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**A Sociocultural Perspective as a Curriculum Change in Health and
Physical Education**

A thesis submitted in fulfilment of the requirements for the award of the degree

Doctor of Philosophy

from

University of Wollongong

by

Ken Cliff

B.Ed (Physical and Health Education) Honours, University of Wollongong

The Faculty of Education

2007

Certification

I, Ken Cliff, declare that this thesis, submitted in fulfilment of the requirements for the award of Doctor of Philosophy, in the Faculty of Education, University of Wollongong, is wholly my own work unless otherwise referenced or acknowledged. The document has not been submitted for the qualification at any other academic institution.

Signed.

Ken Cliff

Date:

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ABSTRACT

This thesis used a poststructural approach to examine the introduction of a sociocultural perspective as a curriculum change in Health and Physical Education (HPE). A sociocultural perspective is now widely seen to underpin syllabus documents in Australia and New Zealand, though the form and foregrounding of the concept varies considerably across syllabus documents. While there is little research that has inquired into a sociocultural perspective as a curriculum change, critical literature from the previous two decades suggests that it is likely to exist in a tenuous relationship with the medico-scientific, biophysical and psychological discursive foundations that are frequently seen to underpin both past and present HPE curriculum. Given this situation, the study sought to respond to the question ‘What happens when you introduce a unit of work planned with the aim of developing a sociocultural perspective into the HPE classroom?’

The research took place in two classrooms in the Australian state of New South Wales (NSW), where the re-writing of the Personal Development, Health and Physical Education (PDHPE) syllabus for years 7 – 10 in 2003 was expected to result in a sociocultural perspective being incorporated into the document for the first time. A combination of a modified action research design and qualitative data collection methods was used as a means of examining a sociocultural perspective as a curriculum change. The researcher collaborated with two teachers to design and implement units of work that focused on the study of food.

An analysis of data from teacher and student interviews, the planning process and the lessons depicted a range of discursive and material constraints impacting on the introduction of a sociocultural perspective. For example, the prominence of medico-scientific knowledge as a discursive resource taken up by the teachers and students contributed to social and cultural influences largely being interpreted as ‘social determinants’. Such an understanding limited the possibilities for a sociocultural perspective to be employed as a critical lens through which to examine health and physical activity issues. Opportunities to develop a sociocultural perspective were also constrained by the organisation of the schools and schooling itself, and through the prominence of a notion of knowledge that presented it as fixed and certain. Though HPE syllabus documents have in many cases begun to reflect a sociocultural perspective, evidence from this research suggests that a sociocultural perspective as a practised curriculum change is likely to remain a highly challenging exercise for many teachers.

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CHAPTER ONE – AN INTRODUCTION TO THE STUDY

INTRODUCTION

This study is about the introduction of a sociocultural perspective as a curriculum change in school-based Health and Physical Education (HPE). For some, a sociocultural perspective could be seen to have emerged out of curriculum critique and dissatisfaction that began as early as the 1980s and gathered momentum throughout the 1990s. However, the current situation, where a sociocultural perspective is seen to underpin/be contained within HPE syllabus documents across Australia and New Zealand (Wright, 2004a), is undoubtedly a recent event. In the Australian state of New South Wales (NSW), where the original research reported in this thesis took place, a sociocultural perspective was first incorporated into the 1999 Senior syllabus (Board of Studies, 1999). Similarly, curriculum research by Queensland-based academics indicate that the 1999 years 1-10 HPE syllabus for Queensland schools (QSCC, 1999) was the first document to explicitly take up a sociocultural perspective in that State (Kirk & Macdonald, 2001a; Macdonald, Hunter, Carlson & Penney, 2002; Tinning & Glasby, 2002). In New Zealand, Burrows and Wright (2004) note that the release of the 1999 HPE syllabus there marked a shift towards a sociocultural perspective.

Given that this curriculum change is both recent and, as others have pointed out, a considerable departure from the predominantly medico-scientific, biophysical and psychological foundations of HPE curriculum, there is as yet little research which has responded to the question ‘what happens when you attempt to construct and introduce a unit of work underpinned by a sociocultural perspective into a HPE classroom?’ This question is the starting point for my thesis. I begin by conceptualising curriculum as a social construct and curriculum change as a social process of negotiation. Such a conceptualisation acknowledges both the broad influences that contribute to the production of curriculum and the idea that curriculum continues to be constructed and (re)negotiated long after the official text is produced and disseminated. As such my analysis considers the political climate in which schooling is taking place (Apple, 2001, 2003b; Luke, 1995), subject specific influences such as the discursive underpinnings and subject history of HPE (Goodson, 1988), and classroom influences such as teachers and students. The analytical questions that I employ in doing this work are primarily directed by the critical poststructural resources which I draw on and as such, I am concerned with issues of the nature of knowledge, the production of meaning and ‘truths’, and the possibilities for change through thinking and acting ‘otherwise’.

BACKGROUND AND RATIONALE

A SOCIOCULTURAL PERSPECTIVE IN HPE

The idea that a sociocultural perspective represents a curriculum change that has been taken up and incorporated into official HPE syllabus texts is at the centre of this thesis. However, despite researchers such as Wright (2004a) noting the prevalence of a sociocultural perspective in syllabus documents in Australia and New Zealand, none of these documents have yet gone to any lengths to explain what the term means, nor the implications it has for pedagogy. Similarly, most academic researchers in HPE who have made reference to the term have done so without attempting to define the concept, the origins of the change, or its implications for how we might read and teach HPE curriculum. While such circumstances may provide pedagogues with a sense of flexibility in how they interpret and work with a sociocultural perspective, it also makes it difficult to develop shared understandings or goals. Given this, I will begin by offering a broad definition of the concept of a sociocultural perspective and by historically situating the curriculum change within the HPE field.

Pedagogues have two main sources to draw on in attempting to define a sociocultural perspective in HPE: ‘official’ syllabus documents, issued by authorities of the state, and academic literature, which is primarily generated at the tertiary level. Importantly, the source an individual chooses has implications for the type and scope of the sociocultural perspective available to them. Where HPE syllabus documents specifically refer to ‘sociocultural’ it is often in reference to a set of factors (sometimes labelled determinants¹) that are seen to influence an individual’s health and health-related choices. For example, the NSW Stage 6 Personal Development Health and Physical Education (PDHPE) syllabus (Board of Studies, 1999) defines sociocultural in the glossary to the text as being ‘related to social and cultural factors

¹ Throughout this thesis I will make a distinction between social and cultural *influences* and *social determinants*. In making this distinction I firstly draw on the work of health sociologist John Germov (1998). Germov notes that the ‘social model of health’ and ‘the new public health’ are often used ‘interchangeably’, despite having greatly different disciplinary origins (p.14). The ‘social model of health’ primarily draws on health sociology, whereas he argues that the ‘new public health’ approach primarily emerged out of the health sciences (though there are, he notes, exceptions to this). He cites work by Deborah Lupton and Alan Petersen to argue that health sciences-based new public health approaches have been ‘criticised by sociologists for an over-reliance on individualistic solutions in practice’ (Germov, 1998, p.14). As such, I have used ‘influences’, rather than ‘determinants’, to refer to an approach that imagines social and cultural factors within a social model of health. Such an approach is based on the assertion that health and illness occur in a social context and that a greater understanding of this context shifts our attention away from the individualistic biomedical approach to health. In contrast I use ‘determinants’ to refer to an understanding of social and cultural factors that is rooted in the individualistic, behaviour change focus of the health sciences. It should be made clear that for me, this distinction was not one that I brought to the research, but rather formed through my analysis of the classroom events. As such, my concerns about the use of social determinants in HPE will be explained in more detail in the results chapters.

that impact on health and physical activity issues' (p.97). The South Australian HPE syllabus for the middle years (Department of Education and Children's Services, 2001) refers to students studying the 'sociocultural and political factors that promote wellbeing and those that present risks' (p.96) and the Queensland Senior Health Education syllabus (Queensland Studies Authority, 2004) describes the study of 'the influence of sociocultural, physical, political and economic environmental factors on health' (p.24). While most documents seem to leave readers to decide what constitutes social and cultural factors, others, such as the NSW 7-10 PDHPE syllabus (Board of Studies, 2003) are more explicit. One content statement in this Outcomes-based document refers to students learning 'about influences on health decision-making and risk behaviours' such as 'sociocultural factors e.g. family, peers, gender, culture' (p.38).²

A sociocultural *perspective* as it is framed by the HPE academic literature is more than an understanding of these 'factors', though it does encompass a recognition of such factors and their influence on health and physical activity. A sociocultural perspective is a way of examining health and physical activity issues and a perspective through which to 'read' or understand HPE content³. Generally, the 'social' elements of a sociocultural perspective are concerned with power and social relations, political and economic factors, and dominant and subordinate groups. The 'cultural' aspect refers to shared ways of thinking and acting (ideas, values, beliefs, behaviours), which differ from one culture to another and even within cultures. The critical underpinnings of a sociocultural perspective also recognise calls for HPE to problematise the construction of knowledge, through an approach to knowledge that understands it as socially constructed. Whereas in the past HPE has primarily provided young people with the tools and knowledge of medico-scientific, biophysical and psychological sciences to understand and examine health and physical activity issues, a sociocultural perspective employs knowledge and ways of thinking drawn from sociology and cultural studies. These disciplines provide notably different engagements with health and physical activity issues. For example, whereas understandings of ill-health in HPE have in the past been premised on the assumption that individuals' experience poor health and premature mortality

² It is also worth acknowledging that some State HPE syllabus documents provide little evidence at all of being underpinned by a sociocultural perspective. Though such claims may be argued, my own readings of the current versions of both the Victorian 1- 10 syllabus (Victorian Curriculum and Assessment Authority, 2005) and the Western Australian Physical Education Studies syllabus (Curriculum Council, 2006) place them in this category.

³ My understanding of a sociocultural perspective as distinct from social and cultural factors is one that developed throughout the research and particularly the analysis. Given this, it was not an understanding that I took with me into the research, nor one that I was able to explicitly articulate to those involved. Instead, it was formed through my interactions with teachers, and students, as well as ongoing dialogues with academic colleagues and their work.

because they failed to ascertain and employ knowledge to choose health affirming behaviours, sociology and cultural studies has drawn attention to the social and cultural dimensions of ill health. As such, many syllabus documents now consider the impact of structural features such as education, health care and infrastructure on the production of ill-health, requiring students to situate individuals and groups within the social and cultural environments in which they live their lives. Likewise, research into the sociology of the body, as well as cultural studies-inspired examinations of sporting culture and ideology have contributed to recent syllabuses including content statements such as the following taken from the Queensland Senior PE syllabus: ‘How do sociocultural understandings of sport, physical activity and exercise influence personal, team and community participation, appreciation and values, within Australian society?’ (Queensland Studies Authority, 2004, p.19).

Though there is very little research that has examined a sociocultural perspective (or versions of) in classroom practice, it is generally understood as part of a broader student-centred, inquiry-based movement that also encompasses concepts such as problem solving and critical inquiry (cf. Wright, 2004a). Pedagogically, such approaches are underpinned by constructivist assumptions about students as producers of knowledge. As such, learning strategies which involve student research, critical engagement with multiple knowledge sources/points of view, and a general orientation to knowledge that positions it as multiple and uncertain seem likely to contribute to the development of a sociocultural perspective, though this remains unclear.

A BRIEF HISTORY

An historical analysis of HPE literature highlights the emergence of a sociocultural perspective as a complex counter discourse informed by critical pedagogues and critical pedagogy in Australia, the UK and New Zealand in the 1980s and 1990s. Within the physical education field, work by researchers such as Kirk, Wright, Tinning, Evans, Macdonald, Hickey and Fernandez-Balboa utilised critical, poststructural, feminist and postmodern theory to express a range of concerns in relation to school (H)PE and to draw attention to the relationship between ideology, power and culture (Fernandez-Balboa, 1997). For example, Kirk (Kirk & Colquhoun, 1989) critiqued the work of PE in reproducing simplified notions of the relationship between exercise, fitness and health through the healthism discourse and Tinning (1985) criticised the lack of interrogation of the school subject’s complicity in reproducing cultural ideals related to the slender body. Burns (1993) examined school health and physical education as a site for the formation of female subjectivity, in the process drawing attention to the privileging of individualised discourses of personal responsibility for health and the stigmatisation of young female bodies as unfit and unhealthy. Jan Wright (Wright, 1991, 1997, 1999) examined the

gendered nature of the school physical education lesson through a discursive analysis of teacher/student interactions, and like Kirk (1998), considered PE as a site for exercising regulatory and disciplinary power over young bodies (Wright, 2000). Macdonald (Macdonald & Glover, 1997) investigated subject matter and boundary-related tensions associated with the formation of the new Health and Physical Education Key Learning Area (KLA) and numerous researchers analysed the impact of the continued privileging of medico-scientific and biophysical knowledge in the preparation of PE teachers and the legitimisation of such content as the official knowledge of HPE by syllabus writers and teachers (Kirk & Macdonald, 2001b; Kirk, Macdonald & Tinning, 1997; Macdonald, Kirk & Braiuka, 1999; Tinning, 1991, 1997). The counter discourse introduced by researchers such as those noted above, argued that physical education in schools, as well as being inequitable and damaging for some students, was often disconnected from the social and cultural circumstances of young people's lives. As such, they argued that physical education curriculum needed to be reoriented to cater for the health and physical education needs of postmodern youth growing up in rapidly changing times (Tinning & Fitzclarence, 1992).

As well as the influence of 'critical' physical education researchers, changes in the area of health education also contributed to the development of a sociocultural perspective in curriculum documents. In Australia, the integration of the previously separate health education and physical education subjects, in conjunction with the growing focus on health-related physical education, placed a new emphasis on how health was conceptualised within curriculum documents. Definitions which focused almost solely on biomedical notions of health were exchanged for the 'social view of health', which placed an emphasis on locating health within its social and cultural contexts (Broom, 1991). In NSW, health sociologist John Germov (1998) was contracted to undertake professional development for teachers of the new 1999 Stage 6 PDHPE syllabus (Board of Studies, 1999). Work such as his had contributed to themes such as the socially constructed nature of health and illness, and health inequalities as they relate to social and cultural difference, becoming prominent features of the 1999 Stage 6 syllabus document. Concurrently, socially-critical researchers were drawing attention to the need for education (Atweh, Kemmis & Weeks, 1998; Connell, 1993) and HPE specifically (Sage, 1993), to foreground the study of social justice principles. Such an approach to HPE had been envisaged in the writing of the HPE national curriculum statement (Curriculum Corporation, 1994a, 1994b), which Garrett and Wrench (2006) note is 'underpinned by the key principles of diversity, social justice and supportive environments' (p.200).

WHY RESEARCH THIS? CONTEXTUALISING THE CHANGE AND CONSIDERING SOME OF THE TENSIONS INHERENT IN ITS INTRODUCTION

A sociocultural perspective represents a significant change in school-based health and physical education curriculum. Developments such as a social view of health, attention to social justice principles, an understanding of young people that moves beyond developmental discourses of deficit and perhaps most importantly, an understanding of knowledge as socially constructed and contestable, offers a considerable challenge to established content, understandings and discourses in HPE. Two bodies of research are particularly useful in contextualising this change and the need for contemporary research in the area. The first body of research is that which has examined the purposes of (H)PE and the orientation to knowledge that these purposes require. The findings of this work suggest potential tensions as a sociocultural perspective is integrated into existing HPE curriculum and alongside regulative and instructional discourses directed towards promoting discourses of personal responsibility for health. Secondly, Bernsteinian-inspired work examining the construction of educational discourse in schools and its relationship to tertiary disciplines highlights both the dominance of medico-scientific and biophysical knowledge and the marginalisation of sociocultural discourse in the tertiary preparation of many HPE teachers. Researchers in this area have also indicated their concerns about the readiness and willingness of pre-service teachers to engage with the sociocultural discourses and ways of thinking required to teach a sociocultural perspective.

Research which has examined the purposes of school-based HPE points to a range of potential tensions as a sociocultural perspective is introduced into curriculum and classrooms. While the explicit corporeal regulation that marked versions of physical education throughout the first half of the Twentieth Century (cf. Kirk, 1998) has given way to looser forms of power, contemporary HPE is no less concerned with constituting young people whose bodies, attitudes and behaviours mark them as healthy, productive citizens (Leahy & Harrison, 2004; Lupton, 1999; Tinning & Glasby, 2002). Western culture's turn to 'lifestyle' and 'risk' (Petersen & Lupton, 1996) in combination with a neoliberal political climate (Rose, 1999, 2007) has contributed to a situation in which discourses of personal responsibility for one's health and wellbeing have come to underpin HPE syllabus documents in Australia, New Zealand, the UK and the USA (Evans, 2003; Kirk & Colquhoun, 1989; Leahy & Harrison, 2004; Lupton, 1999; Macdonald & Hunter, 2005; Tinning & Glasby, 2002; Wright & Burrows, 2004). As such, HPE is expected to explicitly teach individuals how to take preventative measures to protect themselves from a range of lifestyle, environmental and interpersonal risks.

However, in taking up this charge, the KLA has tended to work under the questionable assumption that ‘knowledge changes attitude which in turn changes behaviour’ (Wright & Burrows, 2004, p.215). As Leahy and Harrison (2004) point out in their recent study of Victorian HPE classrooms, this assumes that only a lack of knowledge or skills prevents students from minimising risks through rational actions. School-based HPE ‘has thus become responsible for providing “accurate” and “factual” information on the basis of which students can make ‘informed choices’ (Wright & Burrows, 2004, p.215). Such knowledge is predominantly recontextualised from that produced by ‘experts’ in the medical, psychological and biophysical sciences and is presented as ‘certain, universally applicable and uncontestable’ (Wright & Burrows, 2004, p.215). This presents a considerable problem for those wishing to introduce a sociocultural perspective into the curriculum. On the one hand, young people are told that health information is certain and that ‘making the right decision’ is a matter of having the right information and applying it in rational, health affirming ways. On the other hand, taking up a sociocultural perspective in regards to HPE content requires one to understand knowledge as socially constructed and therefore both changeable and open to contestation or challenge. Similarly, a sociocultural perspective sees health decisions as largely context specific, and as such there is little concern for finding or prescribing a universal ‘right’ decision. Perhaps most importantly, a sociocultural perspective specifically seeks to trouble regimes of truth about ‘health’ and ‘healthy living’, an act which in itself is confronting for many HPE teachers who are invested in the certainty of expert knowledges.

The findings of the second body of research, the social construction of the field of physical education and physical education teacher education (PETE), also points to a number of likely tensions in the introduction of a sociocultural perspective into HPE curriculum and pedagogical discourse. Firstly, historical analyses have consistently indicated the relative marginalisation of both sociocultural knowledge and critical engagements with the body in tertiary PETE courses. Research by Kirk, Macdonald and Tinning (1997) and Macdonald, Kirk and Braiuka (1999) note the foregrounding of biophysical knowledge over sociocultural knowledge in PETE institutions in Australia between the 1960s and 1980s. They also argue that structural changes to tertiary education in the late 1980s and early 1990s tended to enhance the position of ‘biophysical science subjects (e.g. exercise physiology, biomechanics, functional anatomy and motor learning) over sociocultural subjects (such as sociology, history and philosophy), physical activities and professional preparation’ (Kirk et al., 1997, p.278). Though such changes were made more than fifteen years ago, some in the area suggest that the implications are ongoing. Under the heading ‘The type of knowledge privileged in (H)PETE’, Tinning (2004) writes:

The most worthwhile (read essential) subject matter content knowledge for health and physical education is considered to be knowledge of the sub-disciplines of human movement, particularly those like exercise physiology which focus on the body as a biological 'thing' (p.246).

Kirk, Macdonald and Tinning (1997) also assert that as well as marginalising sociocultural knowledge in general, specifically (H)PETE in Australia has: failed to respond to the need for future teachers to be able to critically engage with the forms of corporeal regulation embedded in commercialised and commodified physical culture; continued to work with 'culturally obsolete' and 'dangerously misleading' functionalist assumptions about gender, race and social class; and neglected 'the social construction of the body through sport, exercise and recreational activities' (p.291).

The same body of research has noted that the place and status of sociocultural knowledge in school HPE curriculum has been influenced by its marginalisation at the tertiary level and the tendency, at least in the past, for syllabus writers to draw narrowly from the Primary field (Bernstein, 2000) in deciding what constitutes legitimate content in school HPE. Brooker and Macdonald (1995) recall the 1992 Australian Senate Inquiry into Physical and Sport Education which found that school programmes had become 'watered down' versions of tertiary courses, with biophysical knowledge drawn from scientific disciplines reconstituted for secondary students. In particular, this seems to have been the case as syllabus writers drew on the academic status of the sciences to depict examinable 'Senior PE' as rigorous and demanding. Outside of Australia, Penney and Evans (1999) discuss the difficulty of developing more socially critical, diverse and inclusive physical education in the UK because of the historically entrenched nature of a competitive games focus within the English and Welsh school curriculum. Macdonald and Hunter's (2005) analysis of the USA's 2004 National Standards for Physical Education led them to argue that the 'writing committees chose to select from knowledge categories in the biophysical sciences more so than the sociocultural movement sciences' (p.120). While sociocultural knowledge is at times depicted as if solely in contest with biophysical knowledge for curriculum space, Macdonald and Hunter's analysis also points to the important internal tensions that exist within what they have grouped as 'sociocultural knowledge categories' (p.116). They provide the example of work in health sociology, cultural studies and sociology of the body specifically critiquing health promotion's mobilisation of expert knowledge about normality in order to 'use the agency of individuals so that they largely govern themselves through the making of healthy choices' (p.116).

A further part of the rationale for exploring the introduction of a sociocultural perspective into health and physical education curriculum comes from my personal experiences as a high school HPE teacher and particularly as a University tutor and lecturer. I completed my undergraduate degree in 2002 at the University of Wollongong - one of the few institutions in Australia that still locates the preparation of HPE teachers primarily in a Faculty of Education and through a four year Bachelor of Education degree. Since then I have been part of a team responsible for teaching EDUP392 *Sociocultural Perspectives on Physical Activity and Physical Education* to third year HPE pre-service teachers at the University of Wollongong. During this time I have become concerned with the interest, inclination and preparation of undergraduate HPE teachers to teach a sociocultural perspective and with what I see as the considerable challenge of positioning a sociocultural perspective alongside other discursive resources and imperatives in HPE curriculum.

Based on my experiences as a tutor and lecturer in HPE, the ‘relatively similar discursive histories’ (Tinning, 2004, p.244) of many of the young people who decide to train to be HPE teachers is an issue of concern if a sociocultural perspective is to be integrated into HPE curriculum. According to Macdonald, Kirk and Braiuka (1999) ‘PETE students in “Western” countries come from narrow sections of the community and hold similar values’ (p.33). Many pre-service teachers have a strong affinity for sport, have enjoyed sporting success themselves and regard their school physical education experiences as highly positive (Macdonald et al., 2002; Rich, 2004; Sikes, 1988; Tinning, Macdonald, Wright & Hickey, 2001). These young people (like their older colleagues) are often significantly invested in the slender, athletic body and practices of the self directed at bodily regulation to attain/maintain this ideal. Not surprisingly, research also suggests that teaching practical ‘doing’ subjects such as games (rugby cricket, soccer), gymnastics and outdoor education forms the core of what many pre-service teachers see to be their roles as ‘PE’ teachers (Macdonald et al., 1999). It has been my experience that, often but not always, these teachers understand HPE and HPE teachers as being concerned with: giving students a recreational ‘break’ from more academically challenging subjects (George & Kirk, 1988); the production of skilled performers and high achieving sporting teams (Tinning, 1997); and/or fostering young peoples’ interest in sport (Sikes, 1988). In terms of the ‘physical’ component of HPE, such engagements suggest little of the critical orientation to power and ideology that are required to analyse issues of gender, class and ethnicity in physical activity and sport (George & Kirk, 1988; Tinning, 2004). Moreover, visions of education ‘through the physical’ seem to be backgrounded in comparison to other goals and as such, addressing complex social and cultural issues remains beyond the remit of physical education for many pre-service teachers.

The introduction of a sociocultural perspective into school HPE curriculum also seems to be in tension with the orientation of pre-service teachers to aspects of 'health education'. Firstly, many of the pre-service teachers that I have taught and taught with, identify more with the physical education components of the KLA than they do with the health education elements. Glover and Macdonald (1997) have suggested that pre-service teachers resist the integrated nature of the KLA because they lack knowledge and understanding of concepts such as a social view of health and personal development. Similarly, Macdonald, Kirk and Braiuka (1999) note that pre-service teachers who took part in their research were 'very quick to recall the "practical" units they had studied' at university (tennis, swimming, touch football), but needed more prompting to recall those that were more 'theory' related such as 'health' and 'sociology' (p.40). Based on their findings they assert that 'health within school health and physical education seemed a lower priority' in comparison to practical units and other 'theory' units such as biomechanics and exercise physiology (p.40).

However, in my experience it is not only the low status of 'health education', in comparison to 'physical education' in the views of pre-service teachers that presents a problem. Many of the pre-service teachers I have had contact with, while recognising their legislated obligation to teach health, have shown a noticeable resistance to a sociocultural perspective and related 'critical' readings of health. Such students tend to mobilise knowledge generated from epidemiology and health promotion to find fault with individual behaviour and apportion blame for 'unhealthy' lifestyles. There is little consideration of the material conditions of individuals' lives, the limits of individual agency, or the discursive construction of 'normal'. In alluding to similar concerns, Tinning (2004) notes that 'the tools and ways of thinking that many (H)PETE programs give student teachers to deal with the issues associated with working with post-modern young people are those of rationality and science' (p.243). He makes the point that while the new HPE curriculum is a socially critical liberal curriculum, pre-service teacher preparation programs continue to produce HPE teachers who are uncomfortable with 'grey' areas such as sociocultural perspective and are resistant to calls to problematise health-related knowledge.

THE 'NEW' NSW PERSONAL DEVELOPMENT, HEALTH AND PHYSICAL EDUCATION YEARS 7-10 SYLLABUS

A significant part of the rationale for this research was based on the perception that a sociocultural perspective would be introduced into the 'new' New South Wales (NSW) PDHPE syllabus for students from years 7-10 (ages 12 – 16), as part of the re-writing scheduled for

2002/2003. At the time PDHPE was receiving significant attention because of the (supposedly) emerging obesity ‘crisis’, ongoing concern about illicit drugs, road deaths, mental health, and the general high profile of ‘health’ in contemporary Australian society. As such, the re-writing of the 7-10 syllabus was made a priority. The previous document had been in implementation since 1992, during which time both the Stage 6 (Years 11 & 12, ages 17 and 18) and K – 6 (ages 5 – 12) syllabus documents had been re-written.

