioned above, and others that are founded on helping children to make healthy choices based on their development of values and beliefs in the younger years, work

to discursively constitute food knowledge that takes as its focus the relationship between health and weight.

Having identified some of the medicalised truth discourses of food circulating in schools and popular culture and the ways these operate as biopedagogies to incite children to think about food in particular kinds of ways, we now consider children's meanings of food and health via the lens of the third operational tool of biopower: technologies of the self. What is central to this notion, and useful to our analysis, is how individuals invest in self-forming practices or 'ethical work' in order to transform themselves into ethical or desired subjects through constant self-monitoring and self-surveillance.

A moral project: Children's conceptions of un/healthy foods

One of the earliest questions in the interview schedule was designed to probe the primary school children's meanings of health. Students' responses to the question, 'what does health mean to you?' indicated that much consideration was afforded to food, particularly through the classification of food in binary forms as either healthy/unhealthy or good /bad. Interestingly, however, when the children's descriptions of what constitutes 'healthy foods' were probed further, the term 'healthy foods' was not found to include all foods falling outside the category of its binary opposite, 'unhealthy'. Instead, 'healthy foods' were conflated predominantly with 'fruit and vegetables'. Whilst, at face value, this seemed consistent with previous studies (e.g. [Persson Osowski, Göransson, & Fjellström, 2012](#); [McKinley et al., 2005](#) **Not in refs**), in all of the interviews with the Australian primary school children, 'fruit and vegetables' were offered as *the* examples of 'healthy' foods when asked 'what does health mean to you?' There was one exception, Lior, who also spoke of 'meat' and 'protein' when describing healthy foods. This seemingly exclusive conflation of concepts (i.e. healthy food = fruit and vegetables) has the effect of creating a tacitly known category for food beyond the un/healthy classification binary. The children appeared to deploy a triple-taxonomy for food: 'unhealthy foods'; 'healthy foods' = 'fruit and vegetables'; and, by inference, 'other foods'. This notion of 'other foods' was an unexpected and underdeveloped one that warrants future investigation. With a large data set at hand, it was surprising to see such recurrent homogeneity across the children's definitions of 'healthy' food. The data also showed that primary students seemed to use the words 'healthy' and 'good' interchangeably, thus overtly placing a positive moral value on making healthy food choices. In this sense, eating healthy food (or, for these children, 'fruit and vegetables') was portrayed as tantamount to virtuousness.

What was forfeited in the children's knowledge were more diverse knowledges of health and the relationship between food and health. This was unanticipated, particularly when considering the NSW PDHPE syllabus (Board of Studies New South Wales, 1999) that encourages children to recognise a *variety* of foods as contributing to good health. For instance one of the 'Personal Health Choices Outcomes and Indicators' listed in the syllabus suggests that a child at PHES1.12 level (Early Stage 1) 'identifies a range of foodstuffs and groups them according to their sources, eg vegetable, meat, dairy, fruit that keep them healthy'. In addition, 'The Food Plate', assembled by The Australian Government Department of Health and Ageing, which has commonly replaced what was known as the Food Pyramid, is a common teaching resource for knowledge about food and health in the primary

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school (Wright & Dean, 2007). However, its catch phrase, 'enjoy a variety of foods every day' along with its descriptions of food groups that extend beyond fruit and vegetables did not feature in the children's descriptions of what constitutes healthy or 'good' food.

Moral judgments about food were also evident in the primary children's discussion of unhealthy foods as 'bad'. For the children in the study unhealthy/bad food was equated with foods that were high in sugar or fat, 'fast' or 'junk' foods. Mention of 'fatty foods' and foods high in sugar in the data was unsurprising, considering the extent to which these permeate the message of the health promotion campaigns and interventions mentioned earlier. The following quotes illustrate the kinds of associations the children made between 'bad' food and specific risks of ill-health.

- Int: So the first questions are just about health. So the first one, D ____, could you have a go at this one, what does health mean to you?
- D: Safe food, like if you don't eat properly you'll get sick or you'll get diabetes or something like that, if you eat too much sugar. (Damien, Saint Claire's PS)
- Int: What does health mean to you?
- D: Like keeping in shape like don't eat too much of the wrong foods, like eat healthy stuff. (Derren, Trimdon PS)

The second quote here demonstrates the way a simple relationship between fast food (food eaten outside the home, as well as food containing 'bad' ingredients) and the risk of overweight was so often made.