The first NSW PDHPE syllabus document to be underpinned by a sociocultural perspective was the 1999 Stage 6 syllabus (Board of Studies, 1999). According to the rationale, the ‘syllabus focuses on a social view of health where the principles of diversity, social justice and supportive environments are fundamental aspects of health’ (p.6). The rationale is also illustrative of the balance that is struck within the document between a sociocultural perspective and competing imperatives and perspectives. For example, the rationale details the study of movement through ‘anatomy, physiology, biomechanics and skill acquisition’, but balances this with the directive for students to ‘think critically about aspects of history, economics, gender and media as they impact on patterns of participation and the ways that movement is valued’ (p.7). However, while the syllabus calls for students to examine the ‘individual, family and community values and beliefs and the sociocultural and physical environments in which we live [to provide] an explanation for health status’ (p.6), at times it also frames the examination of PDHPE issues as if such problems were primarily issues of personal responsibility. For example, students ‘are challenged to examine [PDHPE issues] in socially imaginative ways and respond in terms of individual plans, lifestyle decisions and clarification of values’ (p.7).

Given the presence of a sociocultural perspective in the 1999 Stage 6 syllabus and the integration of a sociocultural perspective into other HPE syllabus documents in Australia and New Zealand, it was widely expected that the new NSW 7-10 syllabus would share similar underpinnings. When the Draft version of the syllabus was released for consultation, it became clear that the new Outcomes-based NSW 7-10 syllabus took important organisational cues from the 1999 NSW Stage 6 PDHPE syllabus. Like the Stage 6 document, content was organised into *Learn About* and *Learn To* statements, through which students worked towards achieving prescribed *Outcome* statements⁴ (see Figure 1). However, while the Stage 6 document was

⁴ The NSW 7-10 PDHPE syllabus does not go into detail in explaining the relationship between Outcome, Learn About and Learn To statements, instead assuming that teachers will be familiar with these terms from the 1999 Stage 6 Syllabus. According to this document, a *Learn About* statement ‘details the subject matter to be covered in the module. It describes what students learn about. All aspects identified in this section are to be studied’. A *Learn To* statement ‘details what students learn to do as a result of engaging

organised into Core and Option modules, the final version of the new 7-10 syllabus was organised into four strands: 'Self and relationships', 'Movement skill and performance', 'Individual and community health', and 'Lifelong physical activity' (Board of Studies, 2003, p.14). From Years 7 – 10 all students in NSW are expected to complete a minimum of 300 hours of study in PDHPE, in which time they must achieve all Outcomes set out in the syllabus.

While the new 7-10 syllabus shared general organisational features with the Stage 6 document, it was (arguably) less explicit in foregrounding a sociocultural perspective. An analysis of the rationale shows a less explicit dedication to a social view of health and less awareness of social and cultural influences on ill-health and physical activity choices. While it purports 'to be affirming and inclusive of those young people who experience a range of challenges in managing their own health' (p.8), if anything there is a *greater* focus on young people taking personal responsibility and self-managing risk than in the Stage 6 document. Nevertheless, the content of the document provides some sociocultural possibilities. For example, Year 7 and 8 students examine the exercise of power in relationships (p.22) and Year 9 and 10 explore the changing nature of health knowledge (p.39). Given this, the new 7-10 syllabus embodied the frequently uneasy relationship that exists between a sociocultural perspective and other perspectives and imperatives within contemporary HPE syllabus documents.

Figure 1 - Excerpt of organisational relationships between Outcomes, Learn About and Learn To statement

with the subject matter. It is expected that students will have experience of all aspects identified' (Board of Studies, 1999, p.11).

THE RESEARCH AND RESEARCH QUESTIONS

As previously noted, I was interested in the implications of a sociocultural perspective as a curriculum change in HPE. While a sociocultural perspective is now widely understood to underpin syllabus documents in Australia and New Zealand, there is no research that has explicitly explored the process of developing and introducing curriculum underpinned by a sociocultural perspective into HPE classrooms. Given this, I conceptualised this research as a study of the curriculum as a social construction and developed a broad research question and three sub-questions through which to examine the curriculum change:

What happens when you introduce a unit of work planned with the aim of developing a sociocultural perspective into the HPE classroom?

- What meanings and understandings do teachers and students bring to the curriculum and how do the discursive resources they draw on in constituting these meanings and understandings co-exist with a sociocultural perspective?
- How do teachers and students engage with the process of developing and implementing a unit of work underpinned by a sociocultural perspective and what are the tensions and issues involved in this process?
- What are the discursive, structural and material barriers that exist in relation to the introduction of a sociocultural perspective as a curriculum change in HPE?

Each of the three sub-questions contributes to answering the broader question. Firstly, the meanings and understandings that teachers and students bring to the research are seen to make an important contribution towards understanding why they may take up or reject a particular curriculum change. Just as importantly however, researchers using poststructural theory use meanings and understandings as a means of mapping the discursive resources available to, and drawn upon by, participants. According to Foucault (1978), individuals constitute and are constituted through discursive resources. Discursive resources make available certain subject positions, ways of thinking and possibilities of practice. In this way they have a regulatory capacity, establishing what can be thought, spoken, written or performed. An attention to the discursive resources made available by a set of texts, a lesson, or an institutional site, is thus an important means through which to understand the relative currency given to certain ways of thinking and acting in relation to HPE.

The second question highlights my concern with understanding a sociocultural perspective via analytical tools and resources associated with the curriculum as it is socially constructed. These resources draw attention to the need to understand curriculum change as a *negotiated process*, within which conflict, competing agendas and compromises are inherent. Much of the second question is thus concerned with the planning process and particularly the interactions between teacher, researcher, students and the institutional environment of HPE.

The final question is one that was developed later in the research. While I presupposed the existence of barriers prior to commencing the research, these barriers took on greater significance as the research progressed. As such this research question comes out of a desire to begin identifying these barriers, the form that take and the effects they have. Furthermore, given the unexplored nature of a sociocultural perspective curriculum change, such work can provide a starting point for those developing research agendas and potentially, curriculum.

READING THE THESIS

This thesis is structured in a relatively traditional format. In Chapter Two I examine the literature that underpinned the research and present a number of key theoretical concepts utilised in the analysis. Chapter Three provides an introduction to the notion of curriculum adopted in the thesis and to the concept of action research, which was used to inform the design of the study. The latter part of the chapter outlines the steps involved in recruiting the two cases and maps out the data collection methods and techniques of analysis that were used to answer the research questions. In presenting the results of the research I have chosen to keep each of the two cases separate, with each school making up two chapters. The results for the first case, St Annes' Girl's High School, make up Chapters Four and Five. The second case, Waterside, is presented in Chapters Six and Seven. The results for each case are presented in a consistent format. The first chapter introduces the school, then draws on findings from individual and focus group interviews to identify and analyse the meanings and understandings the teacher and students brought to the curriculum and the discursive resources they drew upon in doing so. The second chapter of each case, Chapters Five and Seven respectively, begins in Part I with an analysis of the process of collaboratively producing a set of lesson plans in which the study of food was the primary focus. I consider how the teacher and researcher engaged in this process and the tensions and issues that emerged as we sought to develop lesson plans that were underpinned by a sociocultural perspective. Chapter Five Part II and Chapter Seven Part II detail what happened as the lessons were put into practice in the classroom. Using a Foucauldian notion of discourse analysis I look for moments and events that were illustrative of

how teachers and students engaged with the lessons and then consider how these engagements impacted on the development of a sociocultural perspective. In Chapter Eight I draw together the main issues from each of the two cases and reflect on the implications these have for a sociocultural perspective as a curriculum change in HPE.

CHAPTER TWO – REVIEW OF LITERATURE AND THEORETICAL FRAMES

This chapter contextualises the thesis through an exploration of the literature and related theory that examines contemporary discursive constructions of health, HPE and the healthy citizen, and later in the chapter, curriculum change in HPE. The chapter is organised under three main headings: the new public health, governmentality and the neoliberal healthy citizen; discursive resources of contemporary HPE; and health and physical education curriculum change. Researchers such as Tinning and Glasby (2002) and Lupton (1999) have situated the content and goals of contemporary HPE under the broad umbrella of the ‘new public health’. Along with others, they argue that the healthy citizen articulated in the new public health is autonomous, self-regulating and entrepreneurial, desirous of ‘good’ health and able to draw on and employ knowledges attained from experts to achieve it. Such an understanding of ‘the citizen’ and their responsibilities reflects the looser forms of power that mark modern forms of government. As Rose (1999, 2007) has pointed out, modern neoliberal government requires the ‘making up’ of citizens whose subjectivities and practices are aligned with the imperatives of the State. Such understandings of the healthy citizen, modern government and the role of HPE as a site for the constitution of subjects and subjectivities are examined under the heading below, *The new public health, governmentality and the neoliberal ‘healthy citizen’*.

Discursive resources of contemporary HPE considers a series of discourses, which according to recent literature, have taken on particular currency within contemporary HPE: individualised discourses of personal responsibility for health; risk; obesity; and medico-scientific knowledge. Despite the renewed focus on social and environmental aspects of health that supposedly underpins the new public health, the contemporary health discourses which dominate public thinking tend to be those which individualise responsibility for health and are underpinned by powerful moral judgements about those who do, or do not, take up such responsibilities (Evans, Evans & Rich, 2003; Evans, Rich & Davies, 2004a; Nettleton, 1997; Wright & Burrows, 2004). Such understandings have proven to have important consequences for the pedagogical practices of HPE, especially in relation to the focus on rational, informed decision-making (Wright & Burrows, 2004). A general overview of the background and effects of these personal responsibility discourses begins the section. The next two discourses, *healthism* and *risk*, build on ideas related to individual responsibility. The healthism discourse is considered in terms of the ideological work it does, such as locating health problems ‘within the realm of individual choice’ (Crawford, 1986, p.368) and obscuring structural and material inequalities (Colquhoun,

1990). Later, I consider the obesity debate and the judgements of morality that have become associated with body fat, before investigating HPE's role in addressing the supposed epidemic. The final discursive resource I examine is a body of knowledge, in this case medico-scientific knowledge, which for more than four decades has been a prominent resource for learning in forms of HPE.

The final section of the chapter examines literature related to *health and physical education curriculum change*, firstly as a political imperative and then in relation to teachers and students. I argue that while there has been considerable recent interest in health and physical education curriculum, both in Australia and elsewhere, there is limited literature to suggest that there has been substantial change in the area of HPE curriculum. As such I have chosen to focus on literature and research which has adopted an investigative, critical approach to the process of the social construction of curriculum and curriculum change. I suggest that this research provides an important backdrop against which to read current and future investigations of curriculum change.

THE NEW PUBLIC HEALTH, GOVERNMENTALITY AND THE NEOLIBERAL 'HEALTHY CITIZEN'

THE NEW PUBLIC HEALTH

Numerous authors have noted that we appear to be living in an era of increased health consciousness (Colquhoun, 1990; Crawford, 2004; Lupton, 1995; Petersen, 1996; Petersen & Lupton, 1996) in which 'health status and vulnerability of the body have become central themes of existence in Western society' (Tinning & Glasby, 2002, p.112). According to Petersen and Lupton (1996) a 'proliferation of new knowledges and activities' which focus attention on the 'health status of "populations"' (p.1) has emerged since the mid 1970s and now leaves few areas of 'personal and social life untouched by this new health consciousness' (p.2):

Individuals are expected to take responsibility for the care of their bodies and to limit their potential to harm others through taking up various preventative actions. Increasingly they are also expected, as part of their responsibilities of citizenship, to manage their own relationship to the risks of the environment, which are seen to be everywhere and everything... Everyone is being called upon to play their part in a creating a 'healthier', more 'ecological sustainable' environment through attention to 'lifestyle' and involvement in various collective and collaborative endeavours. All these concerns, expectations and projects come together in, and are articulated through, an era of expert knowledge and action that has come to be known as 'the new public health' (Petersen & Lupton, 1996, p.ix).

The new public health is commonly seen to take a multi-sectorial approach, encompassing such strategies as health promotion, health education, social marketing, epidemiology, health economics, diagnostic screening, immunisation, healthy public policy and community advocacy (Petersen & Lupton, 1996). Proponents argue that it marks a shift away from the medico-scientific focus on 'blaming the victim', by incorporating an analysis of 'social factors', particularly those related to lifestyle (cf Ashton, Grey & Barnard, 1986; Ashton & Seymour, 1988). In this way it is also seen to integrate a greater focus on the environment as a determinant of the health of individuals (such as in the case of skin cancer) and populations (such as in the case of natural disasters, drought and malnourishment).

Given the scope and theoretical inclinations of this research, the highly influential text by Petersen and Lupton (1996) titled 'The new public health: health and the self in the age of risk', has been particularly productive in considering the new public health through poststructural theory and more specifically, through Foucauldian notions of power, subjectivity and governmentality. In providing a background for reading this thesis, I will briefly summarise a number of their key arguments. For Petersen and Lupton, the new public health 'is at its core a moral enterprise, in that it involves prescriptions about how we should live our lives individually and collectively' (p.xii). In the chapter titled 'The new public health: a new morality' they argue that 'the new public health can be seen as but the most recent of a series of regimes of power and knowledge that are oriented to the regulation and surveillance of the body as a whole' (p.3). Though this regulation works *through* the individual rather than *upon* them in most cases, the new public health nevertheless involves powerful judgements about 'right' and 'wrong', 'healthy' and 'unhealthy'. A set of moral tenets is established based on such oppositions as 'healthy/diseased, self/other, controlled/unruly, masculine/feminine... rational/emotional' (p.xii). Given the focus within the new public health on the environment and community, judgments of morality reach far beyond individual care of the body. Individuals are increasingly expected to take up the 'duty to participate' (p.146) and 'active citizenship' (p.149), through such initiatives as the WHO's 'Healthy Cities' project. Even those who have traditionally existed on the margins of 'healthy' society, such as prostitutes and injection drug users, are expected to participate through 'safe sex' and 'safe needle' practices, disease screening and working/injecting in legal and regulated establishments rather than in public view.

In their analysis of the new public health, Petersen and Lupton (1996) argue that it has regulative effects, working to constitute norms of behaviour and conduct, and employing expert knowledges to create institutionalised 'regimes of truth' about healthy living. For Dean (1999),

such prescriptions about normality and conduct are vitally important in making up citizens who are 'calculable and governable' (p.76). Petersen and Lupton (1996) suggest that 'expertise plays a crucial role in political rule in modern societies' (p.14) and that expert knowledges are mobilised 'for shaping the thoughts and actions of subjects in order to make them more useful and "governable"' (p.15). For example, the field of epidemiology, with its attention to the systematic collection of data about populations, has allowed individuals to be "normalised" by comparison with the average' (p.29). This process, they suggest, has the 'intention of ensuring that the pathological "abnormal" is eradicated and that individuals will engage in self-regulation' (p.29). There is rarely any acknowledgement that such data is itself 'socially constructed' (p.33), subject to contestation and change, and tends to 'privilege some explanations over others' (p.32). In doing this regulative work, the new public health opens spaces for some individuals to be constituted as 'good' and 'healthy' through their adherence to expert advice and prescriptions about healthy living. Others, however, are left to perceive themselves as abnormal, deviant or 'bad'. Illness and disease becomes connected with non-compliance and 'bad choices', such as in the cases of lung cancer in smokers and HIV/AIDS in those who share needles. These people, Petersen and Lupton (1996) note, are frequently deemed responsible for their ill-health and are shown little compassion and at times, are denied resources such as health care.

The final aspect of Petersen and Lupton's (1996) analysis of the new public health that I will touch on is the centrality of 'risk'. Within the new public health risk discourse is mobilised to constitute certain behaviours as 'risky', certain populations and groups as being 'at-risk' groups, and even certain aspects of the physical and social environments as dangerous. Petersen and Lupton argue that the focus on 'lifestyle' and 'social factors' that has emerged as part of the new public health, has placed greater emphasis on the individual's engagement with his/her immediate environment and contributed to the increasing responsabilisation of the individual in regard to risk management. As such, a whole range of risks which were once thought to be outside of the individual's control (such as some forms of cancer, communicable disease and conditions induced by working conditions), now fall within the bounds of self-management, requiring the individual to 'adopt a calculative and prudent attitude with respect to risk and danger' (Petersen, 1996, p.51). As well as changing their own behaviours to minimise risk, individuals are also expected to be 'ever-vigilant' in protecting themselves from the risks generated by others and, as healthy citizens, 'to reduce the damage they inflict upon the environment' (Petersen & Lupton, 1996, p.99).

THE 'HEALTHY CITIZEN' THROUGH THE LENS OF THE NEW PUBLIC HEALTH

Discourses of citizenship and the 'healthy citizen' are central to the new public health. Though much of the rhetoric around the new public health works to emphasise its focus on improving the health of the population at large, the choices that individual citizens make are widely seen within the new public health to influence both their own health and the health of those around them. As such, the *individual citizen* has become the target of a myriad of strategies which are designed to allow them to achieve and maintain the 'duty' of good health (Foucault, 1984, p.277). Individuals are implored to take up preventative practices such as avoiding fatty foods and excess body weight, using sunscreen and reducing alcohol intake. They are directed to engage the services of health professionals for cancer screening, infant vaccinations and regular dental checks and they are encouraged to play their part in ensuring the future health of both the environment and the economy of the nation state, through water conservation practices, recycling and energy efficiency in the home and the workplace. The concept of a 'rights discourse' which was a feature of the welfare state, is now overshadowed by a 'duties discourse' in which citizens 'are assigned a whole range of new reciprocal responsibilities and obligations which require something of a superhuman effort to achieve' (Petersen & Lupton, 1996, xiii). Given that the health of future populations is a recurring theme of the new public health, discourses of the 'healthy citizen' are also particularly important in understanding the work of schooling in preparing young people as 'future' healthy citizens (Lupton, 1999).

The healthy citizen that is constituted through discourses of the new public health is the 'entrepreneurial self'; an individual who aspires to 'good health', exercises a regulated autonomy to make 'rational' health-affirming decisions and 'aligns personal satisfaction with the public good' (Petersen & Lupton, 1996, p.70). As a subject, the entrepreneurial self is intimately tied to neoliberal political principles in which 'active entrepreneurship is to replace the passivity and dependency of responsible solidarity as individuals are encouraged to strive to optimise their own quality of life and that of their families' (Rose & Miller, 1992, p.198). As Gordon (1991) states 'the whole ensemble of individual life (is to) be structured as the pursuit of a range of different enterprises: a person's relation to his or herself, his or her professional activity, family, personal property, environment etc., are all to be given the ethos and structure of the enterprise-form' (p.42).

Though it will be explored further in the 'governmentality' section, a key point in understanding neoliberal forms of rule is the idea that they seek to 'govern at a distance' (Rose & Miller, 1992, p.173) through creating 'localities, entities and persons able to operate a regulated freedom' (Petersen & Lupton, 1996, p.xiii). 'Freedom', 'autonomy' and

‘responsibilisation’ are thus recurring features of the discourse of the neoliberal healthy citizen. Nettleton (1997) suggests that within discourses of health and health care the individual has been reconfigured from a ‘relatively “docile”, passive recipient of advice and health care to one who possesses the capacity for self control, responsibility, rationality and enterprise’ (p.213-14). The neoliberal healthy citizen is largely ‘free’ to make choices about his/her health without the coercive intervention of the state. Nevertheless, this freedom is regulated (Dean, 1999; Petersen & Lupton, 1996; Rose, 1999, 2007) in that the ‘responsible’ citizen is one whose health-related decisions are rational, informed by the relevant experts and information, directed towards achieving better health, and mindful of their personal duty to family, society and environment. The ‘responsibilised’ healthy citizen also accepts the consequences of their health decisions, mobilising a calculative engagement with risk (Crawford, 2004; Nettleton, 1997; Petersen, 1996; Petersen, 1997; Petersen & Lupton, 1996; Rose, 2007) and taking out various forms of economic and social ‘insurance’ to ward against the possibility and effects of morbidity or mortality (cf. Dean, 1999, p.158-60).

Discourses of the neoliberal healthy citizen are connected to powerful judgements about morality, normality and the duty to fulfil the responsibilities of citizenship (Petersen & Lupton, 1996). Individuals are urged to mobilise technologies such as surveillance and monitoring to make judgments about health. These technologies are targeted not just at an individual’s self, their practices, bodies and thoughts, but at those of ‘Others’. As such, family, friends, co-workers and at times, complete strangers, are subjected to a range of moral and value judgements about how they live their lives. Some acts of surveillance and judgement may appear to be relatively ‘harmless’. In parts of Australia at the current time, an example of this is the use of mandated water restrictions and the subsequent moral judgements that are made about people who water their garden on the ‘wrong’ days, wash their car, or hose leaves off of their driveways.

Numerous authors have, however, discussed the more serious implications and judgements of morality that result when individuals fail to live up to the responsibilities of the healthy citizen. In ‘Medicine as Culture’ (2003) and in earlier work (1993), Lupton discusses in detail the moral panics of the 1980s that surrounded HIV/AIDS. Discourses emerged in which gay men in particular were ‘punished’ for their promiscuity and disavowal of ‘good old fashioned values of monogamy and marital fidelity’ (p.32). Discussing research comparing media perceptions of cancer, heart disease and HIV/AIDS, she comments that it found ‘the person with HIV infection or AIDS was described in moral terms, suffering the punishment of an immoral lifestyle’ (p. 100). Furthermore, she argues that ‘fault’ and ‘blame’ remain central features of

contemporary media reports of people with HIV or AIDS, as ‘the source of their infection is invariably mentioned so that we know whether they were “guilty” of homosexual activities or injecting drug use, or “innocent” victims who had been infected through no ‘fault’ of their own’ (p.101). In her examination of the gendered nature of Australian health policy, Fullagar (2003) argues that contemporary health promotion policies such as ‘Active Australia’ work to constitute women as ‘exercise procrastinators’ (p.52), whose physical inactivity requires individual behaviour change. She argues that women’s supposed ‘non-compliance’ with expert recommendations, prompts feelings of guilt and poor ‘self-management’ as they are constituted as ‘a subgroup whose health risks retard the whole population’s optimisation of life’ (p.51). However, perhaps the most readily evident contemporary example of the moral judgements that ensue as individuals fail to ‘measure up’ to the neoliberal image of the dutiful citizen, come from recent work on the ‘obesity epidemic’. Under the sub-heading ‘Good Food, Bad Food – Good Citizens, Bad Citizens!’, Evans, Rich and Davies (2004a) argue that moral overtones and incantations about ‘the right amount of exercise, the right diet and the correct body shape’ (p.375) litter the pages of recent official reports on obesity. Drawing attention to the classed nature of the divide between ‘healthy’ and ‘unhealthy’ eating in Britain, they suggest that ‘patronizing and evaluative overtones’ characterise the field, as the lower class are chastised by the middle class for their ‘lack of exercise and bad diets’ (p.375). Moreover, they cite evidence that argues that overweight and obesity have become ‘the biomedical gloss for the moral failings of gluttony and sloth’ (Ritenbaugh, cited in Evans et al., 2004, p.375).

GOVERNMENTALITY AND PRACTICES OF THE SELF: CONNECTING THE IMPERATIVES OF THE STATE WITH THE PRACTICES OF THE SUBJECT

In analysing the pedagogical work that HPE does as an apparatus of the new public health directed towards ‘making up’ the healthy citizen (Tinning & Glasby, 2002), numerous researchers have employed Foucault’s work on ‘governmentality’ (Foucault, 1984, 1991). Foucault’s work in this area has been highly productive because it provides a means of connecting government and its objectives, with HPE as an institutional site through which individuals become certain types of subjects: ‘autonomous, directed at self improvement, self regulated, desirous of knowledge, a subject that is seeking happiness and healthiness’ (Lupton, 1995, p.11). As Lupton (1995, p.9) notes, ‘the concept of governmentality incorporates an analysis of both coercive and non-coercive strategies which the state and other institutions urge on individuals for the sake of their own interests’ and as such it ‘provides a means of understanding the social and political role of public health and health promotional techniques’. In writing about governmentality Foucault (1991, p.100) suggested that ‘a range of absolutely

new tactics and techniques' emerged from the sixteenth century onwards, as the concerns of government shifted to:

the welfare of the population... the improvement of its condition, the increase of its wealth, longevity, health, etc...it is the population itself on which government will act either directly through large-scale campaigns, or indirectly through techniques that will make possible, without the full awareness of the people, the stimulation of birth rates, the directing of the flow of population into certain regions or activities, etc... the population is the subject of needs, of aspiration, but it is also the object in the hands of the government, aware, *vis-a-vis* the government, of what it wants, but ignorant of what is being done to it.

For Foucauldian scholars interested in the 'conduct of conduct' (Rose, 1999, p.3), governmentality marks a certain mentality towards governing. It is a 'contact point' (Burchell, 1996, p.20) where 'technologies of power' (external forms of government such as policing, surveillance and the enacting of laws carried out by the state and its institutions) intersect with self-governmental processes in the form of 'technologies of the self'. Within this framework 'government' comes to be understood as:

any more or less calculated and rational activity, undertaken by a multiplicity of authorities and agencies, employing a variety of techniques and forms of knowledge, that seeks to shape conduct by working through our desires, aspirations, interests and beliefs, for definite but shifting ends and with a diverse set of relatively unpredictable consequences, effects and outcomes (Dean, 1999, p.11)

Central to Foucault's work on governmentality is an understanding of power. For Foucault, the exercise of power through government can be differentiated from that of 'simple domination' (Rose, 1999, p.4). Power does not involve one group possessing power and thus acting to dominate another. Instead it is seen as both relational and productive (Gore, 1997), 'understood as the multiplicity of force relations' (Foucault, 1978, p.92) that function in and through the 'capillary' (Foucault, 1980, p.39) level of everyday social networks, interactions and practices. Power, Foucault proposed, is different to domination in that it 'presupposed the capacity of the subject to act' (Dean, 1999, p.95). Thus as previously noted in the 'healthy citizen' section, in neoliberal political climates, exercising power through government is 'not so much a matter of imposing constraints upon citizens as of "making up" citizens capable of bearing a kind of regulated freedom' (Rose & Miller, 1992, p.174). Self-governmental processes in the form of 'technologies of the self' are thus integral to this process of subjectivity formation. For Foucault, technologies of the self:

permit 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 ways of being, so as to transform themselves in order to attain a certain state of happiness, wisdom, perfection or immortality (Foucault, 1988, p.18).

Personal autonomy does not necessarily work against political power in this understanding, but is instead ‘a key term in its exercise, the more so because most individuals are not merely the subjects of power but play a part in its operations’ (Rose & Miller, 1992, p.174). Individuals are urged and incited to exercise a ‘responsible and disciplined autonomy’ (Dean, 1999, p.153), frequently through aligning their thoughts, actions and practices with the goals and ambitions of governing authorities. This alignment functions through certain ‘technologies of government’ which link ‘a multitude of experts in distant sites to the calculations of those at the centre’ (Rose, 1999, p.50-51). These experts, Rose and Miller (1992, p.175) suggest, have the role of ‘enacting assorted attempts at the calculated administration of diverse aspects of conduct through countless, often competing, local tactics of education, persuasion, inducement, management, incitement, motivation and encouragement’. For Nettleton (1997, p.218), the proliferation of activities of expertise is directly related to the need to support the ‘autonomous, enterprising self’ in the ongoing project of self-governance. While the modern art of government ‘requires and develops knowledge of its population’ (Nettleton, 1997, p.211), the ideal neoliberal healthy citizen requires the knowledge, prescriptions and advice of a range of experts and institutions in order to become the subject that modern government presupposes.

Though school-based PDHPE represents only one of Rose’s ‘distant sites’ (1999, p.50) and its teachers one set of ‘experts’ (Evans & Davies, 2004), there is a developing body of research (Leahy & Harrison, 2004; Lupton, 1999; O’Flynn, 2004; Tinning & Glasby, 2002) that suggests that it is a powerful site for the constitution of citizens whose ‘choices and desires are aligned with the objectives of the state and other social authorities and institutions’ (Petersen & Lupton, 1996, p.63-64). Lupton’s (1999) analysis of the HPE curriculum document for the Australian state of Victoria, asserts that the predominate notions of health and citizenship that are espoused by the document are those that stress the ‘neoliberal’ healthy subject. She argues that the language of the document assumes ‘that health states are highly amenable to individual manipulation and that it is the responsibility of the individual to achieve, protect and preserve good health and avoid ill health’ (p.291). Such an understanding, she suggests, ‘draws from and contributes to broader objectives of contemporary health promotion, which seek to emphasize personal responsibility for health states and represent the “rational” subject as valuing health over other outcomes’ (p.292).

Leahy and Harrison (2004) used governmentality as a theoretical and analytical frame through which to understand school HPE as a site for the production of the ‘at risk self’ (p.130). Following Burchell (1996, p.20) they argue that government is a ‘contact point’ where ‘technologies of power, or domination, and technologies of the self interact’ (Leahy & Harrison, 2004, p.131). As one such point of ‘contact’, HPE works to produce ‘healthy citizens’ through a range of ‘pedagogical strategies and processes’ aimed at engaging students ‘in certain technologies of the self that are both health-directed and related’ (p.131). Their research shows HPE working to produce young people who understand themselves as being ‘at risk’ and thus as needing to engage in the pedagogical work of the KLA so as to limit or guard against becoming ‘the unhealthy “at risk” other’ (p.133). Data from a unit of work on ‘the body’ is used to illustrate the KLA’s focus on producing the ‘rational’ and ‘autonomous’ neoliberal subject that permeates contemporary understandings of citizenship. Students are urged by their HPE teacher to “‘confess’ their diet, to ‘be honest’ with themselves and then analyse their diet in light of what expert knowledges recommend’ (p.135). Though Leahy and Harrison suggest that further research is needed to ‘understand HPE as a site of governance’ (p.138), their work provides considerable evidence that HPE plays a role in the governmental formation of the self. In particular, they provide evidence of the recontextualisation of imperatives of the new public health into the pedagogy of HPE and, through practices of the self, into the lives of young people.

DISCURSIVE RESOURCES OF CONTEMPORARY HPE

INDIVIDUALISED DISCOURSES OF PERSONAL RESPONSIBILITY FOR HEALTH

As previously argued, the idea that the individual body has become an ‘outward sign of inward moral standing’ (Lupton, 1995, p.143) is widespread in Western culture at the current time (Bordo, 2003; Featherstone, 1991) and has placed great emphasis on personal responsibility for health. As Gard and Wright (2005, p.176) note, ‘the body’s appearance is taken to be evidence of the care taken of the body, that is, the time, effort and money invested in creating particular kinds of bodies’. Powerful truth discourses exist which work to normalise individual responsibility for health. To fail to live up to these assumptions (or reject them in favour of others) is to become the marginalised other. Individuals are implored to ‘look after’ themselves, to manage lifestyle risks, balance food consumption and exercise, reduce stress, and avoid smoking and excess alcohol consumption. Given this, significant attention is currently being directed towards school-based HPE as a means of producing the neoliberal healthy citizen articulated in contemporary health discourses (Lupton, 1999). This ‘rational’, self-regulating citizen is clearly articulated in official HPE documents, especially through assumptions about

the relationship between knowledge and decision-making. For example, in the literature review prepared to inform writing of the new NSW 7 – 10 PDHPE syllabus (Board of Studies, 2003), Donovan (2002) states that ‘effective Health Education can reduce adolescent risk behaviours by facilitating the development of student’s knowledge and skills that will improve their ability to negotiate the social contexts in which these behaviours commonly occur’ (p.6). She also writes that:

the adolescent decision-making process highlights the need to target specific areas of the decision-making model such as focusing on the immediate consequences of a behaviour, practising generating a range of options and perceiving the benefits of the desired behaviour (p.6).

The assumption that the means to having young people make ‘better’ health choices is by transmitting to them certain health knowledges, prescriptions and decision-making skills is a long standing one in health education and forms of HPE. However, the rationality that it assumes remains highly questionable. Tinning and Glasby (2002) note that a similar emphasis on rational decision-making underpins outcome statements associated with ‘healthy eating’ in the Queensland 1-10 HPE syllabus. While noting that the syllabus provides space for HPE teachers to ‘challenge the assumption that all lifestyle decisions are based on rational decision-making’, they express concern that many HPE teachers would be ‘reluctant to move outside their rational science knowledge base’ (p.116). For Wright and Burrows (2004, p.215), HPE’s shift towards the new public health has had limited impact on disrupting discourses of personal responsibility, with the KLA retaining a significant emphasis on students ‘making informed choices’.

Healthism

Healthism has been linked with western society’s increasing interest in health matters (Colquhoun, 1990; Crawford, 1986) and more specifically with the idea that health has ‘become a symbolic category of considerable importance, expressing a range of notions relating to individual well-being, consumption and normality’ (Kirk & Colquhoun, 1989, p.417). As previously noted, in Australia and elsewhere, current understandings of health reproduce individualistic meanings, in which an individual’s worth and morality is signified by, or ‘read off’ of, their body. Crawford (1980; 1986) has termed this focus on the individualistic nature of health ‘healthism’, ‘the preoccupation with personal health as a primary – often the primary – focus for the definition and achievement of personal wellbeing; a goal which is attained primarily through the modification of lifestyles’ (Crawford, 1980, p.368). He suggests that the healthism discourses’ focus on individual behaviour change leads to the ‘solution’ to

health problems being located 'within the realm of individual choice'. As such, healthism requires 'above all else the assumption of individual responsibility' (1986, p.368).

Healthism is underpinned by the questionable assumption that health is achievable through individual effort and force of will alone. Following Crawford, Colquhoun (1990) suggests that the ideological work of healthism can be seen through the reduction of 'complex causes or aetiology of diseases to simple behaviour or lifestyle factors. An increase in the amount of aerobic exercise, for example, is often positioned as a major strategy recruited to combat coronary heart disease' (p.226). Such ideological work 'depoliticizes other attempts at improving health', obscures structural and material inequalities and works to present individual responsibility for health as 'natural' and 'given' (p.226). According to Kirk and Colquhoun (1989), the focus on individual responsibility 'does not deny the possibility of other health-threatening factors beyond an individual's sphere of action... but by its sharp focus on free will and determination it nevertheless makes it less tenable to see such factors as pertinent' (p.419). Health becomes a distinct goal, which the individual must dutifully apply himself or herself towards achieving through self-control, surveillance, calculation and self-denial. According to Crawford (1986) understanding health as a 'goal' achieved through such individual mastery has significant moral implications. He argues that:

There seems to be an inevitable progression from seeing health as a goal requiring choice and active commitment, through seeing the "problem" of health as a matter of control, discipline, denial, and will power, to expressing a moral verdict for the inability of self or others to meet the rather extensive expectations for optimal health behaviour being elaborated in the media and throughout largely middle-class social networks (p.70).

Drawing on data from interviews with sixty adults, Crawford (1986, p.70) found that the 'judgment of others and self-blame' were themes that 'reflected a general moralization of health under the rubric of self-responsibility'. Such moral judgements were particularly apparent as individuals spoke about body shape and weight as metaphors for health and self-control. The thin person was seen to be 'an exemplar of mastery of mind over body and virtuous self-denial', whereas body fat was 'a confirmation of the loss of self-control, a moral failure, a sign of impulsiveness, self-indulgence, and sloth' (pp.70-71).

The healthism discourse has been a recurring element of contemporary research into the meanings and understandings young people hold in relation to health. Two recent examples come from the Australian Research Council funded 'Life Activity Project'. The project examined the place and meaning of health and physical activity in the lives of young people

across three Australian states and over a period of more than six years. In one paper from the project, Wright, O'Flynn and Macdonald (2006) illustrated how both young men and women drew on notions of health as a 'personal responsibility tied almost exclusively to the bodily practices of eating the right foods and engaging in sufficient exercise' (p.709). They also note that the young women in particular, spoke of mobilising a range of individual practices (surveillance, calculation and regulation), which were designed to bring them closer to an 'ideal body shape...or weight' (p.715). In her Ph.D. thesis from the same project, O'Flynn (2004, p.71) notes that longitudinal interviews with fourteen young women showed that 'health (was) constructed as being attainable through individualistic practices of exercise and eating, with health being read off an individual's weight and body-shape'. While the use of Foucault's technologies of the self allowed her to highlight the 'different and "strategic" ways the young women engage with the discourse' (p.106), she notes that 'the healthism discourse, as it intersects with traditional notions of femininity, provides a pervasive set of resources through which young women measure themselves and classify their sense of self-worth and value' (p.105).

Since Kirk and Colquhoun's (1989) seminal work on the 'Daily Physical Education Program', healthism has also been a recurring theoretical feature of research focused on the curriculum and classroom practices of the HPE KLA in Australia and elsewhere. Kirk and Colquhoun noted the work of the healthism discourse in linking deliberate physical exercise and other bodily practices with the attainment of health. Kirk and Colquhoun's findings also contributed to the argument that health-based physical education in schools

supports a discourse of healthism by promoting normalised conceptions of the ideal body, by a singular emphasis on the role of vigorous physical activity in achieving health and by stressing an individual's attitude towards physical activity as a primary predictor of health (Wright & Burrows, 2004, p.215)

In his analysis of health-based physical education (HBPE), Colquhoun (1990) notes that pre-prepared commercial curriculum such as 'The Body Owners Manual' reproduced messages of individualised responsibility through statements such as 'To get fit you must work fairly hard,' and 'How do you meet challenges? By Self-Control. By Personal Action...Personal action is the best way to Good Health' (p.236). Based on his analysis, Colquhoun argues that

ideological messages and meanings associated with the current presentation of health in school, such as viewing health as self-control, the use of imagery like the body as a machine, the adherence to healthy habits and through the guilt lack of self-control creates, all serve to support healthism (p.248).

In their recent work on children's constructions of health in the New Zealand National Education Monitoring Project, Burrows and Wright (Burrows & Wright, 2004; Burrows, Wright & Jungersen-Smith, 2002; Wright & Burrows, 2004) found that the healthism discourse was a prominent resource mobilised by year four (8-9 year old) and year eight (12-13 year old) students in describing 'the healthy person' and 'being healthy'. They argue that 'the students are well versed in healthism discourses that link personal practices associated with the body – specifically eating and exercise but also smoking, drinking and taking drugs – with “health” (Wright & Burrows, 2004, p.226) Furthermore, after comparing the year 8 students responses with those of the year four students, they note that 'as they move through school, they (students) become more adept at drawing on this discourse' (p.226).

Risk

Risk has become a central concept in recent health and physical education syllabus documents in Australia, embedded throughout the content and Outcome statements. The 'Individual and Community Health' strand of the NSW 7-10 PDHPE document (Board of Studies, 2003) specifically identifies risk as a fundamental concept in learning about health through the directive for students to 'explore the concept of risk and analyse the factors that influence risk behaviours' (p.26) and through content statements such as 'Students learn to: explore the concept of risk by investigating the following: What is a reasonable degree of risk? Why do people take risks? Influence of gender on risk behaviour' (p.28) and 'Students learn about: influences on health decision-making and risk behaviours' (p.38). Risk discourse is similarly present in the Queensland 1-10 HPE syllabus (QSCC, 1999). In the 'Core content' statements, teachers are directed to ensure that students learn about 'challenge, risk and safety' and 'safe, unsafe, risky and challenging behaviours' (p.24) in relation to both health and movement situations. An examination of recent literature indicates that the pervasiveness of risk within the health and physical education KLA reflects a 'broader cultural and social “turn to risk”' (Leahy & Harrison, 2004, p.131). In examining this turn, I will briefly explore three sources of risk discourse which are seen to inform HPE curriculum and pedagogy: the new public health, media reporting of 'risk' and the 'lifestyle' focus in contemporary understandings of health.

School-based health and physical education is widely understood to operate under the umbrella of the new public health. Lupton (1999; Petersen & Lupton, 1996), Tinning and Glasby (2002) and Gard and Wright (2001) have usefully mobilised the links between the two to highlight the recontextualisation of imperatives of the new public health into the curriculum and pedagogy of the HPE KLA. Given the centrality of risk in the new public health (Lupton, 1995; Petersen,

1997; Petersen & Lupton, 1996), it is perhaps not surprising to find the same imperative reproduced in the HPE KLA. As previously noted, within the new public health 'risk' is almost everywhere, with individuals implored to individually manage risks through the adoption of a range of preventative behaviours, a prudent attitude and the mobilisation of expert knowledge to make informed decisions. However, as Crawford (2004) and others (Leahy & Harrison, 2004) point out, this presupposes both that the subject is the rational, autonomous, neoliberal citizen and that they understand themselves as 'at risk', with danger imminent in their lives:

An essential component of health education is the pedagogy of danger. The task confronting health educators... is not simply the identification and communication of the existence of a hazard; the challenge is to get people to take seriously the threat (Crawford, 2004, p.508).

According to Leahy and Harrison (2004, p.133), the HPE KLA has become an integral part of preparing the subject who understands him/herself as 'at risk' and 'knows' to 'engage in practices that limit their risk'. In their study of risk discourse in HPE, their analysis concluded that the KLA 'worked to interpellate the students as self-governing neo-liberal subjects who understood themselves as being 'at risk' (p.132). Pedagogically, 'expert risk knowledges' were used alongside 'melodramatic and exaggerated tales of the effects of drug use' (p.137) to create 'moralising narratives' which worked 'to produce the at risk young person' (p.138). Such research highlights the connection between the pervasiveness of risk discourse in HPE and the imperative for the healthy citizen to rationally and autonomously manage his/her exposure to risk in discourses of the new public health.

A second key source for the reproduction of risk discourse and the 'turn to risk' is the popular media. In doing this work, the popular media play two complementary roles. Firstly, research such as Lupton's (2004) on the reporting of food risks in Sydney newspapers has highlighted the importance of the media in contributing to popular understandings of risks and judgements about what is 'good' and 'safe' and what is 'bad' and 'risky' (p.187). For example, she found that newspaper reporting on risks related to processed, restaurant or takeaway foods, emphasised the 'potential for the contamination of food that one does not prepare oneself at home', through the use of words such as 'dirty', 'poison' and 'outbreak' (p.197). Secondly, several authors (Evans et al., 2003; Gard & Wright, 2001, 2005; Lupton, 2004) have noted the work popular media does in imbuing scientific reports with certainty and communicating these accounts to the public as unequivocal 'truths'. In their study of the obesity epidemic, Gard and Wright (2005) note that 'mass media discussion of the obesity epidemic is characterized by certainty', with 'journalists and the scientists they talk to appear(ing) to be certain that we are

faced with a looming health catastrophe' (p.51). Though Gard and Wright as well as others (cf. Evans et al., 2004a) have frequently cited evidence to support their claim that such certainty is 'unjustified' (Gard & Wright, 2005, p.51), Lupton (2004) found that newspaper reports focusing on overweight and obesity used a combination of statistics and language such as 'number one killer', 'grim health future' and 'time bomb' (p.190) to present the 'risk' as an imminent one.

Within contemporary understandings of health the notion of 'lifestyle' and the 'risk' supposedly posed by certain lifestyle behaviours have become vitally important. For example, according to the new NSW 7-10 PDHPE syllabus:

Health issues that have the potential to appear in later life are also relevant due to their relationship to *lifestyle* patterns established in adolescent years and the *possibility that they may* impact on family and other significant adults in students' lives' (Board of Studies, 2003, p.8, emphasis added).

Lupton (1995, p.142) notes that within the field of health promotion 'lifestyle is pathologized as a source of ill-health, the constellation of a diverse range of specific and discrete behaviours identified as risky'. The identification of 'lifestyles' and lifestyle behaviours as a source of ill-health (such as lack of exercise, over-eating, under-eating, sun-exposure, smoking and alcohol consumption, and unsafe sexual practices), has led to the adoption of a range of new education initiatives aimed at getting individuals to change their unsafe and 'risky' behaviours and to decide to take up 'healthier' ones (Petersen & Lupton, 1996). Such education has generally been underpinned by the assumption that 'knowledge = attitude = behaviour' and following this, that the 'rational' and 'calculating' individual will make a 'healthy' decision and avoid risk if given the 'right' knowledge (Petersen & Lupton, 1996; Tinning & Glasby, 2002; Wright & Burrows, 2004). Wright and Burrows (2004) argue that within HPE, such assumptions have consequences for the construction of students as either 'knowing or ignorant subjects' and for the KLA becoming 'responsible for providing "accurate" and "factual" information on the basis of which students can make "informed health choices"' (p.215). However, as Evans, Evans and Rich (2003, p.223) have noted, though 'lifestyle' features prominently in school health discourses, it is 'fundamentally disconnected from the sociocultural conditions that pupils may experience'.

OBESITY

Accounts of a world ravaged by the 'obesity epidemic' are currently ubiquitous, as politicians, doctors, educators, health professionals, journalists and others proclaim with conviction that we

are facing a ‘global health catastrophe’⁵ (Gard & Wright, 2005, p.6). Reports, both government (cf. Evans et al., 2004a) and popular (cf. Lupton, 2004), are frequently characterised firstly by panic, alarm and urgency and later by ‘certainty’ about both the causes of the epidemic and the solutions that are needed to address it. Within HPE, the obesity epidemic and obesity discourses represent only the most recent of a number of discourses which have depicted the slender body as healthy, sexually attractive and a sign of self-control, and in contrast, fat as unhealthy, abhorrent and a symbol, or outward sign, of neglect and gluttony. Nevertheless, it represents a significant discourse within the KLA because, as Wright and Burrows (2004) and Gard and Wright (2005) have noted, the prevention of obesity in children has become a primary rationale for physical education in schools. This is at least partially because HPE is understood, both inside and outside of the profession, to have particular influence over the way that young people engage with and discipline their bodies.

Numerous authors have noted the tendency for the ‘causes’ of the obesity epidemic to be uncritically explained in terms of changes in modern living which have been facilitated by technology and have resulted in many populations adopting more sedentary lifestyles, and a (seemingly) global weakening of personal morals and self-control, especially in regards to food consumption and physical activity (Evans et al., 2003; Evans et al., 2004a; Gard, 2004a; Gard & Wright, 2001, 2005). In introducing their critique of this tendency in the book ‘The obesity epidemic: science, morality and ideology’, Gard and Wright (2005) state:

the obesity epidemic relies, in part, on a particular form of morality. It is a morality that sees the problem as a product of individual failing and weakness...Some readers will be aware that many contributors to the scientific literature claim that overweight and obesity have ‘exploded’ in Western countries over the last twenty to thirty years. Does this mean that at some point during 1970s or 1980s huge numbers of people around the world suddenly went into moral decline? (p.7).

Much of the fear around the ‘obesity epidemic’ seems to be based on the supposed risk it presents to the health of the population in the future: the cost and drain on health care; the premature mortality of citizens and the economic cost from loss of productivity; and the risk to future populations - that is, children, young people and the unborn. Since, as previously stated, being obese or overweight is largely seen as an individual failing and a personal (moral)

⁵ Gard and Wright (2005, p.6) note that while many of these professions have become ‘messengers’, announcing the impending health crisis, few have been content with that role. Many have also claimed to have a particular insight into both the aetiology and solutions of the problem. In the case of HPE, they have previously noted (Gard & Wright, 2001) the profession’s political work in positioning HPE teachers as experts and school-based HPE as ‘the cure’ to the problem of overweight and obese young people.

weakness, much attention has been directed at preventing obesity through changing the behaviours of young people. The ‘solution’ is (frequently) seen to lie in teaching young people to take up a prescriptive range of behaviours which are seen as the ‘right things’ (Wright et al., 2006): eating fruits and vegetables and avoiding foods high in fat content, avoiding a sedentary lifestyle by exercising regularly and generally employing a calculative engagement with the body. As an institutional site long noted for its work in disciplining bodies (Kirk, 1998), the school and particularly HPE have recurrently been suggested and used as sites for this regulative work. Though some within the HPE profession (Gard & Wright, 2001; Tinning & Glasby, 2002) have questioned the appropriateness of this role (particularly the effects on young people’s embodied subjectivities and the implications for physical education as obesity discourse hegemony closes off other ways of doing PE), just as many seem to have embraced the discourse because it gives status, resources and an important ‘purpose’ to the KLA (cf. Stelzer, 2005; Verstraete, Cardon, De Clercq & Bourdeaudhuij, 2007). Evans, Evans and Rich (2003) used a detailed analysis of an interview with a British health education co-ordinator to demonstrate the recontextualisation of obesity discourses into school curricula and teacher practice. They found that there was little resistance to, or critical adaptation of, the dominant assumptions of the obesity discourse. Broadly, the teacher’s comments reflected the assumption that through intervention and the application of expert knowledge, ‘individual lifestyles could be re-engineered towards more positive health ideals’ (p.232). Furthermore, the account highlighted for them the work of HPE in producing the body as ‘a site of political and ideological control, surveillance and regulation’ through which state apparatuses such as schools are able to ‘define and delimit individuals’ activities, punishing those who violate the established boundaries and maintaining the ‘productivity and political usefulness of bodies’ (p.233).

MEDICO-SCIENTIFIC KNOWLEDGE

Since the 1950s (Kirk, 1992) medico-scientific knowledge has been considered a prominent discursive resource on which forms of HPE draw. However, just how prominent a position it should be afforded within formal curriculum, pre-service teacher preparation in universities and classroom practice has been a constant source of contestation and debate. A central message throughout the HPE literature is that medico-scientific knowledge (alternatively labelled biophysical knowledge) is seen to lend ‘status’ and ‘legitimacy’ to forms of HPE because of its claims to ‘truth’ and rationality and its privileged position in institutions of learning. According to authors such as Kirk (1992), Kirk, Macdonald and Tinning (1997) and Tinning and Glasby (2002) by drawing on and recontextualising medico-scientific knowledge, HPE teachers have been able to constitute themselves as ‘experts’ whose work involves the (re)production of

prescriptions about health, healthy living and physical activity. Such a view has a number of significant implications. For example, Kirk (1992) notes the marginalisation of social, cultural and historical knowledge within the KLA, in favour of that derived from medico-scientific origins, while Gard and Wright (2001) suggest that the HPE KLA tends to present ideas and concepts derived from medico-scientific knowledge as ‘the truth’. These issues and others are examined over the following paragraphs.

Researchers using the analytical resources of Bernstein (2000) and Goodson (1983, 1984) have argued that the prominence of medico-scientific knowledge in forms of HPE is in no small part attributable to the restructuring of pre-service teacher education and the shifting position of HPE at the tertiary level. Kirk, Macdonald and Tinning (1997) examined the repositioning of physical education teacher preparation in Australia from the 1960s to the 1990s, arguing that the combination of system-wide changes in the organisation of tertiary institutions, the training of tertiary-based Australian physical educators in North America, and the dislodging of PE teacher training from ‘Education’ departments to ‘Human Movement’ contributed to a tertiary curriculum which in the 1970s ‘drew disproportionately drew on the biophysical sciences’ (p.280) and later in the 1980s and 1990s, ‘shifted the field’s position even further towards a biophysical and theoretical form of instructional discourse’ (p.281). In a more recent article Kirk, Macdonald and Tinning (2001) suggest that many Australian programs have attempted to counter the ‘low-grade status’ (p.450) of physical education through the foregrounding of medico-scientific knowledge in teacher preparation programs. Similarly, departments and staff responsible for teacher preparation have moved from faculties of education to faculties of science and health ‘in the pursuit of higher prestige and in some cases, funding’ (p.447). The balance between subjects underpinned by medico-scientific knowledge and those that draw on sociology, cultural studies, and professional studies, remains a precarious one in many Australian tertiary institutions.

Medico-scientific knowledge and the study of food in HPE

One of the areas of study which best illustrates the importance of medico-scientific knowledge in HPE and particularly, the work this knowledge does in marginalising ‘other’ ways of knowing and thinking, is ‘food’. Within HPE the study of content related to food and eating is frequently examined using what Lupton (1996, p.6) has labelled a ‘nutritional science perspective’. She argues that this approach takes a ‘highly instrumental view on food and eating’, relating practices and preferences to the physiological functioning of the body (p.6). Practices are primarily understood through the binary positions of ‘good’ and therefore to be encouraged (for example, eating vegetables in greater quantities than red meat) or ‘bad’ and

therefore to be frowned upon (eating foods high in sugar). Notions such as energy in / energy out (Gard & Wright, 2005) are commonly used to encourage a calculative engagement with eating which is predicated on self-monitoring. Such a perspective is also frequently characterised by the formulation of nutrition-based prescriptions (Lupton, 1996) about what to eat and how much of it to eat, as well as information about the supposed health problems that will result should the expert prescriptions be ignored. These prescriptions are recontextualised and reproduced in HPE, intersecting with prescriptions around exercise and body maintenance and becoming a 'set of rules for healthy living' (Tinning & Glasby, 2002, p.116). Similarly concerning is the tendency for perspectives of food underpinned by medico-scientific knowledge to marginalise social, cultural and personal aspects of food such as pleasure, comfort, celebration and religion. For Tinning and Glasby (2002, p.117), this is because 'HPE teachers, as agents in the knowledge (re)production process about "healthy lifestyles", will have learned to foreground science and marginalise the power of subjectivity and emotion'. This tendency is not specific to HPE teachers, with Lupton (1996, p.7) noting that for the majority of nutritionists 'the sociocultural factors around food are of interest only in terms of the barriers or enhancements they pose to allow people to adopt the 'correct' diet. Culture is most often viewed as an impediment to the goals of nutrition'.

Epidemiology and social determinants

A second aspect of medico-scientific knowledge that has made an impact on HPE is the field of epidemiology. Epidemiology focuses on the 'study of disease and illness and their risk factors as they occur in groups rather than in individuals' (Petersen & Lupton, 1996, p.27). Epidemiology is a central pillar of the new public health, providing the 'foundation for virtually all other strategies... through identifying risk factors, risk groups and the apparent causes of disease' (Petersen & Lupton, 1996, p.59). Bunton and Burrows (1995, p.212) point out that epidemiology has been central in transforming health care from a practice conducted in the 'clinic' and based on 'dangerousness', to one 'based upon "risk" dispersed in the 'epidemiological' clinic of the "community"'. Within HPE, knowledge produced through epidemiology is frequently recontextualised and presented 'as a set of objective and given "truths"' (Petersen & Lupton, 1996, p.59). While (some) epidemiologists may acknowledge the socially constructed nature of their work and the uncertainties that are inherent in it, such uncertainties are rarely communicated to the public through health education, health promotion or school-based HPE (Gard & Wright, 2005). Gard and Wright (2001; 2005) have used the 'obesity epidemic' to highlight the shift to certainty as knowledge is recontextualised in the secondary fields of knowledge production and produced as 'truths' about the unhealthiness of excess weight and the health risks it supposedly poses. Nettleton (1997) and Evans and Davies

(2004) have also argued that HPE teachers are imbued with a kind of expertise by drawing on epidemiological knowledge. Such expertise allows them to issue prescriptions in relation to individual practices that facilitate a healthy life.