- Int: What kind of health stuff do you learn?
- J: Not to eat really fast food because then if you try to lose weight it will just come back to you. (Jordy, Saint Claire's PS)

In the interviews the consumption of the 'wrong' or 'junk/fast food' was always regarded as dangerous and transgressive, signifying 'bad' and 'sinful' practices. The interview texts below exemplify the ways the children are incited to work on themselves in relation to 'truths' or discourses of healthy food through technologies of the self. Designating some food as bad, and thus forbidden, generated the possibility of being tempted by and/or feeling guilty for eating, and/or being addicted to, certain types of foods. Amongst the children's talk of how they rated their health and kept themselves healthy were expressions of temptation, addiction and guilt.

- J: ... lollies, like if you try a lolly you want more and more and more because it tastes nice. (Joe, Year 5, Trimdon PS)
- M: Well I know that once I tried this breakfast cereal, I won't say the name of it. But I know that it was really, really nice and then we didn't always have it with the milk and we just took it out of the box and then we said 'oh yum' and then take another one and another one. (Mae, Year 5, St. Mark's PS)
- Int: Okay what do you reckon John what would you have to do to be a ten [out of ten health rating]?
- J: I'd have to stop eating a lot of chips; I really like chips like barbecue, those ones. I really like them and I eat them so much like Jacob said I have to have some limits and start eating some healthy food. (Jorge, Year 5 Trimdon PS)
- Int: So do you guys think that there are things that get in the way of people being healthy like are there things that sort of stop them or slow them down?

- A: Yeah, birthday parties, temptations.
 Int: What kind of temptations?
 A: Lollies, chocolates, like some people in the whole world they might be fat but that is not their fault, like that might have been through their family.

And later

- Int: Anything else that you reckon gets in the way of people being healthy?
 A: Yeah.
 Int: What about people your age, do you reckon there is anything?
 A: Yeah, at school when you see someone with a lot of food at recess or lunch you just feel I should have some more or something and sometimes you get tempted to buy it off them or something.
 V: Like you want to trade or something.
 A: Yeah you trade some chips for five lollies or something. (Amir and Vance, St Mark's PS)

Taken together these examples from the children, particularly the comments about the need to 'set some limits' and resist addictions, temptations and eating too much, are further indications that the Australian primary schoolchildren conferred a certain (im)moral value on particular types of foods; particularly, 'bad' foods. Food temptation is not a new concept, particularly in the context of Western cultural food practices and binaries of food as 'good' or 'bad'. However, the notion of food temptation amongst primary school children hinging on the desire for foods deemed 'risky' to health or for weight gain is a relatively new finding.

Discussion

From what we have found in this study, children are particularly aware of consuming food as an un/healthy practice and the health risks associated with eating particular kinds of foods. This contrasts to Lupton's (2005) finding that young people and children had little interest or knowledge of the healthy or unhealthy aspects of their diets and were the least concerned, in comparison to their adult counterparts, when it came to maintaining a healthy diet.

The relations of food knowledge across the varied sites of government initiatives, policy, popular culture, school canteen menus, and curriculum initiatives, draw on knowledge from the fields of epidemiology, medicine and nutrition to reproduce a relatively consistent and reductionist message to young people about what is considered 'healthy' (i.e. fruit and vegetables) and that which is unhealthy (i.e. fast food, sweets and fat). The consistency and intensity of this message, we argue, constructs children as in need of saving themselves from 'unhealthy' food behaviour and in turn limits children's 'healthy' food knowledge. Our concern here, lies with how these truths about food and nutrition shape the thoughts of individuals in ways that can conjure up feelings of shame and disgust (Burrows, 2010). The sensation of conflict between an imagined or immediate desire of something and the conscious thought of the associated risks in acting upon such a desire creates feelings of temptation, self-surveillance and guilt. These feelings appear counterproductive to the project of 'health' itself (Burrows, 2010; Burrows & Wright, 2007; O'Dea, 2005; Wright & Dean, 2007).