In reading this thesis it is important to recognise that I make a distinction between social and cultural influences as conceptualised within a sociocultural perspective and ‘social determinants’, which are an epidemiologically-derived concept. As previously noted, the field of epidemiology primarily takes populations or groups, rather than individuals, as its focus (Marmot, 1999). This focus is highlighted in reports such as WHO’s ‘Social Determinants of Health: The Solid Facts’ (2003), which is directed towards shaping public policy through the identification of the determinants which reduce the health possibilities of populations. Though what is classed as a social determinant varies, lists often include socio-economic status, education, gender, and ethnicity/Aboriginality. However, writing in relation to obesity, Gard and Wright (2005, p.172) note that where epidemiology does examine the relationship between aspects such as social class, gender and race:

it takes these variables as unproblematic social determinants: that is, decontextualized ‘objective’ variables like cigarette smoking in the case of lung cancer. There is no recognition that social class, race, gender and so on are social constructs, conventions for categorizing people, which represent complex sets of social relations and practices.

Following this, they argue that the uncritical use of these terms lends itself to the production of stereotypes and truths about groups of people. In turn, these stereotypes ‘allow interventions that target all people in that social category as though it is their membership of the category itself that puts them at “risk” of the disease’ (Gard & Wright, 2005, 172).

HEALTH AND PHYSICAL EDUCATION CURRICULUM CHANGE

The last two decades has been marked by renewed State and public interest in health and physical education curriculum, both in Australia and elsewhere. In no small part, this interest has been fuelled by the wealth of innovations, government directives, public health crises and new syllabuses that have emerged during this time. Penney (2006) notes that a range of national, state and local reforms in Australia, the UK, New Zealand and the US have provided a productive environment for researchers wishing to examine ‘curriculum construction and change’ (p.565). Nevertheless, statements about the lack of substantial change in the area of HPE curriculum, have become something of a recurring feature of research and writings on HPE curriculum. The findings of some researchers’ work suggests that despite the impetus (and at times, mandate) to change, there seems to have been little or at least limited change in the

practices and concerns of HPE teachers (Sparkes, 1990b), the format, structure and modes of delivery of HPE (Davies, 2001; Macdonald, 2003b, 2004), and young people's experiences of HPE (Tinning & Fitzclarence, 1992). If this is indeed a fair appraisal of the contemporary climate, it illuminates a key question: how does one approach the HPE curriculum change literature, when change itself seems to be so infrequent? In responding to this question I have chosen to focus on literature and research that has adopted an investigative, critical approach to the process of the social construction of curriculum and curriculum change. From this I have grouped the research into three headings: HPE curriculum change as a political imperative, HPE curriculum change and teachers, and HPE curriculum change and students.

HPE CURRICULUM CHANGE AS A POLITICAL IMPERATIVE

Recent sociologically-inspired scholarship has argued that curriculum change is frequently a political imperative. For example, some authors have suggested that curriculum change is often presented as if it is required for the nation's good (Apple, 2001; Gard & Wright, 2001, 2005; Penney & Evans, 1999). Other research, such as Apple's (2005), has asserted that recent changes in the US and elsewhere have been driven by the perceived values and attitudes of (influential sections of) the voting public, while Stephen Ball's (Ball, 2003a, 2006) work has shown that change may be directed towards the reproduction of certain values and class advantage. Similar themes are present HPE curriculum change literature. For example, numerous authors have noted changes throughout the 1980s and 1990s directed towards an emphasis on 'health' in physical education curricula (Gard & Wright, 2001; Harris, 1995; Kirk & Colquhoun, 1989). The resulting form of PE, variously known as health-related fitness and health-based physical education, is an example of school curriculum being used as a means of achieving a 'national good', in this case the supposed future health and productivity of the population. In their research on the creation of the National Curriculum for PE in England and Wales, Penney and Evans (1999) note the influential position of elements of government who wished to see 'traditional sports' and the cultivation of elite athletes, retain a prominent position in the new physical education syllabus. The work of a number of authors also points to HPE curriculum documents as a means of reproducing middle class values such as rational decision-making, prudentialism, and autonomous self-regulation (Lupton, 1999; O'Flynn, 2004; Tinning & Glasby, 2002).

One of the clearest examples of the political nature of curriculum construction is Penney and Evans' (1999) research into the production and implementation of the national curriculum for PE (NCPE) in England and Wales during the 1990s. An ongoing theme within their book that reports on this research is that political interests frequently defined the 'forms of behaviour,

attitude, identity and citizenship the curriculum should promote' (p.xi) and utilised a range of techniques to ensure that these values were reproduced in curriculum documents. However, Penney and Evans' findings show that significant inequities existed in the curriculum construction process in terms of the relative influence of different players. For example, the British Secretary of State for Education, supported by 'sports' lobby groups, directly intervened at a number of key intervals in the process to ensure that the curriculum retained a competitive games focus, 'performance' in PE was privileged over planning and evaluating and that debate remained focus on pragmatic concerns such as resourcing, rather than on questions of educational value (p.49). In contrast, teachers groups also attempted to exert political pressure during the process, through their support of the working party's draft curriculum. These groups had much less success in having their agenda addressed, in no small part because previous policy texts issued by the government had already framed the direction and boundaries of future texts. Throughout the book Penney and Evans develop the idea that the NCPE was significantly shaped by 'who' had the ability to influence the production and reinterpretation of the curriculum document at each level. Their research suggests that it was the political party in power at the time who had this influence early in the curriculum constructing process. However, the latter stages of their analysis of the process show that because the government dictated the document be 'skeletal' in nature, there was space for considerable 'slippage' (p.69) as groups at other sites interpreted the text and privileged their own interests and concerns.

A recent example of curriculum change as a political imperative is the emphasis on 'health' in contemporary physical education curriculum. Health Based Physical Education (HBPE) or Health Related Fitness (HRF) now underpins syllabus documents in UK, USA, New Zealand and Australia (Gard & Wright, 2001; Harris, 1995). The political impetus behind the emergence of health as a primary concern of school-based physical education, can be seen in two main stages. Firstly, the emergence of 'lifestyle' in the 1970s as a major risk factor for ill-health (Petersen & Lupton, 1996) and the following two decades of medico-scientific research linking ill-health and especially cardiovascular disease, with a 'sedentary' lifestyle (Gard & Wright, 2001), created an environment in which governments, medical associations and non-government organisations were concerned with promoting health through physical activity. Concurrently, some physical education teachers saw this as an opportunity for physical education to gain status and resources, thus improving its position within schools. These educators/groups lobbied for versions of the subject area that promoted vigorous physical activity during lessons and the development of skills and dispositions which, it was argued, would contribute to ongoing participation in physical activity. The second and more recent stage has come about as a result of concerns about the 'obesity epidemic'. Once again 'health'

through physical activity has been touted as a key means of opposing rising obesity rates and again, school-based health and physical education has received significant political attention as a site of 'intervention' (Gard & Wright, 2005). However, given the current neoliberal political climate, the emphasis is not simply on making young people active. Instead HPE is charged with addressing obesity and other future health crises through constituting future citizens with skills and dispositions to self-regulate and make rational, health-affirming decisions (Lupton, 1999; Tinning & Glasby, 2002).

HPE CURRICULUM CHANGE AND TEACHERS

Any reading of the HPE curriculum change literature almost immediately highlights a central tension. Teachers continue to be marginalised in the conception stages of curriculum change (Garrett & Piltz, 1999; Kirk & Macdonald, 2001a), while at the same time they are cast as central to the successful implementation of any change (Garrett & Piltz, 1999). At times they are positioned as technicians whose job it is to implement other people's ideas faithfully (and not infrequently, receive the 'blame' when the innovation is not successful). Unarguably, curriculum change can also threaten teachers' professional identities, personal happiness and professional value. Given this, researchers such as Ball (1987), Sparkes (1990b; 1991b), Macdonald and Glover (1997), Garrett and Piltz (1999) and Kirk and Macdonald (2001a) have highlighted the importance of the teacher in the 'struggle' which is the social construction of curriculum. In commenting on the impact of curriculum change on teachers, Ball (1987) writes:

Innovations are rarely neutral. They tend to advance the position of certain groups and disadvantage or damage the position of others. Innovations can threaten the self interests of participants by undermining established identities, by deskilling and therefore reducing job satisfaction. By introducing new working practices which replace established and cherished ways of working, they threaten individual self-concepts. Vested interests may also be under threat: innovations not infrequently involve the redistribution of resources, the restructuring of job allocations and the redirection of lines of information flow. The career prospects of individuals or groups may be curtailed or fundamentally diverted (p.32).

In terms of research that has examined (H)PE curriculum change from the perspective of classroom teachers, Andrew Sparkes' work provides a useful starting point. Sparkes' physical education case study at 'Branstown' secondary school throughout the late 1980s and early 1990s (Sparkes, 1988, 1990a, 1990b, 1991b) combined a focus on the 'subjective dimension of curriculum change' (1991, p.20), that is, the ways through which teachers' personal investments, histories and values influenced their reaction to curriculum change, with an attention to the micro-political aspects of curriculum change. In 'The micropolitics of

innovation in the physical education curriculum' (Sparkes, 1988) he began developing his argument that teachers engage with the curriculum at a 'deep personal level' (p.161) and as such curriculum change potentially threatens their personal investments and professional competence. Using the example of Alex, the newly appointed head teacher at Branstown, Sparkes showed how Alex's 'idealist' physical education perspective, which stressed 'child-centered', 'egalitarian', 'co-educational' and 'anti-traditional' activities, came into considerable tension with other staff in the faculty who were aligned with a 'sporting perspective', which focused on 'elite performers', high achieving school sporting teams and single sex, streamed classes (p.161). Notably, Sparkes argues that dispute and inter-departmental conflict were 'hidden from view' by a 'rhetorical justification' through which 'fundamental value conflicts were subsumed beneath a common rhetoric to which all apparently subscribed' (p.167). However, the realities of teachers' day-to-day practice 'were rarely congruent with the content of this rhetoric which promoted a public image to others that centred on intentions not actualities' (p.167). This finding is also consistent with Sparkes' (1990a) 'levels of teacher change' (p.4) model, which proposes that unless there is significant change in level one (new and revised curriculum materials), level two (new teaching approaches, skills, practices and strategies) and level three (changes in beliefs, values, ideologies and pedagogical understandings), any change is likely to be superficial.

The personal dimensions of conflict and struggle were again the focus of Sparkes' work, 'Winners, losers and the myth of rational change in physical education'. Building on previous research, he suggested that 'it is the intrinsic rewards of teaching that sustains teachers' (p.195) and as such he reasserted that changes in work practices, subject content and official curriculum texts, all potentially threaten teachers' professional identities and influence their reception of curriculum change. In this way, curriculum change is not 'neutral' (Ball, 1987, p.32), nor a 'rational, linear and value free process' (Sparkes, 1990a, p.217). Some teachers stand to have their professional careers and personal interests furthered by change, while others may understand the same change as 'deskilling' them, reducing their professional competency or creating tension between 'official' versions of the subject and their personal ideologies. According to Sparkes (1990b, p.195)

Teachers will subjectively assess the ratio of investment to return for themselves in relation to their own personal value systems. Consequently, they will perceive and value rewards in different ways depending upon, among other things, their age, experience, present career position, family situation, circumstances beyond school, race and gender. As such, innovations should not be seen as reified entities that have an objective existence that is independent of the individual's perception or construction of reality.

Furthermore, Sparkes (1990b), like others (Hargreaves, 1994, 2003, 2005) makes the point that a change, which might be rewarding to a teacher at one point in his/her career, may be seen as a 'cost' at a different point. Hargreaves' (2005) research with fifty primary and secondary teachers showed that while early career teachers might be 'adaptable' and 'more apt to accept the change a little quicker' because of 'being socialized into working with change', they were also without the 'professional memory' which might allow them to critique 'new' changes (p.973). Somewhat in contrast, some later career teachers may be victims of 'repetitive change syndrome', responding to change in ways varying from strongly negative, to pragmatic, to 'assertively questioning' (p.975). While later career respondents spoke of themselves as perhaps less adaptable than their younger counterparts, their experience with change allowed some of them a degree of calm: 'And she had a very calm, kind of like omnipotent outlook on everything. It was just, I've seen it. It happened. I'm nearing the end of my career. I've seen all sorts of things' (p.977).

The teacher and his/her role in curriculum change and reform is also at the centre of Kirk and Macdonald's (2001a) research titled 'Teacher voice and ownership of curriculum change'. Perhaps one of the most important aspects of this work is that it seeks to 'locate and position teachers in relation to other partners in producing new versions of HPE' (p.552) through the use of Bernstein's (1990) theory of social construction of pedagogic discourse. The research is set against a now familiar process in Australian state curriculum change, which sees 'across-boundary collaboration' as 'administrators, curriculum developers, professional associations, researchers, teacher educators and parents' (p.552) form partnerships to design, introduce, evaluate and redesign State syllabus documents. Kirk and Macdonald's central argument is that while the teachers' 'authoritative voice' was located in their 'intimate knowledge' (p.552) of the local context of implementation (Bernstein's secondary field), this effectively set limits on the majority of teachers' opportunities to be co-producers of the new versions of HPE because it provided few opportunities for them to be 'agents within the recontextualizing field' (p.555). A further finding, which supports both Sparkes' and Hargreaves' research, was that teachers' 'positionality' played a significant part in influencing how they interpreted and responded to new curriculum materials and more broadly, curriculum change (p.561). Positionality, according to Kirk and Macdonald (2001a), included the teachers' 'personal discursive history, or their accumulated professional and personal experiences' and their 'professional identity' and 'subject allegiances'. While new curriculum materials which challenged a teacher's professional identity or subject allegiances (cf. Macdonald & Glover, 1997) created both personal and in some cases, inter-faculty tensions, they also contributed to the 'reconstruction

of the instructional discourse of HPE' (p.564) as teachers transformed official changes to better suit their local context of implementation.

The development of the Australian Statement and Profiles for the (then) newly formed health and physical education Key Learning Area (KLA) provides the backdrop against which Garrett and Piltz (1999) argue that in the production of this 'official' curriculum text, teachers' voices were relegated to technical issues of 'how' to implement the change, which contributed to a 'flawed' curriculum product. Their empirical work examines the costs of the 'separation of curriculum conception and execution' (p.203), such as the intensification of teachers' work, the failure to produce the results desired by the curriculum change and the development of feelings of resentment and de-professionalisation in teachers. Commenting on the exercise of regulatory power within the process, they argue that by giving teachers "freedom" to trial, even experiment with, some of the materials in order to arrive at the most educationally efficient ways to use the Statements and Profiles within the classroom', the top-down project 'managed to establish a veneer of teacher participation, even control, of the project, while ensuring that teachers conformed to its specifications without question' (p.203). Using interviews with HPE teachers to elucidate their findings, Garrett and Piltz argue that the lack of consultation with teachers in the conception phase of the curriculum change contributed to: 'epistemological problems' caused by lack of clarification over the relationships between the traditional subjects (Health, Physical Education, Home Economics) that had been brought together in the new KLA; confusion and concern caused by the developmental learning theory underpinning the document and 'the assumption that all children go through the same developmental progressions as learners' (p.204); the marginalisation of physical activity with the new HPE KLA; and 'conceptual and terminological confusion' (p.205) caused by key differences in documents which were supposed to be read in conjunction with each other. In concluding, Garrett and Piltz suggest that teachers need to be engaged in debate and conversation about the 'epistemological and pedagogical assumptions' (p.209) that underpin curriculum change and not just in the technical concerns of how to implement a change faithfully.

HPE CURRICULUM CHANGE AND STUDENTS

A review of HPE curriculum change literature quickly reveals considerably less research-based literature which focuses on the place and contribution of students in HPE curriculum change, than that which focuses on teachers and authorities of the State. However, a number of recent studies provide a lucid reminder that the social construction of curriculum should be understood to be as much about young people, their interests, input and exercise of power, as it is about the State or teachers. Oliver and Lalik's (Oliver, 2001; Oliver & Lalik, 2001, 2004)

work with young women has focused on the body as an area for critical analysis of the 'connections between the ways girls' bodies are represented in culture and the ways girls' experience their bodies' (2004, p.119). They frame their research 'as a social change project' (Oliver & Lalik, 2001, p.307) whose goals included the development of socially just pedagogy in physical education and encouraging 'girls both to interrogate cultural messages about the body and to resist those messages that held negative implications for girls' health and well-being' (2004, p.116). More broadly, their work begins to address their concern that 'when including the body as a focus of school study, curriculum developers have largely ignored girls' views and experiences of their bodies ' (2004, p.119). In their 2004 research, the two developed a student-centred and at times, directed, investigation of a North American version of a beauty contest/fashion parade known as the 'Beauty Walk'. The young women designed, distributed and collated a survey of other young women's perceptions of the Beauty Walk, interviewed respondents to elaborate on the written responses and took field notes at the pageant itself. Based on their inquiry the student investigators found evidence of institutional racism through the normalisation of 'whiteness' as a proxy for beauty. The investigation culminated in the young investigators writing 'a letter to the editor' which portrayed the Beauty Walk as 'a school function that places girls' bodies on display, discriminates based on gender, race and social class and lessens girls' "self-esteem"' (2004, p.125). In other work Oliver and Lalik (2001) report on the development of an 'alterative curriculum' (p.308) which integrated physical education with language arts as a means of countering 'the taken-for-granted assertions about the curricular needs of adolescent girls' (p.307). Oliver (2001) also developed a curriculum project with the specific intent of engaging young women in the process of critical inquiry and helping them 'to critique dominant stories and images of the body' (p.144).

The importance of student response and engagement in determining the success of curriculum change is a prominent part of Ennis' (1999) work on physical education curriculum change. Ennis' research focused on developing a curriculum alternative to the dominant 'multi-activity approach' which she argues has constrained and alienated young women, forcing PE teachers to 'be vigilant to counteract the negative forces created by the curriculum' (p.32). Ennis documents the introduction of the 'Sport for peace' innovation in six co-educational classes. She discusses the student ownership that comes from authority being 'horizontally dispersed' (p.38) and the formation of 'co-operative environments' (p.39) as students shared key roles (such as coach, player, statistician) on their respective teams. Using student interviews to illustrate her findings she notes that, while 'Sport for peace' does not deliver 'an equitable sporting environment' it may do important work towards enhanced opportunities for girls to participate positively in sport, receive instruction and be valued by boys as contributing

members of a team' (p.46). As a curriculum innovation Ennis' work is significant because it highlights the key contribution of students in shaping curriculum and in particular, in determining the success of curriculum change projects.

The literature reviewed as part of this chapter informed the design and analysis of the research project in several ways. Firstly, concepts related to the new public health offered a means of thinking about and analysing the relationship between a sociocultural perspective and the work of HPE in producing the contemporary 'healthy citizen'. According to the literature this citizen is entrepreneurial, autonomous, self-regulating and understands their 'duty to participate' (Petersen & Lupton, 1996, p.142). Given the central position of personal responsibility for health within this understanding, I suggest that it is potentially at odds with a sociocultural perspective's focus on the structural issues and sociocultural circumstances of individual's lives. The literature also highlighted a second potential tension in the form of the privileging of medico-scientific knowledge within the HPE KLA and more generally, in thinking about health and, food and bodies. Such knowledge, the literature argued, has becoming an important means through which the uncertain nature of health knowledge is obscured in favour of the construction of 'truths' about healthy living and risk. If a sociocultural perspective is to be developed, the socially constructed nature of these truths needs to be interrogated and sociocultural knowledge needs to be understood as a legitimate alternative to medico-scientific knowledge.

My engagement with the literature and concepts outlined in this chapter also led to the decision to focus both of the school cases on the study of food. I chose a food focus for two reasons. Firstly, my perception and experience was that where food was studied in HPE it was in the form of units labelled and concerned with 'nutrition'. Such units were underpinned almost solely by medico-scientific knowledge. They primarily focused on students learning about the effects of various components of food (nutrients, minerals, vitamins) on the physiological functioning of the body and on learning about the relative quantities of certain foods that one should supposedly consume as part of a healthy and 'balanced' diet. Given this history, it seemed to me that significant scope existed for students to critically engage with food as a key part of their lives and cultures, and in the process, move beyond traditional HPE perspectives. Secondly, the literature I had been reading (in particular, Deborah Lupton's work – cf. Lupton, 1996) left me feeling that an important tension existed in relation to the study of food. On the one hand, concepts such as a social view of health and an understanding of the cultural dimensions of food (both of which it might be argued have taken on an increased emphasis in the new public health framework) should assist in providing tools through which to consider

food differently. On the other hand, the contemporary focus on personal responsibility for health has, if anything, placed greater emphasis on individuals developing highly calculating and regulative engagements with food – with little time left it would seem to consider food in relation to the material conditions on individual's lives. How this tension manifests and the degree to which it presents a barrier to a sociocultural perspective in HPE will be explored later in the thesis.

While the following chapter will begin with a more detailed examination of literature related to researching the curriculum, the HPE curriculum change literature reviewed here suggested the need to understand curriculum as it is socially constructed. As such I sought to develop a research design that would enable me, both practically and theoretically, to analyse this process. In developing this I sought to balance the importance of the understandings and investments that the teachers, students and I brought to the research, with an analysis of the wider social environment in which the curriculum change took place.

CHAPTER THREE – RESEARCHING CURRICULUM CHANGE.

The purpose of this chapter is twofold. Firstly it describes the steps involved in conducting the research, especially as they are concerned with the generation and collection of data. It details the research design and the practical decisions made in order to answer the question *what happens when you introduce a unit of work planned with the aim of developing a sociocultural perspective into the HPE classroom?* This task while seemingly straightforward, is complicated where the method in question is an action research based model, because as Wyatt-Smith (2003) notes, the participants are involved in a to-and-fro between planning, acting, collecting data and reflecting with the method becoming ‘recursive rather than linear’ (p.36). As such the steps that are detailed provide the researcher’s account of how the research was planned and carried out and should be read in conjunction with the relevant results chapter in order to be properly placed in context.

The second aim of this chapter is to explore and explain the theoretical underpinnings of the research design and method. I discuss how these underpinnings have contributed firstly, to considerations in planning and implementing the research design and secondly, to the conceptualisation of curriculum and curriculum change used in this thesis. Studying a curriculum change through a poststructural approach foregrounds questions of how the curriculum comes to be negotiated as a social process. In addressing this, Goodson’s (1983, 1984, 1988) notion of curriculum provides an important framework for understanding curriculum as socially and culturally constituted, and as a site of contestation and struggle. It also provides a lasting reminder that the process of selecting curriculum content is an inherently political one. In this way, curriculum theory as it has come to underpin this research, provides both a way of thinking about curriculum and a means of conceptualising and interrogating the process of curriculum change. Similarly action research, while largely making its contribution by suggesting a series of steps through which the research could be conducted, also provides a method through which to problematise the task of designing and implementing curriculum (Kemmis & Wilkinson, 1998; Tinning; 1992). Through its focus on and close attention to the process of researching practical problems in the classroom, action research opens up issues of planning, teaching and evaluating to consideration and analysis and contributes to a picture of curriculum change as a complex social process.

The chapter begins with a discussion of curriculum as it has been defined and as it is used throughout this study. It then moves to discussing action research as the primary influence on

the research design and providing a brief background and description of the history and process of action research. Later I examine action research as it has been used in health and physical education research and also curriculum research. The research design is outlined and includes details of the participants, the data generation and collection processes, schedules and data analysis. Finally, the chapter closes with a discussion of how the data will be presented through the following results chapters.

CURRICULUM AS A PROCESS OF SOCIAL CONSTRUCTION

As Stenhouse (1975) suggests, offering definitions of the word curriculum does not solve curricular problems, 'but they do suggest perspectives from which to view them' (p.1). With this in mind, the need to define the term, or at least its use as it relates to this study of curriculum, quickly becomes clear. The difficulty in doing this however, is that there has long been little consensus as to how best to define curriculum (Barrow, 1984). Indeed, even twenty years ago writers such as Kelly (1982; 1989) were arguing that 'curriculum' had become so widely used and complex that it is best understood within the specific context in which it was being used. That is, if the research is focused on the development of written curriculum, then curriculum refers, in that case, only to the formal written curriculum as contained within a syllabus document or policy. The problem with such an argument is that we are likely to both become confused when faced with terms such as 'curriculum theory', 'curriculum study' and 'curriculum research', and convey the (false) idea that the meaning of the word is understood by experts and assumed to be unproblematic (Kirk, 1988, p.9).

In discussing attempts to define curriculum, both Egan (1978) and Goodson (1988) have examined the Latin roots of the word curriculum through a study of its etymology. Agreeing that it is derived from the Latin word *currere*, each discuss the meaning of this and offer such ideas as 'race', 'race course' and 'to run.' Egan (1978) suggests that eventually the word came to refer to content, implying a concern with what schools should teach. Barrow comments that if we are to base our definitions solely on the etymology of the word, then curriculum 'should be understood as the "presented content" for study' (Barrow, 1984 p.3). Etymology then has a number of implications for the defining of curriculum. Firstly, there is a strong focus on the idea that curriculum refers to formal, proposed content and secondly, given that the 'course to be run' in many cases is pre-defined to those running, the idea that curriculum is prescribed or put forward. Ball and Goodson (1984) argue that the bond between curriculum and prescription developed early and has continued to strengthen through the 'emergence of sequential patterns of learning to define and operationalize the curriculum as prescribed' (p.25). As such the

‘curriculum as content’ view that the etymology suggests, came to be the prevailing view of curriculum, which as Stenhouse (1975) notes, ‘equates the curriculum with a written prescription of what it is intended should happen in schools’ (p.2)

Greene (1971, cited in Young, 1998 p.22) describes this etymological view as seeing curriculum as ‘a structure of socially prescribed knowledge, external to the knower, there to be mastered. Not dissimilarly, Kirk (1988 p.7) characterises the ‘curriculum as content’ definition as focusing on curriculum as limited to ‘knowledge or content conveyed through school subjects’ and argues that this definition is further reinforced through the use of syllabuses, programmes and packages in schools, which usually have as their prominent feature a body of knowledge that is to be learnt by students. Research based on this premise tends to be focused on how subject matter is created, packaged and implemented in schools and with what levels of success (Kirk, 1988). Criticisms of this definition and the research that has followed has generally argued that it is both ‘too narrow and too simple’ (Reid & Johnson, 1999, p.iix) and that by limiting study to the ‘formal’ written content of schools, consideration of experience, understanding and meaning have been excluded, resulting in curriculum study becoming a technocratic exercise (Reid & Johnson, 1999).

The work of Michael Young (1976; 1998) has been particularly influential for those wishing to rethink definitions of curriculum and curriculum research. Young has suggested that two major misconceptions related to curriculum definition need to be overcome if space for a more holistic definition of curriculum is to be made. Firstly, he has argued that ‘curriculum as fact’ presents education as a thing, ‘hiding the social relations being beings who collectively produce it’ (1976, p.187). The effects of this are what he labels the ‘dehumanizing and mystification of the process of learning’ (1998, p.23). For Young, curriculum as fact mystifies the learning process through its conceptualisation of curriculum as ‘having a life of its own... obscuring the social contexts in which it is embedded’ while concurrently presenting the curriculum as ‘neither understandable nor changeable’ (Young, 1998, p.23). The work this does is to shroud the curriculum in such a way that people are unable to see it as a ‘historically produced social reality’ (Kirk, 1988, p.13), underpinned by social forces and directed towards political ends (Brady & Kennedy, 1999; Goodson, 1983; Kirk, 1988; Penney & Evans, 1999).