We do not wish to suggest that the food knowledge and practices we have described above act as governing pedagogies in a totalising sense or that they are not

hybridized with other ways of knowing; however, we do argue that they contribute as 'slow, subtle, and often invisible dispositions and maneuvers that have occurred in the domain of knowledge in society over time' (Cooter & Stein, 2010, p. 110). Iverson and Duveen (2006, p. 10) point out that '[w]hile teaching involves fostering skills, practices and knowledge, at the same time pedagogic discourse inducts children into becoming particular kinds of moral agents'. The prevalent conceptions of food and its role in governing life and the somatic experiences of bodies is one, we argue, that needs to be critiqued in schools, teachers', parents' and media's production of healthy food knowledge. It is here where the ethical issue of food in schools, public health agendas, popular culture and parenting resides as well-intentioned interventions and teaching methods reinstate destructive truths about food and the body. We suggest O'Dea's (2005) article, 'Prevention of childhood obesity: "First do no Harm"' has ongoing value in response to governments, educators', academics' and practitioners' concern with childhood obesity prevention. Taking as its premise what she calls 'one of the most important principles of modern medicine and health prevention science, first do no harm' (p. 259), O'Dea stresses that those involved with health education need to pay attention to how, what may be well-intentioned prevention efforts, are tied up in generating undesirable effects. Rather than simply critiquing the unintended effects of health prevention, however, in the next section we endeavour to offer some alternative meanings of food – meanings that may expand rather than narrow the range of practices, thoughts and dispositions children link to food in their everyday lives.

Pedagogical 'counterpoints': Bringing subjugated knowledges of food to the surface

Austin contends that 'nutritional public health should be viewed first and foremost as an ideological project, driven far more forcefully by the logics of materialism and deviance than by its own empirical method' (Austin, 1999, p. 245). We consider this an important starting point for bringing 'subjugated' knowledges to the surface. By 'subjugated knowledges' we mean knowledges that have been disqualified as inadequate in the hierarchy of knowledge 'beneath the required level of cognition or scientificity' (Foucault, 1980, pp. 81-82). We support calls to recognise food as a political issue, and urge a more critical examination of food as it is related to health in pedagogical settings. As Chamberlain asserts,

Food can be differently valenced, providing us with pleasure and fulfilment but simultaneously offering anxieties and fears; food can offer health and life but it can also bring illness and death. Hence food is not a simple entity, but something that is constructed, negotiated, socialized and contextualized (2004, p. 468).

In this sense, subjugated knowledges, or the contradictions and variances in meanings about food are important to consider in order to diversify the scope of children's food knowledge and thus what they are able to do with this.

There has been a burgeoning popular interest in food-based television shows that represent food for its culinary, sensory, cultural and geographical virtues rather than for its nutritional value and contribution to physical 'health'. Indeed, a pluralism of food products and gastronomic experiences have infiltrated the market as globalization, cosmopolitanism and reflexive modernity have shaped the foodscapes of western, developed cities (Germov & Williams, 2008). Since the late 1990s, food

in popular culture, particularly directed to adults has gained a great deal of traction. *Iron Chef*, first televised in 1993, followed by *Two Fat Ladies* in 1996, *Jamie Oliver's Naked Chef* launched in the UK in 1999, *Nigella Lawson* (2000-2010 under various names), *Mave O'Mara's Food Safaris*, *Kitchen Chemistry*, and *Heston's Mission Impossible* with Heston Blumenthal, Gordon Ramsay's various programs and most recently *MasterChef (Junior)* are but a few of the more popular television cooking programs. Whilst it is apparent that 'food as a visceral and culinary pleasure' and 'the virtues of home cooking mastery' (Huntley, 2008, p. 130) have had considerable air play, these meanings afforded to food are often at odds with health interventions and discourses that emphasise the role of food as a means to health and the prevention of illness and disease.

MasterChef Junior is one example of the ways food is valued, particularly by children, for its inherent nature as palatably pleasing or indulgent. The program tends to intentionally omit notions of 'unhealthy' or 'immoral' food based on nutritional components. Rather, foods that are often less common to everyday eating, expensive and arguably inaccessible to many, such as lobster and truffles are commonly featured. The premise of this program is concerned with a kind of 'haute cuisine' similar to that served in European restaurants and the show's evaluation of dishes portrays its uptake of discourses of food that emphasize the 'indulgent', 'creative', 'distinguished' and historical production and consumption of food. Whilst this temperament of the show has been met with much controversy for not incorporating a 'healthy' agenda (Mediawatch, 2010; Saxelby, 2011; VicHealth, 2010), the show has maintained its identity without paying concessions to health rhetoric.

Further to these discursive resources, we have seen a 'wholesome', 'back to basics', sustainable approach to food make an emergence, similar to that espoused by the *Stephanie Alexander Kitchen Garden Project (SAKGP)*. Many schools are already adopting 'alternative' approaches to food through the *SAKGP* (Stephanie Alexander Kitchen Garden Foundation, 2008) and other similar initiatives such as *Kids in the Kitchen*. Despite popular purchase in contemporary social spaces and media, such messages about food did not seem to appear in the knowledge expressed by school children in this study. The *SAKGP*, whilst funded under the banner of government obesity prevention (Virtual Medical Centre, 2008), omits references to food related to the medicalised terms of 'overweight and obesity' in its online resources and objectives (Stephanie Alexander Kitchen Garden Foundation, 2008). Rather, the project appears to be aligned with sustainable and ecological practices of food together with promulgating an appreciation of where food comes from, how to cultivate, and cook it. Such movements can be seen, beyond school contexts, in the growing interest in farmers markets and specialty food cooperatives as individuals seek out sustainable, local and fresh produce (Huntley, 2008).

McAuliffe and Lane (2005, cited in Albon and Mukherji, 2008) suggest that pedagogical practitioners need to ensure that they give equal value and respect to familiar and unfamiliar foods, including where and how the foods are produced, who produces them, and how they are eaten. There is also a case for emphasizing that the pleasure we derive from food is also one of the main sources of anxiety around eating (Coveney, 2000). To support pedagogues wishing to diversify the types of food knowledges presented in their classrooms, drawing on Buddhist conceptions of 'mindful eating', observing Kosher or Halal religions and philosophies, embracing traditional indigenous Australian bush foods and its associated socio-ecological approaches to food and the land, emphasizing Fair Trade and vegetarianism may offer some alternatives. Whilst we do not suggest that schools should, or shouldn't, adopt

such ideologies, it is worth noting the myriad ways food can be thought of and deployed in educational pursuits in both implicit and explicit ways. This is a task beyond the scope of this paper; however, it is one that warrants attention.

Conclusion

In this paper we have argued that discourses of childhood obesity, 'health', weight and longevity, as disseminated by public health agendas, constitute a form of biopower that dominates the contemporary landscape of children's 'healthy' food pedagogic practices. Whilst we do not disregard the agentic capabilities of children, teachers and other practitioners to resist such dominant discourses of food, we do suggest that the dominant ways food is pedagogised around health and weight need to be reconsidered. The last thing needed for children is more education around simplistic, shorthand, notions of healthy or good vs bad food. We contend that re-envisioning discourses of food may result in a variety of other ways of thinking about food which are currently compromised, unimaginable and marginalized in children's food knowledge. Whilst health policies and programs that set out to provide young people with skills to make better choices and resist partaking in 'risky' and 'unhealthy' eating may seem harmless, from our analysis, they also limit what young people can feel by negating any pleasurable, alternative knowledges or the social and cultural benefits of foods.

Whilst there are examples of exceptions to the dominant healthification of food in stories of food in popular culture, stressing its culinary and fresh produce merits, for the most part, the children in this study almost universally referred to food as either bad/good or un/healthy. In this sense, then, we contend that technologies of biopower have converged. This convergence we have evidenced through: medicalised 'truths' about food and the body being circulated; healthy food interventions that govern school food practices; and, the ways children govern their food beliefs and practices through technologies of the self. Children, then are compelled to regulate their practices of food in everyday life by the exigencies of medicalised or 'healthy' food practices. As a final point of departure, we urge pedagogues to consider new ways of thinking about food and nutrition with young people. We also point to the importance of more research that explores alternative food knowledges and pedagogies to those of the medicalisation of food and the everyday classification of food within this framework.

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