The reverse of ‘curriculum as fact’, ‘curriculum as practice,’ comes under similar criticism from Young, but for very different reasons. While curriculum as practice shows that curriculum is ‘in reality created by the people involved in interaction’ (Kirk, 1988, p.13) and asserts the ‘active role of both teachers and students in the learning process’ (Young, 1998, p.27), it has

been criticised because of its lack of acknowledgement of the wider social context in which teachers and students interact. Young (1998) sees 'curriculum as practice' as locating curriculum solely in classroom practice, one result of which is that it is as if teachers and students act as if they are not part of something that has preceded them. Firstly, this makes it impossible to understand how the organisation of curricula has emerged over time (Young, 1998) and how individuals' practices are historically situated (Goodson, 1988; Kirk, 1988). Secondly, because possibilities for change are located solely in the practices of teachers and students, they are given no way to understand their failure other than to attribute it to their own personal inadequacies (Young, 1998). In effect, it locates the classroom as a major site of social change, without acknowledging the structures that constrain this change (Kirk, 1988). Young's (1998, p.31) response to the deficiencies that exist in these definitions, is to argue for a critical view of curriculum that transcends the dichotomy of curriculum as 'fact' or 'practice'. However, while he makes a number of key suggestions as to how this may be developed, he refrains from offering his own notion of curriculum.

So while Young's work is especially useful in identifying problems with existing definitions of discourse that privilege either curriculum as it is written or curriculum as it is practised, it still leaves us with the need to define curriculum in such a way so as to encompass the broad idea that curriculum is in some way a product which is often constructed firstly in a socially and historically constituted written form which notes content to be learnt, methods and rationale, then transformed through the interaction and practices of those in the classroom. Kirk (1988) in interpreting Young's 1978 work, writes that what Young suggests is that we need to move beyond definition and towards identifying the broader features of curriculum. In conceptualising such a view, Kirk (1988) writes that the term:

conveys the sense of a body of knowledge, information, or content to be communicated; that this communication commonly takes place through the interactions of teachers and learners...and this interaction is commonly located in more or less institutionalised cultural and social contexts (p.14).

Kirk's definition provides an important starting point. It brings together the written and practiced curriculum and suggests a process of negotiation and interaction. It also shows us that more than a definition of curriculum, what is required here is a 'view' or theory of curriculum. Such a theory should acknowledge both the written and practised curriculum and the idea that these are socially and historically constituted. Importantly, for the purposes of this research the view of curriculum taken up needs to provide sufficient space to investigate the role that teachers, students and school classrooms play in constructing curriculum but also in changing

curriculum, as they work to make sense of the ‘new ideas’ and discourses in light of existing ones.

The view of curriculum that I will use is drawn in large part from the work of Ivor Goodson. Goodson’s work provides an important theoretical underpinning for the project because his view of curriculum is one that conceptualises curriculum as both socially and culturally constructed (Clark, Milburn & Goodson, 1989). It allows researchers, through its focus on construction at the classroom level, to ask questions related to how teachers and students come to understand curriculum change. It draws attention to the analysis of the meanings that these groups hold and how these meanings are constituted over time and both inside and outside of the school environment. Importantly this affords the space needed to apply a poststructural lens, interrogating these understandings as they relate to the dominant discourses of health and physical education and institutional discourses of schooling. Goodson’s (1984, 1988) work on the history of school subjects as specific examples of constructed curriculum is his second important contribution to this framework. In this work Goodson has stressed two key ideas. Firstly, that curriculum and especially school subjects, involve a set of selections about what constitutes the official knowledge of the subject (Goodson, 1988) and that part of the task of researching curriculum is asking who decides this content and to what ends? (Goodson, 1983, 1984, 1988). Secondly, that as the social and cultural context in which the curriculum is embedded alters, so too does what is asked of curriculum and what society constructs subjects to do (Goodson, 1983). In this way we are reminded that curriculum construction is inherently political (Goodson, 1988; Young, 1971) and as such questions of power and resistance must be asked if we are to understand curriculum change within a wider cultural context. It should also be noted that Goodson’s (1988) work has increasingly investigated teachers’ life histories and biographies as they pertain to curriculum change, a focus which this research does not share. What his work does provide however, is a framework for understanding curriculum change both at the classroom level with particular attention to teachers and students themselves; and as it is embedded within wider social and cultural contexts.

ACTION RESEARCH

In this section I will outline how the action research model informed the design of this research. I will also provide an overview of some significant previous research in HPE which has employed an action research design. Action research has been widely used in education for over 50 years, primarily as a method of improving educational practice through research within the classroom context (Kemmis & McTaggart, 1988). More recently action researchers

influenced by critical theory have combined the two (Kemmis, 2001) with the goal of developing a socially critical form of inquiry which has since been variously linked with emancipation (Carson, 1990; Tripp, 1990), empowerment (Davis & Cooke, 1998; Reason & Bradbury, 2001a), social justice (Edmondson Bell, 2001; Kemmis & McTaggart, 1988; Lincoln, 2001) and educational change (Leitch & Day, 2000). Proponents of ‘critical’ action research suggest that it is an effective way of combining educational research and teaching practice (Zuber-Skeritt, 1992), where the goal is to improve teaching and learning through critical reflection of educational change (Carr & Kemmis, 1986). In collaboration with the idea of the socially constructed curriculum, action research offers a means of studying curriculum change through the investigation of the understandings teachers and students hold. Through its close attention to the process of change, it emphasises the need to collect data continuously and from the range of people involved in the curriculum change. This is important for a study that conceptualises curriculum as socially constructed because it provides a way of developing a rich and detailed account of both the specific site and the broader context of the change. Action research also has an important tradition of underpinning research that has aimed to effect change beyond the classroom, through the development of both practice and theory that reflects critically on curriculum and the wider implications of schooling. This is particularly true of research that has drawn on the ‘Deakin model’ of action research such as the work of Kemmis (1994; 2001), Carr and Kemmis (1986), and Kemmis and McTaggart (1988). Finally, investigations underpinned by an action research method have shown the potential for teachers and researchers to work collaboratively to improve both theory and practice.

WHAT IS ACTION RESEARCH?

Exactly what constitutes ‘action research’ has been and continues to be, well debated within the action research literature (Tripp, 1990). This is evidenced by the Preface in Reason’s and Bradbury’s (2001b) ‘Handbook of Action Research: participative inquiry and application’ where they write of their ‘continued misgivings’ in using the words ‘Action Research’ in the title of their book. These misgivings, they assert, are because “‘action research’ has been used in so many ways that the term has lost some of its original weight’ (pg.xxiv). Part of this breadth seems to be the result of action research emerging (at least in education) as an important research method in an era where notions of positivistic research as the only reputable and valuable form of research were being widely rejected and alternate methods taken up. In education specifically, researchers’ dissatisfaction with educational research practices based in areas such as psychology, which failed to take a broad view of education in terms of social change (Elliot, 1998), also contributed to action research being adopted and altered in ways that were specific to the research being undertaken. While a summary of debates over the various

types of action research and what constitutes them would no doubt be a valuable addition to this thesis, there is little time or space to allocate to such an endeavour. As such, those interested in reading further are pointed towards Tinning (1992) for an overview of action research and contestation, Carr and Kemmis (1986) for a discussion of an Australian model of action research and Reason and Bradbury's (2001) edited volume for a comprehensive introduction to action research in practice.

To move beyond the debate over what does or does not constitute action research, it is valuable to look generally at the characteristics of the 'family of action research' methods (McCutcheon & Jung, 1990) as they contribute to research design. One way of beginning to describe action research, is to acknowledge that it is a process of planning, acting, monitoring and reflecting (Kemmis, 2001; Kemmis & Wilkinson, 1998; Tinning, 1992). Furthermore, it tends to be concerned with educational practice (Kemmis & McTaggart, 1982; 1988), although often in ways that are closely tied to educational theory (Carr & Kemmis, 1986) and that many of its proponents, particularly in Australia and New Zealand, have worked towards goals that could be broadly described as goals of social change (Carr & Kemmis, 1986; Kemmis, 1994). Broadly speaking this study follows one of the most influential models of action research in Australia, the 'Deakin Model'. The Deakin Model was the product of a group of scholars headed by Stephen Kemmis, whose book 'Becoming Critical, Knowing Through Action Research' (1986) written with Wilfred Carr, was one of the first accounts of the 'Deakin view' (McTaggart, 1991, p.v). These researchers primarily drew on critical theory, envisaging action research as emancipatory and empowering. It was empowering in their view, because it not only provided teachers with a way of researching their classroom 'problems' and improving their practice, but it actually privileged theory that was developed out of this process. The emancipatory quality of action research developed out of the idea that action research was a way of effecting change outside of the classroom by altering practices within it. Action research is also frequently described as a collaborative process, with much attention focused on the social aspects of education. As Kemmis and Wilkinson (1988, p.22) point out, 'action research is directed towards studying, reframing and restructuring practices which are, by their very nature, social. If practices are constituted in social interaction between people, then changing practices is a social process'.

In practice, educational action research generally begins with the idea that a change or improvement is needed in an area. Whether collaborative or individual, the instigator(s) decide where to begin by identifying a specific area of concern where problems are perceived to exist; 'a thematic concern' (Kemmis & McTaggart, 1988, p.8). This may be a fairly general issue

such as Tripp's (1990, p.161) example of 'a teacher who has a problem with some children who constantly disrupt the lesson by calling out,' or more specifically focused such as Hartwig's (2004) doctoral work with year 8 music students, which aimed to increase the number of students enrolled in senior (Year 11 and 12) music subjects. A decision about where it is possible to make an impact, or begin to bring about change, is made by deciding where 'the struggle to change education will be engaged at this moment in history' (Kemmis & McTaggart, 1988, p.8). A plan is formulated that consists of a number of progressive steps based on the research focus and usually directed towards a change in practice. The first action step is devised, which should aim at both improvement as well as providing the group with an increased understanding of what is possible in terms of the change. Prior to the first step, ways of monitoring the first step and the context in which it takes place and of documenting what the change looks like in practice are devised. As the first step is implemented, data is collected and the group begins to critically reflect on both the events of the classroom and the wider context, and their part in it. The evaluation stage begins the preparation for a revised change to be introduced into the classroom, which is developed as a result of the reflection and evaluation of the previous change and its implementation. This second action step is then introduced to the classroom and the 'spiral of action, monitoring, evaluation and planning continues' (Kemmis & McTaggart, 1988, p.8).

While it is important at this point to provide further detail of each step, it should be noted that this is only an overview of the process as it pertains to this research. For a greater discussion of the detail involved in each of the four steps of the Deakin model of action research, readers are referred to Kemmis and McTaggart's (1982, 1998) 'The Action Research Planner.'

Plan. Planning is the process of developing critically informed action based on the perceived need to produce change in an educational setting. It should be mindful of the unpredictable nature of social research and remain flexible enough to be adapted when the situation requires it. Through strategic planning there should be the potential for educators to alter practice in a way that is significant to them or following the emancipatory goal of Kemmis and McTaggart (1988, p.12), for practitioners to be empowered in ways that allow them to 'go beyond present constraints.' Participants should collaborate in the planning process to develop methods of understanding and analysing the action within the context of their research.

Action, in the sense used in the action research model, is about a critically informed variation of practice. Kemmis and McTaggart (1988, p.12) describe 'action' as being guided by planning but nevertheless 'risky', in that the context it is introduced into is unpredictable and shifting.

They raise the need for action to be ‘tentative and provisional’ qualities that give it the flexibility needed to be sensitive to change at the classroom level. They also describe action as being bound in certain ways to prior practice, but not in such a way that it determines what is possible in the present. Finally, action is a fluid and dynamic concept, which will often be altered in a myriad of small ways as a result of practical judgements and considerations. As such practical judgements, compromise and negotiation are an important part of any collaborative action.

Observation is a method of gathering information that allows participants to productively analyse the action and assist them in understanding its effects. Kemmis and McTaggart (1988) stress the need to plan observation in advance of action, so that there is a ‘documentary basis for subsequent reflection’ (p.13). This planning must schedule methods of observation that are ‘open-eyed’ and ‘open-minded’ (p.13), but at the same time provide the richness of depth and detail needed for critical reflection. For Kemmis and McTaggart (1988), the subject matter that observation is interested in will always be ‘the action, its effects, and the context of the situation in which the action must be taken’ (p.13).

Reflection is designed to make sense of ‘processes, issues and constraints made manifest in strategic action’ (Kemmis & McTaggart, 1988 p.13). Kemmis and McTaggart (1988) describe it as an active process of recollecting action as recorded through observation. This reflective process is facilitated by those involved discussing the issues that have arisen during the planning, acting and observing, the results of which are used to redevelop the ‘plan’ to be put into action in the second spiral. Within the Deakin model, reflection is both evaluative and descriptive. It is evaluative in that it asks those involved ‘to weigh their experience – to judge whether effects (and issues which arose) were desirable, and suggest ways of proceeding’ (Kemmis & McTaggart, 1988 p.13). It is descriptive because it allows the researchers to produce a ‘more vivid picture of life and work in the situation’ (Kemmis & McTaggart, 1988 p.13) including details of what space is available for future change.

Although this discussion has largely focused on action research as conceptualised through the Deakin model, it is important to acknowledge that I have made a number of key departures from the model suggested by Kemmis and McTaggart (1982). To explain the first it is necessary to briefly mention the contribution Kurt Lewin has made to action research. Lewin is widely credited as the ‘father of action research’ (Tinning, 1992, p.190), and his work provided much of the theoretical base from which the Deakin model was developed. Perhaps the most important aspect of Lewin’s work is that his notion of action research ‘reconceptualized the

relationship between theory and practice, (and) researcher and researched' (Tinning, 1992). At the time Lewin was conducting his research, social scientists largely saw theory as something that was applied to practice, a notion that Lewin confronted through his research. Theory and practice were inextricably linked for Lewin, and were to be investigated as if they were one. Similarly, he directly challenged the model of the disinterested, objective observer that dominated social science, envisaging action research as 'a group process between the researcher and the researched' (Tinning, 1992, p.190). In terms of this study however, it is Lewin's original ideas about how action research projects can originate that are important. In describing this, McTaggart (1991) writes that '(a)ction research was not then considered a process which could be identified primarily as the property of people who were not professional researchers' (p.8). This is important because of its divergence with much of the later work, including that of Kemmis, McTaggart and Carr and the 'Deakin Model', which largely asserted that action research was research by practitioners into their professional practice and that they must own it (Tinning, 1992).

In terms of my study, the action research is complicated in two ways. Following Lewin, an outside researcher rather than the practicing teacher instigated the study. This is not to say that the teachers were not active collaborators in the process, but instead to acknowledge that we had not necessarily come together based on the perception of a shared problem. The teachers' goals related to their desire to act as leaders within their faculty in terms of implementing the new syllabus document and, perhaps to a lesser degree, the improvement of their classroom practice within their own local context. While I shared the goal of improving practice within the classroom setting, my research used the local context as a way of understanding and interrogating a curriculum change that is taking place throughout Australia and New Zealand. As such, my goal was to contribute to an emerging body of work that seeks to understand the wider implications of the use of current HPE syllabuses in schools. The second complication emerges because I have come into the research with the specific goal of problematising the discourses of the HPE syllabus as they are constituted by and constitute, the actor's actions and talk throughout the study. This poststructural goal in particular was not one that the teacher's and I specifically discussed in any detail, nor was it one that they necessarily shared as a priority of the study.

Having explained the points of departure this research takes from the Deakin model, it is important to note that the research design is nevertheless fundamentally based on a number of major action research tenets. The research and the necessity for it as perceived by the researcher, arose out of the recognition of an educational issue, concern or problem. In this case

the concern or issue was based around the perception that the introduction of a sociocultural perspective into the Stage 4 and 5 HPE (PDHPE) syllabus in NSW schools, potentially presented a fundamental shift in the approach to teaching and learning in HPE particularly in relation to the imperatives, dominant discourses and pedagogical practices of PDHPE as they have been socially and historically constituted. The research design used to study this issue was based on the Lewinian notion of social investigation through cycles of planning, acting, observing and reflecting (Carr & Kemmis, 1986). And while each of these stages of the cycle can be seen in the research design of this study, it is the reflective and reflexive orientation to the research process and particularly to the collection of data and the re-planning of action, that was particularly appealing given the poststructural inclination of the researcher. In commenting on the role of reflection in the action research process, Kemmis & Wilkinson (1998, p.24) note that critical reflection as employed as a deliberate social process can help people 'learn more about (and theorise) their practices, their knowledge of their practices, (and) the social structures that constrain their practices.'

A third frequently cited tenet of the Deakin model of action research on which this study draws, is the critical orientation of the research. Based on the idea that action research is 'research for education rather than research about education' (Carson, 1990, p.167), critical action research should be 'socially critical' making explicit the assumption that there is a 'conscious commitment to social critique that is to be realised through changes to practice' (Tripp, 1990, p.161). The ways that the 'critical' element of action research is to manifest through research varies throughout the literature. For Kemmis and Wilkinson (1998, p.24) it is focused on helping people overcome constraints through contesting and reconstituting 'unjust', 'unsatisfying' and 'unproductive' ways of interpreting the world, working, or relating to others. In describing their 'critical educational science', Carr and Kemmis (1986) note that the critical element involves an analysis of stakeholders' situations 'with a view to transforming them in ways which will improve these situations as educational situations for students, teachers and society' (p.156). Perhaps the most relevant to this study of curriculum however are Tripp's (1990) comments, which combine critical action research with both pedagogy and social construction of curriculum. Drawing on Livingstone's (1987, cited in Tripp, 1990, p.161) view of the critical aspects of critical pedagogy as having to do with 'the empowerment of subordinate groups through shared understanding of the social construction of reality', Tripp argues that there is a twofold critique central to socially critical action research. First he notes that there is a view of society as unjust, but capable through action of 'becoming less unjust if not actually just.' And second, 'that notions of justice and equality themselves are subjected to ideological examination' (p.161). In this way, he asserts that socially critical action research is

‘strategic pedagogic action on the part of the classroom teachers, aimed at increasing social justice’ and can be seen as a means of ‘opposing, modifying and replacing’ practices which limit the possibilities of social justice (Tripp, 1990, p.161).

This study draws on these notions of a critical engagement through action research in a number of ways. The critical orientation can be seen firstly through a critical engagement with the HPE syllabus and pedagogical practices especially as they relate to the reproduction of dominant discourses and ways of being that, as seen in Chapter Two, some would argue can be implicated in the production of damaging orientations to food, bodies, exercise and health. The second critical element is the study’s concern with the continued individualisation of health, illness and disease, especially in the HPE subject area, and the potential constraints that this places on the possibilities for ‘other’ ways of knowing and understanding. And finally the study is concerned with questions of meaning and power especially as they relate to the social construction of curriculum, pedagogical practices in HPE, and the production of the ‘healthy citizen’.

Consistent with the models of action research drawn upon, the research was also a collaborative inquiry between the researcher and practitioners, which was grounded in classroom practice. While it is an important to note that the place of collaboration varies throughout the action research literature, with some authors arguing that action research must be a group inquiry and others asserting that it may be individual and based on self-reflection (Kemmis & Wilkinson, 1998), it is often noted as an important part of the Deakin model as represented by the work of Carr and Kemmis (1983). In explaining this they write, ‘(a)ction research precipitates collaborative involvement in the research process, in which the research process is extended towards including all those involved in, or affected by the action’ so that they might come ‘to participate equally in all its phases of planning, acting, observing and reflecting’ (Carr & Kemmis, 1983, p.199). While Carr and Kemmis’ notions of collaboration are directed primarily towards practitioner initiated research as conducted by teachers in cooperation with other teachers, Kemmis and Wilkinson (1998) are more inclusive as they assert that ‘it is a process in which people explore their acts of communication, production and social organisation, and try to explore how to improve their interactions...(i)t is a research done with others’ (p.23). Collaboration was conceptualised as an important foundation of this study of the PDHPE curriculum and as such each of the teachers worked with the researcher to develop the unit of work prior to the classroom lessons beginning. By negotiating the content, teaching strategies, completion of Outcomes and durations with the classroom teachers, it was intended that they take an active role in designing the research, particularly as it pertained to the practical

elements of the teaching of lessons. This relationship between the research and the practical concerns of the research is important because as Kemmis and Wilkinson (1988) note, action research involves learning about ‘the real, material, concrete, particular practices of particular people in particular places’ (p.24). Following this the research design drew on a critical action research model in order to conceptualise the research as practical and collaborative, based in the practices of the classroom and with the cooperation and contribution of practicing teachers.

ACTION RESEARCH AND CURRICULUM

Action research has been used both within educational contexts and in broader social contexts, as a research method since the time of the second World War. And as previously noted, how it has been used and the types of research that it has underpinned has been both highly varied and often vigorously debated. Turning specifically to action research as a method of researching curriculum, it is notable that the first chapter of Carr and Kemmis’ (1986) ‘Becoming Critical: education, knowledge and action research’, is titled ‘Teachers, Researchers and Curriculum.’ While they explore various approaches to the study of curriculum, their discussion is clearly directed towards establishing curriculum research as an important field of educational research. They assert the need for teachers to play an active role in curriculum development and change as part of their ‘professional activities’; and argue not only for ‘a critical theory of education’ but that this be linked with ‘a critically informed practice’ with ‘action research as its concrete methodological expression’ (p.44-45). While there is little specific reference to curriculum after the first chapter, they do note that action research as concerned with the improvement of educational practices, understandings and situations aims to make changes through developing an understanding of educational practices as they are socially constructed and historically embedded (Carr & Kemmis, 1986), an assertion which is in congruence with Goodson’s view of curriculum construction and change.

Turning specifically to action research and health and physical education, a number of empirical studies can be noted, though few that relate directly to HPE curriculum change. Tinning, MacDonald, Tregenza and Boustead (1996) report on a study utilising an action research method to underpin the ‘professional development process’ associated with in-school trialling of the ‘Statement and Profile for Health and Physical Education’ which was created as part of the mid 1990s National Curriculum development in Australia. As a fellow Deakin academic, Tinning’s description of action research shares many commonalities with that of Carr and Kemmis (1986) and Kemmis and McTaggart (1988). The paper describes the project involving the implementation of the Health and Physical Education Statement and Profile through a process of teacher development based on teachers ‘researching their own practices’,

‘critical(ly) reflecti(ng)’ and ‘systematically monitoring, reflecting and improving their own practices’ (Tinning et al., 1996, p.390). The main purpose of this paper however, is to question whether action research as conceptualised and utilised with this study can actually be termed action research in the Deakin sense of the term. A number of notable discussions of the process and particularly the difficulties of utilising an action research method are presented but there is limited mention of either the role the action research played in relation to the curriculum statements, or the teachers’ understandings and practices in relation to the implementation of the curriculum change.

A second piece of work that details the use of an action research method in HPE switches settings from Secondary to Tertiary education as Tinning (1992) recounts his use of an action research method with undergraduate students in preservice teaching degrees. He writes that the students worked in pairs, acting as ‘critical friends’, monitoring the lessons of their partner and reflecting through discussion with a view to ‘improving their practice of physical education teaching but also their understandings of the practice and the conditions in which the practice took place – namely primary schools’ (p.201). Again, the focus in the later half of the article switches to a discussion of how the research did, or did not, conform to notions of action research and goals of emancipation, with Tinning discussing the difficulties faced in the study and the points at which it differed from Deakin notions of action research.

Herrmann (1995) details the use of an action research method in implementing changes to the health and physical education KLA in a Victorian primary school, following the introduction of the National Curriculum Statements and Profiles. This, much like that of Tinning, MacDonald, Tregenza and Boustead’s (1996), utilised action research as a means of facilitating professional development for secondary teachers through a collaborative project with tertiary researchers. Reflecting on the experience she notes that the action research method facilitated the collaboration between a university based researcher and primary school teachers in a way that offered a ‘significant contribution to our professional development’ (p.7), reflecting upon and interlinking theory with practice, and systematically observing practice.

In health education, McWhirter, Boddington, Perry, Clements and Wetton (2000) describe the use of an action research method in a ‘community focused initiative in drug education’ (p.9). The cyclical steps of action research are more readily identifiable in this study, with the researchers detailing the various stages as they were enacted in the development of ‘community-specific minimum entitlement curricula and policies’ (pg.11). Rather than focusing on the introduction of a particular curriculum change, this work looks primarily at the

process of empowering communities, largely through health teachers, to develop a drug education curriculum that was specific to their needs through an action research based method of critical reflection and redevelopment of policy, content and pedagogy.

While it is possible in the work above to note a number of similarities with my own work in terms of the way that action research has been used to inform research design, perhaps the work which is most closely aligned with this study comes from Social Studies, where Gaudelli and Fernekes (2004) detail the development, implementation, and evaluation of a Human Rights Education (HRE) unit that ‘attempted to draw students away from human rights discourse that is nationally focused and toward a global perspective on human rights’ (p.17). Gaudelli and Fernekes explain that the HRE unit developed aimed to challenge some of the dominant discourses of rights education and through changes to content and pedagogy, offer alternate ways of understanding and thinking about human rights. Based around the overarching question ‘(h)ow do students respond to an HRE curriculum that emphasises the dimensions of globally citizenship?’, Gaudelli and Fernekes write of employing an action research design to document and analyse the process of introducing the curriculum change into the classroom. Student surveys and teacher interviews were the main forms of data collection used, and the HRE unit was reviewed following its introduction in 2000, revised after data was analysed and re-introduced in 2003 accompanied by an expansion in data collection methods. Their explanation of the research method in relation to the curriculum change is probably best described as a basic justification for the use of action research and for labelling the research ‘action’ research. However, the linking of curriculum change, action research and a critical orientation to the dominant discourses of a subject area is a notable one.

STUDY DESIGN

The study was designed in order to answer the question *what happens when you introduce a unit of work planned with the aim of developing a sociocultural perspective into the HPE classroom?* and the sub-questions associated with this:

- what meanings and understandings do teachers and students bring to the curriculum and how do the discursive resources they draw on in constituting these meanings and understandings co-exist with a sociocultural perspective?
- how do teachers and students engage with the process of developing and implementing a unit of work underpinned by a sociocultural perspective and what are the tensions and issues involved in this process?
- what are the discursive, structural and material barriers that exist in relation to the introduction of a sociocultural perspective as a curriculum change in HPE?

In order to answer these questions the method was designed to facilitate the following key processes:

- immerse the researcher in the classroom environment in order to document the introduction of a curriculum change and how this change is negotiated within the classroom,
- allow collaboration between the researcher and the teacher in order to develop a unit underpinned by a sociocultural perspective,
- provide an opportunity to investigate the dominant discourses of HPE as they facilitate or constrain curriculum design and how these both constitute and are constituted with the HPE classroom,
- gain an understanding of the meanings the teachers and students hold and the ways of knowing about HPE that are made available and how this impacts on what is possible to do and say in the classroom.

Based on the preceding questions, a number of methodology-related decisions were made. Firstly it was decided that the research would be based around two cases, each of which would consist of a classroom teacher and one of his/her year 9 or 10 PDHPE classes. By limiting the number of cases conducted as part of the study, the researcher would be afforded the time to gather the type of detailed data required to answer the research questions. In addition, by having two cases there would be the potential to contrast the introduction of the change as it took place in two different school environments. The unit of work to be taught in each case would be jointly constructed by the class teacher and the researcher. This decision was made in order to create a situation that would resemble the way a teacher would work with a new syllabus document in designing a unit of work, and also generate data that would contribute to answering the question, ‘in what ways do teachers engage with and implement, a physical and health education unit of work informed by a sociocultural perspective?’ The research design would draw on an action research model, utilising qualitative data collection methods such as interviews, observations and document analysis/work samples, to answer the research questions through two in-school cases.

RECRUITING THE TWO CASES

In order to collect data that provided the richness and depth required to answer the research questions the study proposed, the need to focus on a small number of cases became obvious. Criteria were established to identify schools that were possible sites for the in-school component of the research. Demographic markers such as single sex or co-education and public

or private were initially used to create a broad list of potential sites. Geographic location was established as an important characteristic for possible schools because of the need for the researcher to be present for all lessons. In addition, the planning that was required prior to lessons and the ongoing discussion, reflection and change throughout the unit would also be better facilitated by face to face contact, rather than relying on phone and electronic communications. Ten potential schools were identified through a purposive sampling technique that combined these criteria with a list of teachers identified by University of Wollongong physical and health education staff as 'points of contact' for collaborative initiatives between universities and schools.

Each of the ten teachers were emailed a research information page, detailing the proposed research. In all cases contact was made with these teachers firstly by telephone through their schools, which allowed me to introduce myself and the project and then with the teacher's permission, the email documentation was sent out. Following university policy, these documents detailed the proposed research including: what was required of the school, the students and the teacher; the timeline for the project; and a preliminary draft of a sample unit of work. Follow up phone calls were made to each of the ten teachers between seven and nine days after emailing their information sheets. These phone calls provided an opportunity for both teachers and the researcher to ask questions and to discuss the potential for the teacher/school to involve themselves with the research. A number of teachers almost immediately expressed their concerns that they were unable to meet some of the requirements of the projects. These requirements centred around the need for any potential teacher to be teaching either year 9 or year 10 (Stage 5) PDHPE and to have at least one period per week with this class that could be dedicated to the project over an approximately eight week duration. In addition to this, because of the time frame of the PhD study, teachers needed to be able to schedule the in-school component of the research into their programmes in either Term four 2003, or Term one 2004. Five teachers initially noted that their schools would be unable to be involved in the term four implementation because of the requirements of their existing programmes precluded their involvement. When offered the term one case instead, all but one school again cited their programmes as barriers. On this occasion the main difficulty cited by the teachers was that having a single class 'out of step' with the remainder of their year group would create reporting difficulties and disrupt the faculty programme. A further two teachers indicated that they were in the process of leaving the profession and thus were unable to take part. The remaining three teachers met all the criteria established for their involvement and spoke of the research in terms of their own professional development and their desire to assist me with my research.

THE PARTICIPANTS

Of the three teachers who indicated that they were able to be involved, two were asked to participate in the in-school component of the research; Debbie and Mark. The first teacher, Debbie, was chosen for a number of reasons. Firstly she was the only teacher to indicate that her school, St Anne's, would be able to schedule the research to begin in the fourth term of 2003, with the other two proposing term one, 2004 starts. As an Independent Catholic school, the school was also able to offer ethics clearance from the school executive rather than from a separate review committee, ensuring that the project's proposed time frame could be adhered to. As a Higher School Certificate marker and Head Teacher, Debbie was both experienced and well-respected in her field. Together, St Anne's and Debbie offered a situation whereby the research was able to be conducted with an accomplished teacher, in a school environment that was able to support the research and ensure that the proposed timeframe could be realised.

The second case was chosen both because of its contrast to the first in terms of demographics and because of the teacher's programming flexibility. Mark was an established HPE teacher at Waterside, however, in comparison to Debbie he was still relatively new to the profession. A carpenter by trade, Mark had entered university as a mature-aged student in his mid 20s. Now 35, Mark had begun working at Waterside five years previously, in a PDHPE faculty staffed in the main part by teachers over the age of 45, not all of whom were HPE trained. Importantly, Waterside offered key demographic contrasts to St Anne's in that it was a co-educational public school. The timing of the second case was also highly contingent on the lengthy NSW Department of Education and Training ethical approval process for researchers wishing to work in government schools. As such, any school wishing to be involved needed some flexibility in their programming. Waterside and Mark provided this flexibility, allowing the research to be rescheduled to begin four weeks after the proposed date.

THE DRAFT UNIT PLAN.

One of the steps I took in preparing for the two school cases was to design a Draft Unit Plan (appendices G & H). In this plan I developed a range of learning activities designed to address Outcome, Learn About and Learn To statements that both matched my desired content focus and which I thought lent themselves to a sociocultural perspective. As it began, the plan was developed as a tool to assist in recruiting teachers. I believed that it would provide teachers with an overview of the direction I wished to take and some concrete examples of how I thought this direction could be aligned with the new syllabus. I selected three Outcome statements from the syllabus (appendix F): Outcome 5.6 (*A student analyses attitudes,*

behaviours and consequences related to health issues affecting young people) because it specifically stated that students should *Learn About Sociocultural influences on food choices*, Outcome 5.7 (*A student analyses influences on health decision-making and develops strategies to promote health and safe behaviours*) because the Learn To statements attached to it specified the need to recognise influences beyond the individual as they impact upon health decisions, and Outcome 5.8 (*A student critically analyses health information, products and services to promote health*) because it referred to students learning about the changeable nature of health knowledge (BOS, 2003, p.37 – 39). After selecting these Outcome, Learn About and Learn To statements I began developing a range of learning experiences which I thought would allow students to work towards the specified Outcomes, while providing possibilities to develop a sociocultural perspective. In designing these activities I drew on my experience as a tutor in the university subject ‘Sociocultural Perspectives on Physical Activity and Physical Education’, and spoke to postgraduate colleagues and my research supervisors. Though I initially prepared the Draft Unit Plan to assist in recruitment, it took on greater significance in that preparing it required me to engage closely and for a prolonged period of time with the new syllabus. Reflecting now, this work became an important part of the action research. Firstly, it informed my own reading of the syllabus, that is, where I saw the sociocultural possibilities being embedded. And secondly because, as the results chapters show, the negotiated process of developing the lessons which perhaps should have begun with the teachers and I reading the syllabus together, began instead with the Draft Unit Plan and resulted in neither of the two teachers directly engaging with the syllabus itself. The Draft Unit Plan also became an important part of the research process when the NSW Department of Education and Training requested that changes be made to the plan, so that it better reflected the ‘main messages’ of the new 7-10 syllabus (Personal correspondence, 2004). These events will be examined in greater detail as part of Chapter Seven.

DATA COLLECTION

As previously outlined, the research questions that underpin the study are largely concerned with the meanings and understandings those involved in the study hold and how these constitute and are constituted by the dominant discourses of HPE. In order to answer these questions, data collection methods that would support the gathering of rich and detailed data documenting the social construction of this curriculum change would need to be used. Here I present a brief summary of the data collection methods before detailing them over the following pages. Individual interviews with the teachers were scheduled in order to gather data before, during and after the lessons had been conducted. Focus group interviews were utilised

as a means of eliciting the meanings the young people in each case held in relation to the major ideas of the units: health, food and bodies. Observations were recorded continually by the researcher throughout each case and provided a relatively unobtrusive method of noting some of the classroom interactions. In addition, the researcher's observations and field notes from formal planning meetings and the ongoing discussions that took place as part of collaborating on a teaching and learning project, provide data that complements the other more formal methods. The teachers' introductions and conclusions to each class were tape recorded, as were whole class discussions where possible. Lastly, documents related to the research including lesson plans, syllabus documents and student work samples were collected.

For ease of reading, each data collection method has been linked to the major research question(s) it contributes to answering in Table 1 below. Note: All sources contribute to answering the main question, 'What happens when you introduce a unit of work planned with the aim of developing a sociocultural perspective into the HPE classroom?'

Table 1 - Data collection methods and their relationship to the research questions

RQ Key: A. What meanings and understandings do teachers and students bring to the curriculum and how do the discursive resources they draw on in constituting these meanings and understandings co-exist with a sociocultural perspective? B. How do teachers and students engage with the process of developing and implementing a unit of work underpinned by a sociocultural perspective and what are the tensions and issues involved in this process? C. What are the discursive, structural and material barriers that exist in relation to the introduction of a sociocultural perspective as a curriculum change in HPE?				
Stage	People	Data source	Focus of questioning/investigation	RQ
Background and preparing for the unit	Teachers	Teacher interview one Pre-implementation interview	The teacher's background, teaching and learning in PDHPE, curriculum and pedagogy. What meanings and understandings do teachers hold about health, PDHPE, food, bodies, and exercising?	A, C
Planning the unit	Teacher and researcher	Observations, recordings, field notes from meetings, unit plan, draft lessons.	How was the unit planned; what considerations and negotiations were made in the process of preparing lessons? What discourses are evident in the discussion and decision-making of planning the unit?	B, C
	Students	2 x student focus group interviews (4-5 students per group, 30 minute duration).	What meanings and understandings do these young people hold about health, PDHPE, food, bodies, and exercising? What discourses are evident in the young people's talk?	A
Teaching the unit	Teacher and students	Observations, field notes, work samples and recordings from lessons.	What happened in the lessons: how did the students respond, what changes were made, what facilitated or constrained a sociocultural perspective.	B, C
	Students	2 x student focus group interviews (4-5 students per group, 30 minute duration).	What did you learn in the unit? Meanings and understandings. Revisit questions from first focus group interview.	A
	Teachers	Final interview	How did the unit go? Were the outcomes what you expected? Did you achieve the goals of the unit? What would change if you were to teach the unit again? What facilitated or constrained a sociocultural perspective?	A, C

TEACHER INTERVIEWS

It was originally intended that each teachers be formally interviewed three times as part of the data collection process. All interviews were semi-structured, tape recorded and transcribed. All three of Debbie's interviews took place at St Anne's, with two conducted in her free periods and one conducted in a teachers' planning week while students were on holidays. Due to changes in the research timeline and the planning process, Mark only participated in two formal interviews. One of Mark's interviews was conducted at school in a free period. The remaining one was conducted after school at my university.

The initial interview, conducted with both Mark and Debbie prior to any work being done on planning the unit, was approximately 45 minutes in duration (appendix A). This interview aimed to provide an understanding of the meanings the teachers held in relation to health, food, bodies and HPE in schools. Such meanings were seen to be important because they provide a way of understanding the decisions teachers make and the discourses they draw upon to support these decisions. The first group of questions aimed to develop a picture of Mark and Debbie's background and experiences as HPE teachers. The second set of questions was grouped under the heading 'health education' and focused on the meanings the teacher's held in relation to health, the goals of HPE and, a sociocultural perspective. Teachers were also asked about their perceptions of the links between the 7 – 10 syllabus and the Stage 6 syllabus (years 11 and 12).

The pre-implementation interview, which was only conducted with Debbie, took place just prior to the lessons beginning and served as a formal opportunity to reflect on the process of negotiating a series of lessons, the decisions that were made in planning and preparing the unit, and the goals the teacher had for the unit (appendix B). Questions were organised around two topics, the unit of work and a sociocultural perspective of HPE. The 'unit of work' questions focused on the features of the unit particularly in terms of pedagogy and teaching strategies and also the goals the teachers had for the unit, for their teaching and for student learning. The sociocultural perspective questions took a reflective line asking the teachers to think about how they thought their unit promoted a sociocultural perspective, the experiences and processes that may contribute to a sociocultural perspective in the classroom and the indicators that they expected to see in terms of what a sociocultural perspective might look like in a year 9 or 10 classroom.

The final interview was conducted with both Mark and Debbie at the conclusion of the eight lessons (appendix C). The interview schedule was designed around four main areas and was

approximately one hour in duration. In the main, the interview sought to understand the curriculum change as the teacher saw it and as such, much of the interview asked the teachers to reflect on the process of planning and teaching the unit. A set of questions under the heading 'unit of work' investigated: the teacher's goals for the unit and how successful they felt they were in achieving these goals; the pedagogical features of the unit and how these contributed to the unit; and the changes the teachers would make to the unit if they were asked to teach it again. The second set of questions focused on a sociocultural perspective and asked teachers to consider in what ways it was, or was not, taken up in the unit. These questions asked the teachers to think about any changes in understanding their students had shown towards the topic and the strategies they saw to be successful or unsuccessful in developing a sociocultural perspective. The last set of questions was titled 'student and teacher learning experiences' and was concerned with how the teachers characterised their involvement in the project and their impression of the students' experiences and involvement.

STUDENT FOCUS GROUP INTERVIEWS

Student focus group interviews were conducted each school, both a day prior to the unit beginning and on the day of its completion. At each school two groups of students were interviewed with each group made up of four to six volunteers. Although some questions in the post unit interview did ask the students about changes in thinking they saw or experienced in their classes over the course of the unit, the interviews were never conceived as a means of measuring student change or of demonstrating the effect of the unit. The first set of questions was titled 'perceptions of health' and asked students to think about what 'health' and 'being healthy' meant to them and also whether this was the same for everybody or whether it would differ. Further questions in this section asked about 'healthy' people and what they do that makes them healthy, what makes a 'healthy' body and what they thought influenced their impression of bodies. The next set of questions, 'influences on what we eat', asked students about how they decide what they eat and what sort of influences affect their food choices. Students were also asked whether they take note of what others eat and how food might differ for them compared to their parents, friends or other people. (Following a preliminary analysis of the St Anne's interviews, I decided to add two extra questions to the schedule for Waterside, these questions focused on sources of health information). The post-unit interview revisited the questions from the pre-interview. It also provided an opportunity to talk to the students about their experiences of the unit and to ask them to reflect upon what they understood to be key ideas (appendices D & E).

OBSERVATIONS, RECORDINGS AND FIELD NOTES

Observations, recordings and field notes were used to document much of the planning, teaching and reflecting conducted as part of the unit. The formal planning meetings that took place prior to the implementation of the unit were tape recorded and transcribed, as were debriefing meetings conducted at the completion of the unit. Less formal meetings, such as those conducted as the teachers and researcher walked to and from the classrooms, were documented through field notes, which were kept in a project diary and expanded on after each lesson. Data collection within the classroom was often difficult. In part this was because I took on the dual roles of observer and participant. At times the participation took the form of discussions between activities with the teachers about changes that needed to be made to the lessons, at other times it involved conversing with groups of students about the activity they were doing and occasionally it involved participation as a teacher's aid, explaining activities and assisting students with their work. In terms of data collection this meant that written observations were made whenever possible during the class and then expanded on these as soon as possible after the class. These notes tended to become stories of the day's classes and as such it needs to be remembered that they are written from only one perspective, and as such should not be read as 'the story' of the lesson, but instead as 'one story' of the lesson. Field notes and the stories that resulted out of them were an important mechanism for reflecting on the day's lessons and making sense of what was happening within the classroom. As such, much of the dialogue that occurred between classes was based on the desire to feed these thoughts back to the teachers and discuss ideas with them. Tape recordings were initially made of a small number of group interactions at St Anne's. This practice was discontinued after observing some students' reluctance to speak when the tape recorded was placed at their table. I decided that in-class tape recordings would be reserved to document the teachers' introductions, transitions and conclusions to activities.

STUDENT WORK SAMPLES

Student work samples were collected at times in both units and in the most part, took the form of worksheets, group responses and individual writing tasks. Where possible and with permission, students' work was collected, photocopied and then returned to them in the following lesson.

ANALYSING THE DATA

The data analysis conducted in this research was informed by poststructural research approaches and a Foucauldian notion of discourse analysis. Broadly, a poststructural approach

assisted me in thinking about and framing the ‘problem’ that I was investigating, how best to design the research to respond to the problem and the steps that I needed to take to present and interpreted my findings (Wright, 2006). I began by employing the three research sub-questions as filters through which to examine each stage of the curriculum change process. Firstly, I sought to understand and begin to map the meanings and understandings the teachers and students brought to the research process and from this, the discursive resources they drew upon (Wright, 2004b). In considering the students’ meanings, I primarily drew on data from the focus group interviews, whereas for the teachers I used data from their individual interviews and from field notes and observations. As was the case with all of the data analysis, the form of discourse analysis I employed involved looking for patterns and recurring phrases and ideas. In each case the transcript was read and re-read, with major themes and recurring ideas noted. Because much of the analysis in poststructural research is often in the writing itself, I began making sense of how the teachers and students thought about health, food, bodies and HPE by writing. With each draft I was able to gain a more complete picture of the resources the teachers and students drew on and begin to consider the implications that these resources had for the development of a sociocultural perspective. As the analysis became more sophisticated I referred back to the interview texts themselves to consider alternate readings and to look for instances which highlighted points of difference in understandings and discursive resources.

Similar methods of analysis were used in response to the questions ‘How do teachers and students engage with the process of developing and implementing a unit of work underpinned by a sociocultural perspective and what are the tensions and issues involved in this process?’ and ‘What are the discursive, structural and material barriers that exist in relation to the introduction of a sociocultural perspective as a curriculum change in HPE?’ Planning transcripts, field notes, and the lesson plans themselves were analysed to consider the teachers’ engagements throughout the planning process. Likewise, field notes, recordings and work samples from the lessons were used to examine engagements as the lessons were put into practice. I again sought to identify examples and following these, themes, which were illustrative of what happened during each stage of the action research and the implications these events had for the development of a sociocultural perspective. The process of identifying elements which constrained the process was facilitated by my role as a collaborator in the research. However, the full effects of these constraints, as well as the inter-relationship between some structural and discursive constraints, did not become clear until I began writing about the process.

A major aspect of the analysis of data was deciding how the findings were organised and presented. As previously noted, much of the work of analysing data took place as I wrote and re-wrote results chapters, the first step in which was deciding how to structure and present the findings. In organising the findings I sought to balance the ‘story’ and experience of what happened when we developed and introduced the units, with the analysis required to consider what constrained or facilitated the process. Following this, I chose to present the results in two largely separate cases, each of which would follow the progression of the research – from introductory interviews, to planning, to teaching. This allowed me to consider the unique context and events of each case, while also drawing attention to the barriers that were consistent across both. The first results chapter in each case (chapters four and six) introduces the school, the teacher and the students. Quotes from the interviews they took part in are used to provide a sense of the meanings and understandings they held in relation health, food, bodies and HPE. The second results chapter in each case (chapters five and seven) is split into two parts. Part I examines the planning process and in particular, the tensions and issues that emerged during the process. Part II moves onto the lessons themselves, firstly recalling the lessons briefly before examining each lesson in greater detail. Together the four results chapters respond to the question ‘What happens when you introduce a unit of work planned with the aim of developing a sociocultural perspective into the HPE classroom?’

CHAPTER FOUR – INTRODUCING ST ANNE’S GIRLS’ HIGH SCHOOL

The following four chapters (Chapters Four through Seven) present and examine the results from each of the two schools. Two results chapters are devoted to each school, with Chapters Four and Five focusing on St Anne’s and Chapters Six and Seven examining the results from Waterside. In each case, the first of the two chapters focuses on the meanings and understandings that the key participants brought to the research and the discourses they drew on to constitute these meanings. Such meanings and discursive resources are assumed to be an important starting point for understanding the way that the participants engage with and make sense of the unit of work. The second chapter in each case is split into two sections: ‘Planning’ and ‘The Lessons.’ The ‘Planning’ section is concerned with the process of developing and organising the eight lessons that comprised each of the units. This process examines the discursive, institutional and practical elements which facilitated or constrained the development of a sociocultural perspective. In each case, the latter part of the second chapter (Chapter Five Part II and Chapter Seven Part II respectively) is titled ‘The Lessons.’ This follows on from the work initiated in the planning section and examines the process of enacting the units of work. Such a focus draws attention to the way that the teacher and students engaged with the unit of work, the discursive resources they drew on in doing so and the effect this had on their development of a sociocultural perspective of health, food and bodies.

ST ANNE’S GIRLS’ HIGH SCHOOL – THE SCHOOL, THE TEACHER AND THE STUDENTS

This first chapter of the St Anne’s results provides a detailed introduction to the school, the teacher and the students who were the key participants in the study. It is also the primary means through which I answer the research question focusing on the understandings of health, food and bodies that the teacher and the students’ brought to the unit. By drawing on individual interviews with the teacher and focus group interviews conducted with students prior to the unit beginning, I explore the understandings these participants brought to the unit in relation to the key content and themes of the unit. From this I identify the discursive resources on which they drew.

THE SCHOOL

St Anne’s Girls’ High School (St Anne’s) is an Independent Catholic Girls School that caters for students from years 7 – 12 (12-18 years old). Located in a large coastal city, the school was

founded in the late nineteenth century and according to school promotional materials, has retained its Catholic ethos and traditions. With over eight hundred and fifty students enrolled the year the research was conducted, St Anne's was a mid-sized high school by NSW standards and had been growing steadily through school renovations and increasing enrolments. According to the school website the St Anne's curriculum was designed to cater for 'the abilities of each student as an individual' and encourage the students to set 'visionary' but 'achievable' goals. The idea that schooling at St Anne's was directed towards producing independent, high achieving young women through 'better education for girls' was clearly articulated by Debbie as she spoke about the school and its goals:

I think one of the things that we're trying to foster is independent learning very much as young women. Traditionally the school has always pushed for a better education for girls and equality but I think we've moved beyond equality now, because we're there and we've achieved that, so we've set another benchmark and I think that benchmark is including quality of education and promoting independent learning and quality of learning.

As well as producing independent young women, the school placed an emphasis on pastoral care and had a social justice and outreach program designed to help students 'live and teach' the Christian message. According to Debbie the school had a multicultural student population, and advertised their annual 'International Night' as a way of embracing the diverse cultural backgrounds of students. My conversations with students in the focus groups confirmed that some had grandparents and parents who had been born, or in some cases who still lived in countries such as Malta, Italy and Greece. The school also had a pronounced academic focus and a history of high achieving students. School promotional materials described the achievements of past alumni and in particular, a number of students who had been awarded Premier's awards for their outstanding performances in the state-wide Higher School Certificate (HSC) exams.

THE TEACHER

Personal background

Debbie Jagelski was in her early-forties at the time of the research and had been teaching at St Anne's for eleven years. She was the Head Teacher of the PDHPE faculty and up until four years prior to the research had also been school Sport co-ordinator, before the school's first lay Principal had separated the two positions. Prior to her appointment at St Anne's Debbie had worked as a Health and Physical Education teacher in Sydney's South West, an appointment which she described as 'a real eye opener' for a new graduate straight out of Teacher's College.

At the time of the research Debbie was regarded by many as an exemplary teacher and an expert practitioner of PDHPE, a judgement which was made evident through the high regard in which she was held by those in the field. As well as her position as Head Teacher of PDHPE at St Anne's, she was a Senior Marker for the PDHPE HSC examination and prior to that had been a HSC marker almost since the inception of PDHPE at the HSC level, missing only the first year. She had on several occasions been asked by the NSW branch of the Australian Council of Health, Physical Education and Recreation (ACHPER) to speak at its HSC enrichment days. These days were organised by ACHPER so that final year students could augment their school-based learning through lectures delivered by recognised expert teachers. Debbie was also recognised as an expert by staff at the local tertiary institution (which is the reason her name was suggested to me as a participant) having previously been involved in collaborative research with university educators and having taught 'demonstration lessons,' in which groups of thirty first year pre-service teacher educators observe an expert teacher in action. As a teacher Debbie seemed to me to be diligent, hardworking and cared a great deal about the well-being of her students and the kind of women they would become.

Debbie brought considerable investments around 'practices of the self' (Foucault, 1996) to the study, especially in relation to food, exercise and the body. In terms of her physical appearance, Debbie looked like an archetypal HPE teacher. She was slim, lightly tanned, and tended in my time at St Anne's to wear shorts, a collared polo shirt and white running shoes. Both her legs and upper body were somewhat muscled and she was always neatly presented in terms of hair and make-up. She was a part time instructor at a local gym, teaching group aerobics classes before school two to three times a week. Though the investments around certain practices of the self that Debbie brought to the project will be explored in more detail throughout the first part of this chapter, the following quote begins to demonstrate the central place of practices such as exercise and self-monitoring in the way Debbie thought about being a good advocate for her subject:

Debbie: I find that in school since we've had these laptops I have never been so sedentary in all my life and I'm actually battling because traditionally you would get up you would go to someone's pigeon hole, you would go and see someone, so you're constantly running around and I think also because my role has changed from sport and PE, I'm not rushing around quite as much because my emphasis is on curriculum, on PDHPE and we have someone else doing the sport now. So I am more and more sedentary and I find that very frustrating.

Ken: So that (being) sedentary I guess is part of what you think of when you think about those things that don't contribute to that healthy ideal that you have?

Debbie: Yeah I'm not very good at sitting still and I find when I have to sit at a laptop or a computer, when I'm forced to do that I find that even more frustrating because I'm

already spending time doing other forms of paperwork and less in preparation and those sorts of things. And I feel that I'm not therefore advocating balance for my subject because I'm not living it (Teacher interview one).

The preceding quote suggests that Debbie aspired to a certain image of herself, an image which was placed at risk by 'sedentary' behaviours such as working at a 'laptop' and 'other forms of paperwork.' The use of the word 'advocating' in the final sentence, conjures images of the teacher as a 'model citizen' and particularly the PDHPE teacher as a model 'healthy citizen' (Simola, Heikkinen & Silvonen, 1998). Researchers such as Armour and Jones (1998) and Tinning (2004) have noted that many PE teachers initially move into the profession because they enjoy and have often excelled in sport and physical activity and see PE teaching as a way of integrating these interests and abilities into their working lives. However, as Tinning (1985, 2004) and others have pointed out, many PE teachers bring with them considerable investments around slim bodies, deterministic views of the relationship between exercise, fitness and health (Kirk & Colquhoun, 1989) and more recently the view that PE can and should be a means of regulating fat levels in young people (Evans et al., 2003; Gard & Wright, 2001). Work such as that by Gard and Wright (2001) and Evans, Rich and Holroyd (2004b) provides evidence that such investments can have considerable implications for young people, schooling and curriculum. In Debbie's case, her own investments frequently affected the way she selected and organised content and pedagogy, the discursive resources she drew on and made available to the young women, and even the way she interpreted a sociocultural perspective within the context of PDHPE.

Teaching philosophy

Notions of expertise and being an expert teacher formed a central component of Debbie's teaching philosophy. In making sense of the position of 'expert' Debbie frequently drew comparisons between her practices and the practices of other teachers. Through these comparisons I came to understand Debbie's teaching philosophy as one which hinged on notions of herself as an expert practitioner and on her practices as those of a leader in the field who is setting the benchmark (albeit not single-handedly) to which others aspire. Change and in particular the way that teachers cope with and adapt to change, was an important part of Debbie's teaching philosophy. For example, in the following quote she speaks about how important it was that teachers renew their teaching methods to reflect the changing nature of schooling:

... it's also getting teachers to analyse or re-analyse their method of teaching because we go through Uni and we learn certain skills or methods and we get out and we start

teaching and we implement those. But then times change and you have to move with those changes. And for some people, it's really difficult. The concept of it's hard teaching an old dog new tricks. How do you change old habits, that sort of thing (Teacher interview one).

Both self-reflection and self-analysis are prominent elements of the version of 'best practice' that Debbie articulates in the previous quote. Similarly, there is a sense that good teaching involves being able to adapt quickly in order to address new needs, rather than persevering with outdated methods. Pedagogy and notions of change intersected as Debbie spoke about the formalisation of a sociocultural perspective within the New 7-10 PDHPE syllabus and the incongruency between some teachers' didactic teaching methods and a sociocultural perspective:

...because I know I have some staff members that will basically stand and lecture to the class. So, that is a difficult situation for them, they will probably struggle with the concept (of a sociocultural perspective) a little bit. Whereas I don't teach that way, so for me, I don't find that difficult (Teacher interview one).

As previously noted, Debbie constituted her own subjectivity as a teacher by drawing comparisons between herself and other teachers. Because she understood herself as an expert practitioner, Debbie frequently spoke of her own practices in ways that aligned them with current best practice and at times, depicted her practices as actually being ahead of the field (see *A sociocultural perspective* in this section). In the above quote Debbie argues that the teachers' outdated teaching methods will likely make the introduction of a sociocultural perspective a 'difficult situation' for them. In contrast, Debbie faces no such difficulty because she has worked to change and renew her practices in line with teaching innovations ('Whereas I don't teach that way'). Similarly, in the following quote Debbie positions herself as someone who welcomes and embraces curriculum change in the form of the New 7-10 syllabus:

Debbie: ...But I'm looking towards the new syllabus, the new junior syllabus and thinking it's going to be a welcome change. I think there are a lot of teachers out there who are very concerned about what it has to offer, but I think they might be a bit narrow with their thinking because it's not about throwing out the old and bringing in the new, it's 'let's look at the old and what can we use and manipulate and adapt and improve, that's what I see it as.

Ken: So for you it's an improvement?

Debbie: Yeah. I don't think it's all about reinventing the wheel, it's about restructuring and updating (Teacher interview one).

The previous quote again illustrates Debbie's constitution of herself through comparisons with 'others.' She creates the contrast between herself and 'a lot of teachers' through the

juxtaposition of her attitude with the attitudes of other teachers. For her, a sociocultural perspective is a 'welcome change,' whereas a lot of other teachers are 'very concerned' about the change and its implications. It is however, the latter portion of the quote which is of particular interest in understanding both Debbie's teaching philosophy and her attitude to change. Because Debbie understood herself as an expert and her practices as being inline with, if not ahead of the field, she was able to speak of changes such as a new syllabus or a sociocultural perspective in ways that suggested they would have little impact on her own teaching. In the previous quote this perspective is evident through the phrases 'it's not about throwing out the old' and 'I don't think it's all about reinventing the wheel, it's about restructuring and updating.' Such an attitude to curriculum change had important repercussions for both the planning process and the lessons themselves, a point which will be developed throughout the next two chapters.

In discussing her teaching philosophy Debbie also spoke about the need for the teacher to take a central role in directing student learning. While she only briefly touched on this aspect during her individual interviews, it became more explicit as she began planning and teaching the lessons. For Debbie, quality teaching and learning was facilitated by the teacher taking a central role in directing the classroom. As I will discuss in the 'Planning' section, in practice this frequently contributed to activities that were relatively teacher-directed in nature. However, as the following quote shows, Debbie understood such direction to be necessary for many students:

...so we've set another benchmark and I think that benchmark is including quality of education and promoting independent learning and quality of learning. And I guess that's where we're looking at trying to provide experiences that are teacher, they're actually teacher-directed but not to the point where the teacher directs everything; it's more that the teacher directs to facilitate and the students then establish and improve their learning. The problem is that I think sometimes the concept of student-based learning in terms of facilitation works really well for those students that are very bright but a lot of other students require a lot more direction. And there are so many other factors that influence that (Teacher interview one).

The PDHPE KLA at St Anne's.

Unlike previous research which has asserted that PE teachers often perceive their subject to have limited status within schools (Sparkes, 1988, 1990b) through her interviews Debbie described the PDHPE KLA as an important and valued part of the St Anne's curriculum. At least part of this can be attributed to the fact that while PE teachers in Sparkes' (1988) research considered their subject to suffer from low status because it was marginal to the broader aims

of the school, Debbie described the KLA in ways that made it central to the processes of schooling required to produce the ideal St Anne's citizen. Both the PDHPE KLA and the broader school aimed to produce 'independent', 'confident' and 'caring' young women (Teacher interview two). According to Debbie and school promotional materials, they also both sought to prepare responsible young women, who were both reflexive towards their own actions and supportive towards others. The alignment between the goals of the school and the goals of the PDHPE KLA are particularly evident in the quote below. In the first part of the quote Debbie begins by articulating the broader aims of the school before beginning to blur the lines between the school and the KLA towards the end of the quote as she describes the reporting Outcomes tied to PDHPE at St Anne's:

Ken: What sort of young woman is the St. Anne's young woman do you think?

Debbie: Independent, confident, caring: that's part of the school philosophy. That sense of stewardship and caring for the environment, caring for each other. That sometimes is a little bit of a battle because sometimes they become so self-absorbed that they forget about little things in the environment, like putting the rubbish in the bin and not throwing it on the ground. So I think making them more responsible because I don't think they are, generally speaking. But I think kids these days aren't.

Ken: What kind of responsibilities, do you mean environmental responsibility?

Debbie: Yeah environmental but also responsibility for their own behaviours as well. So if they make a mistake being responsible for that or following the correct procedures and rules and guidelines, or it may just be their behaviour in the classroom and how they participate in the different activities. And when you look at the reporting system that we have (for PDHPE) at the moment which has four outcomes and there are four profile based outcomes which relate to their behaviour. So things like being organised, being able to work independently, being able to work in a group. I can't remember the other one off the top of my head. To complete set work, you know, so that's part of that independence, but also it links in organisation and being responsible, you know completing work that relates to developing your own knowledge and skills (Teacher interview two).

That the goals of the PDHPE KLA and the broader school (and possibly schooling) are aligned in Debbie's talk is no accident, nor is the fact that she links 'independence,' 'knowledge,' 'skills' and being 'responsible.' The focus on developing responsible, self-regulating individuals which underpins Debbie's talk in the above quote, has been identified as one of the central goals of schooling at a time when neoliberal discourses have redefined the nature of citizenship (Lupton, 1999; Petersen & Lupton, 1996; Rose, 1999; Youdell, 2004). Not surprisingly, individualised discourses of personal responsibility (Evans & Davies, 2006; Wright & Burrows, 2004) have also come to underpin recent health and physical education curriculum through an emphasis on 'healthy' decision-making, risk and becoming an informed consumer of physical and health culture (Leahy & Harrison, 2004; Tinning & Glasby, 2002). In

Chapter Five I will begin to show how such discursive shifts in society's ideas about schooling have important implications for the development of a socioculturally informed curriculum.

While Debbie spoke of the PDHPE KLA in a way that suggested it had some status within the school, she also understood it as a KLA which was affected by tensions between the large amount of content knowledge which students were expected to learn and the relatively small amount of time allocated to PDHPE in the 7-10 curriculum. She explained that the KLA had tended to be 'very content laden' and that the Outcomes had been difficult to implement 'effectively and fairly based on the number of hours that we get' (Teacher interview one). Part of the difficulty from her point of view was that while 7-10 PDHPE at St Anne's was allocated the NSW state minimum of 300 hours over four years, timetable structure and 'different events in the school' often combined to disrupt this allocated time.

The pressures created by time had important effects on the PDHPE KLA, the teachers and their pedagogy according to Debbie. Though she spoke about the vital place of 'student-centred learning' within the school's goals of developing 'quality learning,' she suggested such pedagogy was difficult for her staff and herself to employ because of the need to cover the necessary content in order to address mandatory Outcomes. In the following quote Debbie begins to explain some of the implications of time pressures in terms of its effects on pedagogy:

Debbie: ...the biggest problem is our subject is very content laden, so sometimes it's very teacher-directed depending upon how many lessons you lose. I mean in theory it (student-centred pedagogy) all sounds great, but in practice it can fall apart.

Ken: You have to get through certain work at certain times.

Debbie: Yeah and it's not all just content oriented, you know it's outcomes based but sometimes you have to cover a certain amount of the content to really be able to effectively achieve the outcomes. Sometimes it's less time consuming to use a teacher-centred approach. For example there might be a unit or work, we had a situation earlier this year where we just lost so much time with our classes that when it came to report time we had to change how we were going to use to report, we just didn't get to it (Teacher interview one).

Notions of what it means to be an expert practitioner of PDHPE in the current political climate occupy a central position in Debbie's talk in the above quote. Discursively Debbie draws on aspects of what Ball (1998, 2000, 2003b, 2004, 2006) has labelled performativity, which he asserts has become a type of regulatory 'ethical framework' in which teachers must work and through which 'judgements, comparisons and displays' are employed as a means of control (Ball, 2000 p.2). For Usher and Edwards (1994) teachers' work practices which are marked by

performativity stress rationality, technical efficiency and accountability. According to Ball (1998), one of the effects of performativity as a technology of control is that teachers come to use these criteria in judging their own performance. For Debbie, teacher-directed pedagogy was necessary and in fact, productive, in meeting the demands of the contemporary educational climate. Use of the phrase 'in practice it can fall apart' works to depict student-centred pedagogies as 'too risky' for expert teachers who want their students to achieve, because the outcomes are unpredictable. In their recent research in twenty four Queensland schools, Hayes, Mills, Christie and Lingard (2006) found that it was common for teachers 'to express the view that course requirements... inhibited their repertoires of practice. That is, these teachers offered structural reasons for the lack of intellectually demanding pedagogies in their classroom practices' (p.47).

A further pedagogical practice which was in place in the PDHPE KLA at St Anne's and which demonstrated the practical implications of performativity and feelings of being under pressure, was the use of pre-prepared student workbooks. These workbooks focused on a particular unit topic⁶ and featured a set of teacher-prepared worksheets which had been photocopied and bound together. The first time Debbie mentioned these workbooks she suggested that they were used in situations such as those where a class's regular teacher was absent and presumed the class was being taken by a casual teacher not trained in PDHPE:

...One good thing with us is that we have workbooks that we've designed specifically so that when a teacher is away for a reason, the kids can go on with the workbook or you can provide it for homework, so there are other methods of catching up (Teacher interview one).

However, on the next occasion that she spoke about the workbooks, she seemed to suggest that the workbooks were one of the pedagogical strategies she used to increase efficiency within her classes:

See we've got booklets and those booklets have different styles of literacy, ok and they'll have blank sheets as well. But the idea of having a sheet is that it gives you more flexibility because they're not having to constantly copy notes off the board or write their own notes. This way, it's the same as this (points to worksheet). You've come up with a

⁶ The workbook that Debbie showed me was called 'Lifestyle diseases' and was a collection of information pages, short answer and comprehension worksheets, blank sheets of paper and other assorted activities. While Debbie's statements did not really make the capacity in which the books were used clear, I imagined such a resource being used by some teachers sparingly, perhaps as homework or extension work, while other teachers might have effectively used it in a similar fashion to a textbook, working through from the start of the workbook to the finish.

proforma for that activity and they've just got to fill in the gaps. And that saves time (Planning meeting two).

Hayes, Mills, Christie and Lingard (2006, p.46) note that pedagogy such as 'filling in worksheets' or 'completing textbook activities', while still common practices, have drawn criticism in terms of their limited contribution to intellectual quality. They argue that students need to be actively engaged in the construction of knowledge if learning is to be productive. The issue of performativity, the position it occupied in Debbie's notions of expert practice and its effects on the process of planning the St Anne's unit will be explored in greater detail in Chapter Five.

A sociocultural perspective

Decision-making and the social and cultural influences which affect individuals' choices were the central tenets of Debbie's notion of a sociocultural perspective. For her, a sociocultural perspective was 'an awareness and an understanding of the factors that basically influence people's decisions and life, and the structure of life in our society.' The emphasis she placed on decision-making in her view of a sociocultural perspective was further evident as she explained that a sociocultural perspective marked a shift in the way that the PDHPE KLA understood the barriers to individuals making 'positive decisions.' This shift is explained in the following quote:

Well traditionally we've come from the biomedical model which was always 'blame the victim, they make the decision they should know better' and I think that we've always had assumed knowledge that we've always thought individuals had a certain amount of information about their health. The social view of health really takes into account the fact that we all come from different backgrounds and we have different environmental factors that influence the decisions that we make about our health and it's having a greater understanding of what those factors are and how we can work together as a community to assist those people to overcome the negative decisions that they may make and to make them more positive decisions and provide those people with the skills to assist them; skills and information to assist them in developing a sense of empowerment (Teacher interview one).

Several statements in the above quote provide important insights into Debbie's understanding of a sociocultural perspective. Firstly, she understood it through individualised discourses of personal responsibility for health. Though she initially speaks of PDHPE shifting away from 'blam(ing) the victim' for their health choices, this assertion seems to be in tension with the 'empowerment' that she speaks of later in the quote. The phrases 'assist those people to overcome the negative decisions that they make' and 'provide those people with skills...and

information to assist them' draw on highly individualised understandings of health and decision-making. Such an understanding is underpinned by the assumption that the reason people make 'negative' decisions is because they lack health knowledge, or do not have the necessary skills to recognise that they are making 'negative' choices. A similar idea is communicated earlier in the quote as Debbie speaks of the assumptions that have been made in the past about the 'knowledge' and 'information' that individuals bring to decision-making situations. Within this framework a sociocultural perspective becomes defined as a way of taking into account the 'factors' that influence an individual's decisions and a means of explaining why they make 'negative' choices. Such a definition seems to do little to shift the focus away from a 'blame the victim' mentality and even less to promote the critical analysis of the material conditions of their day to day lives.

In further explaining her understanding of a sociocultural perspective Debbie asserted that it was not a curriculum change for expert practitioners such as herself, but rather the 'labelling' of what many were already doing:

Ken: What's a sociocultural perspective mean to you, have you thought about that much?

Debbie: Well, I think we've been teaching it all along, we just haven't labelled it.

Ken: So now it's got a name?

Debbie: Yeah and I think we've sort of grappled with the idea of in the past you blame the individual, you blame the victim and yet we've talked about it from that perspective, about individuals changing their behaviour but we've also talked about what are the barriers, what are the factors in society that are associated with those decisions. So, I think we've been doing it anyway subconsciously and to varying degrees with different aspects of the syllabus, it's just more now formalising it. We're naming it, we're formalising it and we're creating a greater awareness and I guess trying to develop a greater awareness and I guess maybe an acceptance of that awareness amongst the students.

And later when I asked her how she thought PDHPE teachers were likely to receive the change:

But I think, as I said I think a lot of people are already doing it, it's just the formalisation of the terminology and I think sometimes it will freak some people out in terms of their understanding of sociocultural factors. I guess for me, we do it anyway because this is a multicultural school and it has a huge impact on the way we teach our students (Teacher interview one).

As argued earlier, the way Debbie constituted herself in comparison to 'Other' teachers did important work to position her as an expert practitioner. In the first quote the recurring use of 'we've' creates a sense that she understands herself as part of a group of practitioners who have

been integrating a sociocultural perspective into their practice through an analysis of the 'barriers' and 'factors' that influence health decisions. The tone in this quote is one which positions the general field, but especially its experts, as being at ease with a sociocultural perspective. This tone is contrasted in the second quote through the phrase 'it will freak some people out in terms of their understanding of sociocultural factors.' Here the divide between expert practice and 'Other' is much stronger, with Debbie firmly positioning herself and (on this occasion) her faculty as 'expert' through the use of the statement 'for me, we do it anyway.'

St Anne's and the students.

Throughout her individual interviews Debbie drew on a combination of developmental and psycho-biological discourses to constitute the young women of St Anne's. Through these discursive resources she spoke of the young women in ways that positioned them as moving through a stage of irrational behaviour that she linked with adolescence. McLeod (2000) notes that such understandings depict adolescence as a stage of 'emotional and physical/hormonal upheaval' (p.505). Debbie's own investments in practices of the self were also an important aspect of the way she understood young women and contributed to her view that they needed to become reflective, self-regulating adults who made health affirming choices. However, because of the considerable investments she held around health, food and bodies and the fact that these investments were drawn from discursive resources such as the healthism discourse and obesity discourses, there was little evidence of a sociocultural perspective in her talk.

In constituting the young women whom she taught, Debbie drew on developmental discourses which allowed her to position them as moving through a period of irrationality and poor decision-making. This period of irrationality was tied to notions of 'adolescence' as a stage of life which is marked by risk taking behaviours such as drug use. For Debbie, the poor decisions that young people make during this period of time were a source of concern for the PDHPE KLA and indicated to her the need for a greater focus on students applying their technical and risk-related knowledges to decision-making. The following quote provides evidence of the mobilisation of developmental discourses and the irrational behaviour that Debbie linked with adolescence:

The biggest problem I think is that they may be better educated but they don't necessarily make the better choices and that is going to be the age old problem for us in PDHPE. How do you overcome that? It goes back to the idea of, if you get away from food as an example and go to say alcohol, they know they can sit in class and they can analyse situations and scenarios and they can tell you all the right answers, but come Friday night

it's almost like it's a rite of passage, they have to go out there and experience getting drunk. And they know that, they'll agree to that. That's something that we look at with year eleven and that's for the two unit syllabus. So similar concept with food, even though they learn those ideas I think they find it difficult to apply them to themselves. (Teacher interview one).

Debbie's mobilisation of developmental discourses is clearest through the phrases 'rite of passage' and 'they have to go out there and experience getting drunk,' both of which convey a sense of all young people moving through a period in which they experience these needs. That she understands this as irrational is evident through the idea that the young people themselves recognise that they are making a poor decision ('they know that, they'll agree to that') and yet make it anyway. Recent youth research has noted the effects of developmental discourses and other contemporary understandings of adolescences as a developmental period that all young people experience in the same ways. According to Wyn and White (1997) these discourses work to constitute young people as 'problems' or as 'deficit' to adults in some way. Such an understanding is consistent with Debbie's position in the above quote. The 'problem' of adolescence for Debbie is that young people fail to apply the health knowledge they have acquired, through sources such as PDHPE, to their own lives and as a result make poor health decisions. While developmental discourses provide some sense of assurance that young people will 'grow out of it,' they provide few resources through which young people can be understood as a diverse group who are a valuable part of society just as they are.

In addition to developmental discourses, Debbie drew on psycho-biological discourses to constitute the young women as being 'at risk' (Leahy & Harrison, 2004; Wyn & White, 1997; According to Leahy and Harrison (2004) risk discourse has become increasingly important to the role PDHPE plays in 'incit(ing) subjects to shape themselves in particular ways' through engaging in 'certain technologies of the self that are both health-directed and related' (p.131). In the following quote Debbie mobilises psycho-biological discourses to position young women as being 'at risk' of developing eating disorders because they have not yet become self-reflective and emotionally in touch with themselves:

Because I just think that the preoccupation with food is not a physical one; I think it's an emotional one that I think it affects girls very severely and every year we have cases of anorexia and bulimia and that's not unusual and we have many that are undetected. And you know maybe getting them to talk about their fears and their concerns, those types of things, making it a bit more personal and taking ownership. So getting them to be able to perhaps discuss those sorts of issues a bit more openly. And look at where the problems are and why they are experiencing those problems. So it's still linking in with the socio-cultural view of health but maybe narrowing it down to something that definitely affects them because it does (Teacher interview one).

Psycho-biological discourses are most evident in the above quote through food being considered an 'emotional' problem. For Debbie, the solution to this problem is for each student to begin 'taking ownership' over their personal 'fears' and 'concerns,' presumably through learning about and improving psychological notions such as self-esteem and self-image. Such discourses also seem to allow Debbie space to consider 'many' if not all, adolescent women as being at risk of developing potentially dangerous engagements with food (essentially, at risk of being at risk). Such understandings of young people explicitly locate responsibility for ill-health (in this case, anorexia nervosa) in the individual and in the case of eating disorders, limit the ability to address the complex social and cultural dimensions (Hepworth, 1999; Rich, Holroyd & Evans, 2004). The sense of impending risk is heightened in the quote through the sentence 'every year we have cases of anorexia and bulimia and that's not unusual.' This statement suggests that eating disorders are a very real problem for the St Anne's students and positions PDHPE based intervention as part of the solution to this 'problem.' In the next section titled 'Health, food and PDHPE,' I suggest that the way that Debbie sees PDHPE intervening in the situation is by teaching the young women practices of the self which are directed at producing a subject who is calculating, regulating and self-directed.

The investments Debbie brought to her teaching around food, health and bodies have already been noted on a number of occasions. The following two quotes focus on these investments as they relate to food in particular. The first quote again draws on psycho-biological discourses to position young women as individuals who are particularly susceptible to problematic engagements with food because of their age, gender and psychological issues such as low self-esteem. Following this Debbie provides a partial insight into the way that such a view of young people was drawn from her own investments around food, weight and her body:

But also part of it is looking at them as individuals and helping them, getting them to understand themselves to improve their self-esteem, to feel good about themselves, and I think that becomes part of tying in that global sociocultural view of health. And you know trying to rise above the stereotyping and understand themselves so that they don't have a battle with food as a female all their lives. That's a hidden thing I think that comes from me because this is something I don't often talk about but as a child I was very restricted in what I was allowed to do and so I didn't go anywhere and I used to sit at home and eat and I was quite solid and I was solid when I went to uni but the food has always been an issue for me with my emotions. I know that I go up and down and when I feel down then I eat and when you talk to other people it's a very similar sort of thing; it seems to be a very female concept. So I guess I try and use some of those experiences and try to tie those in to give them a better understanding.

And in the following quote, I suggest her own investments around food and the body become clearer as she talks about the types of engagements with food that she would like the young women of St Anne's to develop through PDHPE:

...but I think sometimes they get so fixated on "I should only eat this" or "I should only eat that food because otherwise this will happen to me". Even things like saying "well if you want a piece of cake eat a piece of cake but don't eat the whole cake"; you know, have a nice big piece and be satisfied and be happy and allow yourself to eat that rather than have a skinny piece and then go away and think "oh I'd like a bit more" until eventually the cake is gone. Those concepts, do you know what I mean? So to be able to not feel that they are totally restricted, that it's okay and that "yeah I love white chocolate and yes I eat white chocolate", you know, "oh you're a PE teacher you shouldn't eat any junk food", "excuse me I'm human too and I will eat it". But of course I have to think of the ramifications of that. And I try and link it in as being up to their emotions, to their menstrual cycles and to their hormonal levels and what often tends to happen at those times. So that they have a better understanding; it's a matter of trying to apply it to themselves and think about, "well why am I doing this"? (Teacher interview one).

In reading the previous quotes, my focus remains on considering how the investments Debbie brought to her teaching provide evidence of the type of discursive resources which she drew on in constituting the young women as subjects and the implications this has for developing a sociocultural perspective in PDHPE. The continued focus on 'self-esteem' and the young women as 'individuals' provides further evidence of psycho-biological discourses being used to constitute food as problematic for young women. Similar work is done through the idea of food being a 'battle' for females because of gender-specific physiological (menstruation) and psychological (emotional) issues. While the second quote begins with a call for young women not to be fixated on food and to 'be satisfied and happy,' Debbie's investments in practices of the self focused on bodily regulation provide little space for such a position, as is evidenced though the phrases 'not to feel that they are totally restricted' and 'I have to think of the ramifications of that.' These ideas demonstrate the tension between being 'satisfied and happy' and the regulatory imperatives to monitor food intake and limit fat levels. Both healthism and obesity discourses are evident here and collectively produce the idea that foods such as cake and chocolate threaten the slim body if one does not consume in moderation. Though some of these ideas will be taken up again in the 'Health, food and PDHPE' section, the point here is that the discursive resources Debbie drew on in understanding young women and her own investments in bodily practices, provided little space for a sociocultural perspective.

Health, food and PDHPE

In constituting her own notion of health, Debbie drew on discursive resources which allowed her to speak of health as a balance between a range of different dimensions or aspects. The

‘holistic’ model of health as it is referred to in NSW PDHPE syllabus documents (Board of Studies, 2001, p.19) incorporates physical, social, emotional, mental and spiritual dimensions and depicts optimal health as the result of a balance being struck between these aspects. However, consistent with her focus on emotional aspects of young women’s engagements with food, psychological aspects such as stress management seemed to be an important part of any notion of ‘balanced’ health:

Ken: So the first one that I spoke about before was what does being healthy mean to you? I mean there's a lot of different ways to think about health and being healthy. I'd like to get your ideas about what being healthy means.

Debbie: Basically for me and it always has been this way health is having that balance between physical aspects of health, the psychological aspects like the emotional aspects, in terms of stress management that's a major factor and then things like social factors allow you to leave your work and interact with others and network with others on a social level. And I mean spiritually as I'm not a super religious person, it's really just having peace of mind at important times especially when your life gets very stressful (Teacher interview one).

While Debbie spoke of a balanced notion of health, her talk around food and health frequently privileged the physical and emotional or mental dimensions. The physical dimension was privileged in part through Debbie’s own investments which equated health with the slim body, and also through her frequent references to the relationship between young women and food, in which she implied that young women needed to learn about and employ certain bodily practices in order to maintain their (physical) health. The mental and emotional dimensions were focused on in Debbie’s interviews as she employed psycho-biological discourses to position the young women as problematic. As previously argued, such a focus allowed her to speak of the young women in ways that legitimised PDHPE’s intervention in their lives.

Debbie’s talk around food in her individual interviews was frequently a complex assortment of often contradictory positions, especially when she spoke of teaching young women about food in PDHPE. On the one hand she would speak of young women being ‘satisfied and happy’ with the food they ate, rather than becoming fixated on aspects such as the fat content and its effect on their bodies. More often, however, her talk was marked by references to young people needing to monitor and regulate their food intake, learning to ‘apply’ technical food information to make ‘good decisions,’ and taking personal responsibility for their choices. Given this, my analysis found two main imperatives that were evident throughout Debbie’s talk: the imperative for young people to make informed, health-affirming choices; and the imperative to learn and employ technologies of the self to monitor and regulate their food intake and bodies.

The imperative for young people to make ‘good’ health decisions was one that was prominent throughout Debbie’s individual interviews, but especially in relation to food. For Debbie, the process of making good decisions was reliant on individuals possessing up-to-date information about food and then being able to apply this information to make ‘informed’ decisions. Though such a notion of decision-making seemed to be at odds with her understanding of young people because it privileged a rational individual, whereas she (largely) understood young people as being at an irrational stage of life, skills to access information and make decisions were seen as skills for life and as such had utility beyond adolescence. Making informed decisions in relation to food was depicted as especially difficult and therefore warranting continued study from years 7-10, because information about food was constantly changing. Debbie explained the problem of food information in the following way:

...I think one of the big problems is that with food there are so many changes taking place. We have such a broad variety of foods available, but not only that, we've moved to assessing (with) the GI symbol, we're going to labelling, tables and percentages of ingredients. A lot of them don't understand that concept, you know, we've gone from simple and complex (carbohydrates) to using the concept of the GI symbol. So it's a matter of updating their information but also trying to put that in a bigger perspective... (Teacher interview one).

As well as developing a picture of the changing nature of the information base underpinning ‘good’ decision-making in relation to food, the previous quote also shows that the information base that Debbie drew on can primarily be understood as technical information drawn from the medico-scientific field. Though I will discuss the imperative to monitor and regulate one’s diet in a moment, the privileging of technical information such as Glycemic Index (GI), food tables, ingredient percentages and food labelling can be seen as an intersection between the decision-making imperative and a regulative imperative. In this case, the message is that young people require technical nutritional information to make ‘good’ food and health decisions.

Making informed decisions was made complex according to Debbie because of social influences such as media, as well as gender and age related pressures to conform to certain idealised images of the body (peer pressure). She explained this idea through the following quote:

I think there's a lot of information that's been out there for a while and they're very much influenced by the media and as teenagers they are very conscious of body image and I don't think that's ever changed, I think that's always been there. But I think it in some ways gets worse. I think the good thing is that a lot of the information that is out there

that they have access to is fairly good information because I think when I went to school a lot of that information was incorrect. So it probably is more correct information but there still are many misconceptions. I think our students are better educated in that area. The biggest problem I think is that they may be better educated but they don't necessarily make the better choices and that is going to be the age old problem for us in PDHPE. How do you overcome that? (Teacher interview one).

The above quote illustrates Debbie's justifications for studying food through a health based decision-making framework. The problem, from her point of view, is that while young people have access to a broad range of information, they need to be taught to assess the quality of the information and sort the 'correct' from the 'incorrect.' Following this they need to learn to apply the correct information to inform their own behaviours. The 'application' element of the process also constitutes a problem and as such justifies attention in PDHPE through what she spoke of in other parts of her interviews as 'real-life' situations such as scenarios. A further point of interest is the evidence that the quote provides in relation to Debbie's orientation to knowledge. While this will be explored in detail in Chapter Five, even a cursory reading of the previous quote shows that Debbie spoke of knowledge in terms of binaries such as 'correct' and 'incorrect' or 'right' and 'wrong.' Similarly, decision-making and its outcomes were principally spoken about in terms of 'positive' and 'negative.' Such an orientation has the potential to constrain the development of a sociocultural perspective because knowledge from fields such as cultural studies and sociology rarely makes the claims to objectivity and 'truth' that knowledge from scientific fields do (Macdonald & Hunter, 2005).

The second of the two imperatives which dominated Debbie's talk was the imperative for young people to learn and employ practices of the self to monitor and regulate their food intake and bodies. This imperative was frequently mobilised in association with the decision-making imperative. In effect, this presented the argument that young women needed to be taught to monitor what they eat and to 'choose' to regulate the consumption of foods that were high in fat or sugar. Such a position drew on the discursive resources of the healthism and obesity discourses in ways that privileged the slim body and equated it unproblematically with health. Underpinning the imperative however, is the idea that PDHPE is concerned with producing citizens who can employ practices of the self to self-govern in ways that are aligned with the broader political imperatives of the time. In the following quote Debbie discusses the kind of understanding of food that PDHPE is attempting to produce in the young women of St Anne's:

Basically to allow themselves to have junk if they want junk, not feel that it's totally a no-no. But be aware that they need to predominantly eat well; make them understand that to put on weight or lose weight they have to eat regardless and that if they want to maintain their weight then they don't have to be excessively restrictive but they need to balance

that with physical activity and look at the fact that physical activity gives them other benefits such as mental release and look at alternatives to that physical activity. If they don't want it to be hard physical intensity then they can do something gentle; it's about looking at that whole balance and hopefully that when they make choices that they can read labels, that they can have an understanding of what they're actually selecting and why they're selecting those things. But also keep in mind that we have obesity levels that are excessively high at the moment. So having that, being aware of that and understanding the importance of making good food choices for their own personal health. But also being aware of why other people don't make good choices and hopefully they will be in a better situation because they will have the ability to make those choices (Teacher interview one).

The previous quote brings together much of what I have argued throughout the 'Health, food and PDHPE' sections. My focus however, is directed towards the repeated references to practices such as self-monitoring and regulation and the focus on individualising responsibility for health which results from this. One of the examples of technologies of the self can be seen where food and exercise intersect in Debbie's talk, with the regulative statement involving young people balancing caloric intake with energy expenditure, a process which has been labelled energy in and energy out (Gard & Wright, 2005). Engaging in such a process involves individuals being able to access and interpret technical information related to food composition and energy breakdown, as well as exercising close surveillance over both food intake and physical activity. The statement 'also keep in mind that we have obesity levels that are excessively high at the moment' draws on a notion of risk which has become vital to the salience of the obesity discourse (Gard, 2004b; Gard & Wright, 2001, 2005). It also positions the regulatory subject that PDHPE seeks to develop as a necessary response to the contemporary 'crisis.' Such discursive linking is part of the work of making individuals understand themselves as 'at risk' (Petersen, 1997; Tait, 2000 cited in Leahy & Harrison, 2004) and then presenting the task of avoiding such risks as an individual one which can be accomplished through certain bodily practices

THE STUDENTS

In this section I use data collected from two focus group interviews to consider the meanings around health, food and bodies that ten students from St Annes' brought to the curriculum. To do this I draw on a Foucauldian notion of discourse analysis to consider the discursive resources the students mobilised throughout the interviews. The focus group interviews at St Anne's were conducted with two groups of young women the day prior to the formal lessons beginning. Time with the young women was limited to avoid disrupting any of their other classes and as such the interviews lasted roughly thirty minutes. The semi-structured interview schedule used for these focus group interviews can be found in the appendix (appendices D & E). The first

focus group was comprised of six young women: Casey, Summer, Heidi, Jalissa, Jennifer and Mary, and the second group of four: Tegan, Marissa, Paula and Jo. All student names are pseudonyms and all quotes are taken from interviews conducted prior to the research beginning.

Health and 'being healthy'

Given the central position that concepts of health and being 'healthy' occupy in relation to the content and issues of health education, and the increasing prevalence over the last two decades of versions of physical education that specifically target improvement in the (physical) health of young people (Evans & Clarke, 1988; Gard & Wright, 2001; Kirk & Colquhoun, 1989), the meanings and understandings young people hold in relation to health are an important foundation for learning in the PDHPE KLA. While these understandings themselves are important, in adopting a critical poststructural approach, this research is also concerned with identifying the discourses that are drawn upon in constituting these meanings of health.

According to Australian youth researchers White and Wyn (2004), 'young people's health is overwhelmingly conceived of as the absence of ill-health, pathology and mortality' (p.207). Despite this they assert that young people themselves are increasingly defining health in ways that move beyond 'traditional understandings.' The young women of St Anne's, like the young people in White and Wyn's (2004) research, understood health and being healthy as significantly more complex than the absence of disease. Their understandings of health and being healthy were based around four main ideas. The first idea drew on the healthism discourse and stressed that being healthy was about doing the 'right things' such as exercising and eating right (White & Wyn, 2004; Wright et al., 2006). The second privileged the physically healthy body by constructing it as being healthy because of its capacity and capability to perform certain physical tasks and the third drew on psychological discourses to constitute a healthy individual as one who was happy or had a positive attitude towards themselves, their bodies and life. A discourse of balance and moderation was also frequently drawn upon in speaking about being healthy, often concurrently with one or more of the other three major ideas and their respective discursive resources.

The statement that being healthy meant doing the 'right' things was reproduced across both focus groups. Similarly to the young people in Burrows, Wright and Jungerson's (2002) and Wright, O'Flynn & Macdonald's (2006) studies, the right things were most frequently described as 'eating right' and 'exercising.' For Mary, being healthy meant 'getting enough exercise and not being ill too often (and) eating right which I don't do very often, much to my

shame’ and for Heidi ‘being healthy is just like eating properly, you know like certain foods and you feel good about yourself and can do things.’ Such understandings draw on the healthism discourse, which positions health as an individual responsibility that is attained through certain lifestyle behaviours. Underpinning the healthism discourse, according to Kirk and Colquhoun (1989), are the assumptions that exercise and fitness lead to health and ‘that being fit and having a slender body are proof of health’ (p.426).

The capacity and capability of the body to perform certain physical tasks was the second major marker of ‘being healthy’ that was described by the young women. While such understandings are not surprising given the historical place of medico-scientific knowledge about bodily performance within the PDHPE syllabus (Kirk, 1992; Tinning, 1997), these physical tasks rarely explicitly referenced high performance sporting or physical activities. Jo, from the second focus group, was the only person to specifically refer to such performance oriented aspects when she said that ‘a healthy person is someone that has the ability to, like fitness components, things like that, be able to do that and just be able to get up and go.’ In contrast, the other young women spoke about being able to do ‘every day things’ and about healthy people being those who can ‘do what you should be able to do.’ The latter idea is demonstrated through the following quote:

Jennifer: Yeah like it's not just your food it's like everything that affects you in life. Just being able to do what you should be able to do, like walk around.

Jalissa: Be fit enough to do your work; every day activities.

Mary: Being able to get up all those stairs and not be tired.

Heidi: Being healthy is just like eating properly, you know like certain foods and you feel good about yourself and can do things, like every day things and not be tired and stuff and get sick (Focus group one)

Statements such as Jalissa’s ‘(b)e fit enough to do you work’ and Heidi’s reference to being able to do ‘every day things,’ represent a functional orientation to health with the young women linking it to ideas of what people ‘should’ be able to do. Such an ‘enabling’ view is often taken up by males (Lupton, 1995; Wright et al., 2006) and privileges a type of physical health. Within such a view, changes in an individual’s health manifest themselves through the person’s improved or reduced ability to engage in sport, work or even daily activities. While potentially providing the space to understand those who are able to do what they need to do, regardless of weight, shape or appearance, as healthy, it also limits the space available to understand changes which render a person unable to perform work or participate in physical activity. These changes are depicted as an individual becoming ‘less healthy.’ A second

problem with this view is that it has the tendency to normalise certain behaviours, as seen by Jennifer's comments that health allows you to 'do what you should be able to do, like walk around.' While I do not suggest that Jennifer was saying that those who cannot walk are not healthy, the idea that there are a set of competencies or skills that are normal and that those who are unable to perform these are less healthy than those who can, seems a limiting way to construct health. Further, in having a normalising effect it constructs evaluations of health as comparisons, where people are constantly weighed up compared to an imaginary 'norm.'

A small number of the young women also drew on psychological understandings of being healthy by characterising healthy people as those who were happy with themselves and had a positive attitude towards life. According to Tegan an important part of being healthy involved 'being happy with yourself.' Paula expanded on a similar idea by explaining that 'they feel good about themselves just like the way they are, like they don't feel they need to do something to be the way people think.' Underpinning Paula's comments in particular, seems to be the notion that positive self-esteem and self-image can fortify an individual against peer pressure or possibly even against feelings of having to conform to cultural idealised images of the body. This is notable because it is consistent with the HPE imperative to develop young people who have positive self-esteem and self concept, an imperative which is itself based on the widely held assumption that it is predominantly young people with individual 'character flaws', such as body dissatisfaction or being a perfectionist, who are at risk of developing eating disorders (Rich & Evans, 2005b, p.252). Each of these understandings suggests that psychological concepts such as self-esteem or self-image provided important resources on which the young women drew to consider the 'mental' dimension of holistic health.

The young women also frequently drew on a discourse of balance and moderation in speaking about being healthy. This discourse was most apparent as the young women spoke about consuming a 'balanced diet' and about balancing food and energy intake against exercise or energy expenditure. These ideas are demonstrated through the following quotes:

Marissa: Having a good diet, exercising, like a balanced diet and you've got to balance everything so you live well and spiritually as well.

Ken: Paula.

Paula: Just like with diet and exercise like Marissa said like in moderation, have everything in moderation, not like don't eat too much and then don't exercise much or don't exercise too much and eat a little bit like just in moderation.

And later:

Tegan: Well if you have a balanced diet you would just feel good, yeah if you have a balanced diet you could go out and have a job and then not get tired after five steps or whatever (Focus group two).

In the previous quotes the balance and moderation discourse is mobilised in three ways by the young women. References to healthy people having a ‘balanced diet’ from both Marissa and Tegan seem to draw on the idea that a person’s diet needs to consist of food from each of the ‘food groups,’ as they are known in Australia. Dietary guidelines in Australia also explicitly state the need for individuals to eat from each of these groups in *different* quantities and thus the idea of a ‘balanced’ diet actually means eating, for example, more vegetables than meat, fish or eggs. The second idea is drawn from medico-scientific knowledge about the body and focuses on balancing energy consumed in the form of calories with energy utilised through exercise and physiological functioning. Recent research by Gard and Wright (2001, 2005) suggests that the ‘energy in and energy out’ equation is commonly used in PDHPE and encourages a regulatory engagement with food. Though less explicit, another mobilisation of balance can be read through Marissa’s comments ‘and you’ve got to balance everything so you live well and spiritually as well.’ Though there are a number of ways this may be read, I suggest that Marissa is referring to the broad idea of a ‘balanced life.’ In this case, being healthy is not just the task of balancing health dimensions but of balancing aspects such as career, leisure, family, friends and religion.

In relation to ‘being healthy,’ some of the young women offered resistance to the idea that health could in some way be read off appearance. Though not all of the young women in the focus group interviews took up this position, Summer’s talk is representative of a number of young women in her class as she argues:

A lot of people would go off appearance. Like if someone is skinny it’s like ‘oh, they’re healthy.’ But they might not be as healthy as someone who is a bit overweight who exercises all the time. You don’t know (Focus group one).

Resistance and a critical stance is notable in this case because, according to Burns (1993), both popular and medical discourses equate weight with health. As such, Burns argues that shape and size have become a readily accessible means of determining whether a person is healthy or unhealthy. Echoing this, Davies (1998, p.141) notes that the relationship between health and weight is presumed to be a ‘straight-forward’ one in contemporary Australian society, in part because ‘public health authorities...emphasise that in order to be healthy, there is a need to be slim and weight controlled’. Notably, Summer’s position here is one that directly challenges the use of weight and the ‘culturally valued female shape’ as symbols of the ‘health body and

self' (Burns, 1993, p.79). In developing this challenge Summer sets a number of conditions, the most important of which being the construction of the 'healthy' overweight person as only being 'a bit overweight' and as 'exercising all the time.' Together these statements are drawn from a discourse of moderation which asserts that it is the extremes of body weight that are of particular concern, and promotes a calculative engagement with one's health through the use of the energy in and energy out equation.

Differences in the meaning of health

While the students of the St Anne's focus groups asserted that there were differences between the way people understood what 'health' and 'being healthy' meant, their explanations of these differences primarily focused on individualised understandings of difference, rather than on differences that were a reflection of cultural or social variations. In this way the students drew on an individualised version of the idea that health is a 'relative' concept. For students in focus group two, differences in the meaning of health were related to individual values and beliefs. In turn, differences in individuals' values and beliefs meant that some people evaluated health in different ways to those which the young women themselves used, or approved of. This idea is demonstrated in the following quote as the young women speak critically about the idea that health could be equated solely with body size and lack of body fat:

Ken: Do you think that those sort of ideas that you guys have about health or the meaning of being healthy, do you think that's the same pretty much for everyone or do you think it's different?

Tegan: Pretty much different ideas. Like everyone has got different ideas about everything pretty much.

Jo: Yeah some people think it's just about appearance.

Marissa: Yeah like some people might think that I'm healthy because I'm really skinny or something like that; yeah exactly (Focus group two).

Through the above quote Jo and Marissa provide examples that demonstrate that they understood that differences existed in terms of what health and being healthy meant. However, their choice of example seems to have more to do with highlighting their knowledge of 'incorrect' understandings of health, than illustrating any diversity that might exist. The work that Marissa and Jo do is to position people who place too much emphasis on health as represented through physical appearance, as ill-informed in relation to the complexities of health. This is consistent with the young women's highly critical stance in relation to those people that they viewed as 'cultural dupes.' It is also tied to the ongoing way that the students were constituted through their own talk and through that of their teacher, as 'critical

consumers' of health culture, who were unlikely to fall into the same traps that 'other' people did.

The notion that health is a relative concept was even more pronounced in the first focus group's understanding of differences in the meaning of health. Again however, their understandings were based on individualised notions of health which in this case privileged the physical, physiological and to a lesser degree cultural differences between individuals. This can be seen in the following:

Jennifer: Sometimes you have no choice, if you get sick or you get something like leukemia, or you are continually sick all the time and it's hard to keep healthy because can't walk around as easily

Ken: For someone who had a disease or something like that?

Jennifer: Yeah, so there's different standards for other people.

Summer: And I do think it varies from person to person like each person needs different intakes of food, like they've got varied metabolism and their cultural background like if they have to fast for a certain amount of time, so it's going to totally change from someone that can eat whatever they want (Focus group one).

In the above quote, the young women assert that how a person understands health is largely determined by their own health status. To some degree the idea of health being 'relative' does provide space for an analysis of the social and cultural processes that construct notions of health and ill-health, through an understanding that people's circumstances, experiences and social conditions differ vastly. A closer examination of Summer's talk, however, highlights the idea that what these young women are speaking about are different *possibilities* of health, rather than different *meanings* or understandings of health. Illness, disease, and later in the quote metabolism are seen to reduce a person's potential maximum health status. Notably, the young women position the people they speak of as 'Other' people for the most part, understanding these people and their lives as different to their own. This is perhaps most noticeable as Summer speaks about how a person whose cultural beliefs require fasting would have a markedly different engagement with food and thus health, in comparison to 'someone that can eat whatever they want.' Within this context culture and religion are not understood in terms of the contribution they make to health being understood in diverse ways. Instead they are depicted as restrictions on 'other' people's lives.

Constructing understandings about food through medico-scientific discourses

The young women of the two St Anne's focus groups frequently drew on medico-scientific discourses in articulating their understandings of the relationship between health, food and

bodies. In particular, the young women's talk illustrated the prominent place within their understandings of technical knowledges related to: food composition; the concept of energy balance; and the physiological effects and breakdown of certain nutrients. Such knowledges were also used by many of the young women in considering the idea of 'good' and 'bad' foods and to talk about and assess the 'value' of certain foods to the body. In the case of the latter example, however, the talk from the focus group interviews pointed to a tension existing between expert technical knowledge sourced from the medico-scientific field and lay and popular discourses.

In explaining their understandings of the relationship between health and food, the young women drew on a combination of technical knowledges derived from largely medico-scientific origins. In the following example Ali draws on knowledge related to energy balance and the physiological effects of certain nutrients to assert that food plays an important role in the way that she thinks about her own health:

Ken: What about food and health, what do you guys think of when you think about food in relation to health?

Ali: I think it's a major factor, me personally.

Ken: How come it's such a major factor?

Ali: I don't know, I am conscious of stuff and making sure you get the most out of what you eat, making sure you've got your fibre (because it) fills you up and not having too much fat and trying to create a balance between carbohydrates, proteins.

Ken: So it's balancing the different things,

Ali: Yeah and getting a good balance that feels comfortable with you (Focus group one).

The 'balance' that Ali speaks of in the above quote refers both to the notion of energy balance and to the idea of having a 'balanced' diet. In relation to the idea of a balanced diet, Ali's comments seem to suggest that achieving such a state requires the individual to acquire and employ knowledge related to food composition. In this case, she suggests that to 'get the most out of what you eat' you need to have knowledge of whether a food contains 'fibre,' 'carbohydrates,' 'protein' or 'fat.' Such technical knowledge is also essential to the mobilisation of balance as it relates to the energy in and energy out equation (Gard & Wright, 2001, 2005). In this case the 'balance' that Ali speaks of is a balance between calories consumed and energy utilised. Balance in this sense seems to be part of technologies of the self directed towards weight control and suggests a rational and calculative approach to food. The idea that technical medico-scientific understandings underpin the notion of 'balance' as it was used by Ali and other students was further demonstrated as the young women of focus group one argued against the usefulness of binaries such as 'good' and 'bad' to classify foods:

Ali: I don't necessarily think there's like a real division between a healthy and a bad food but you've just got to make sure you have a balance and then you don't really have that good and bad. It's just that each thing has different maybe nutritional value or like something that you need to keep you going.

Jessica: Well pretty much if you get something out of it then it's good for you like whether it be vitamins or carbohydrates. Carbohydrates aren't good if you get too much of them but

Rachel: Yeah, if you don't use them

Jessica: Yeah but you do need at least some level of carbohydrates.

Rachel: You need something of everything, just proportion.

Jessica: So it's hard to define what's good for you and what's bad for you, it all depends on quantity I think (Focus group one).

In the above quote the young women's technical knowledge of food composition allows them to critically engage with the idea that food can be simply classified using binaries such as 'good' and 'bad' or 'healthy' and 'unhealthy.' Again however, it is medico-scientific knowledge related to food composition and the physiological effects of nutrients which underpins these assertions and the balance discourse in which they are cloaked. This is perhaps clearest first through Ali's statement that each food has 'something that you need to keep you going' and following that in Rachel's comment that 'if you get something out of it then it's good for you, whether it be vitamins or carbohydrates.' By drawing on a functional perspective (Lupton, 1996), the young women are able to speak from a position of certainty and authority about food and its contribution to the body. This authority can also be seen through Rachel and Jessica's exchange as they speak concurrently about the importance and the danger of carbohydrates. Again, such understandings suggest an engagement with food that is predicated on the idea that an individual needs to mobilise certain technical knowledges and self-practices if they are to have a healthy relationship with food.

Talk from the second focus group demonstrated the tensions that existed as medico-scientific knowledge intersected with popular and lay understandings about health, food and bodies. In the case of the exchange depicted below, the result was that medico-scientific knowledge was utilised to dismiss the legitimacy of popular understandings and bring into question the reliability of sources who reproduced such understandings.

Ken: Anything else do you think on what makes an unhealthy food?

Carlisle: It's pretty hard these days to determine healthy food from unhealthy food like you would ask my sister who is eight and she would say "oh, fruit and vegies" that's about basically it. But there's more than that and that's sort of the perspective today.

Tiana: That fruit and vegies is just the healthy food?

Carlie: Yeah and it's also like people say meat is unhealthy because of all the oil and fat; just people don't know what's really, and like vegetarians and stuff, some people are vegetarians just because they think it's healthier for them to be just eating like vegetables and stuff like that and just not going near meat because they think, it's unhealthy.

Jane: People go on soup diets as well because they think it makes a difference and it's nearly summer as well.

Ken: You said a minute ago Carlie that your sister, who is eight, would say fruit and veges, why do you think she would say it's those foods?

Tiana: That's what we're told.

Carlie: Yeah because they know no better. It's like grown off the tree, you don't add fat.

Tiana: You don't really add anything you can just have it.

Carlie: Yeah and they've got like the ads and books saying "you've got to eat your broccoli, you've got to eat your vegies and stuff" and so it's just the influence of that. Also like with parents like the pressure of eating vegies and stuff, it's just the vegies.

Jane: Your parents say you've got to eat your vegies or you won't grow up big and strong.

Tiana: Yeah and Popeye and the spinach (Focus group two).

While medico-scientific knowledge primarily exists in the background of the above exchange, the young women (and Carlie in particular) were able to draw on it to evaluate popular understandings and in effect, to argue that such understandings had limited legitimacy because they were not based in science or 'fact'. An example of this that flowed throughout the exchange can be seen in Carlie's criticisms of sources of popular understandings, such as parents, advertisements and books, for their reproduction of the message that fruits and particularly vegetables are *the* healthy foods. Though her critique of this position did not dismiss the value of such foods, she does seem to suggest that such a popular understanding fails to account for the complex considerations required to evaluate foods. Part of the argument here is that lay sources do not provide an individual with the same depth of understanding that more technical and 'objective' sources can. Most obviously this is seen through Carlie's statement that taking up the idea that fruit and vegies are *the* healthy foods might be appropriate for an eight year old who 'know(s) no better,' however, a more knowledgeable people such as herself, knows that 'there's more than that.'

Carlie's statements about her younger sister and vegetarians, in combination with Jane's talk about those who take up fad diets such as the soup diet, work to position lay understandings as those of the ill-informed and the duped. The assertion is that people who have more technical understandings *know* that you need fat and oil in certain quantities and that they are not inherently unhealthy. Similarly, people should be able to reject popular understandings such as the idea that a soup diet is the way to weight loss and a slim figure for summer, because their technical knowledge tells them that this diet lacks the balance that comes from eating a 'well-

rounded' diet. In effect, this exchange becomes an argument for people taking up medico-scientific understandings rather than relying on unreliable and ill-informed popular and lay beliefs. Such an argument also demonstrates that the young women considered understandings based on objective and factual knowledge of greater value than those which were based in popular discourse.

Fat, risk and unhealthiness

The role of fat in producing ill-health was a recurring theme in the young women's talk about health, food and bodies. Fat was repeatedly linked with the concept of risk, through which the young women spoke about the various effects of consuming fat. Notably, there was little explicit mention of the commonly articulated argument that fat contributes to heart disease and impairs physiological functioning. Instead the young women spoke specifically of the ill-feelings that fat produced, the risk it presented to body shape and the guilt that they felt after consuming fatty foods.

Though the discourses the young women drew on in speaking about food arguably provided them with the resources to position fat as a functional necessity or as part of a balanced diet, this was overshadowed by the ill-health and ill-feeling that they saw fat producing. In the following quote Heidi, Casey and Rachel argued that fat produces these ill-effects:

Ken: What about say good foods and bad foods or what makes a food in your opinion a healthy food? Heidi?

Heidi: Fruits and stuff because and vegetables and all that stuff. Because people tell you that they are healthy for you and you need them as well because they are good for you, minerals and all that stuff; yeah vitamins and then like you've got fatty foods because they've got high fat content and you know they taste good but they're still really bad for you. And you can sort of like feel it as well after you eat it.

Rachel: If you don't eat fatty foods for a while your stomach seems to reject it.

And later in the exchange

Casey: I think it's like what Heidi said, like you might eat something and it's really nice and then afterwards you feel really bad because you know how fatty it is and after a while you just don't eat anymore and you go more into health foods, vitamins, stuff that you would prefer to eat. (Focus group one).

The assumption that fat is a toxin to the body and that its effects can be unproblematically characterised as 'really bad for you,' is readily visible in the previous quote. Phrases such as 'they taste good but they're still really bad for you' present the argument that any feelings of pleasure that might result from the consumption of fatty foods is short-lived and comes with the

longer term risk of ill-health attached. Though these long-term health effects are never articulated, the young women argue that the short term effects are enough to prompt an individual to limit their fat intake and 'go more into health foods.' The use of statements such as 'you...feel it as well after you eat it,' 'your stomach seems to reject it' and 'afterwards you feel really bad' provide evidence to suggest that the short-term effects include both physical ill-feelings and guilt at having consumed fatty foods.

As previously noted, notions of risk were frequently employed by the young women in speaking about fat and the body. Though it was infrequently explicitly articulated, part of the risk the young women referred to concerned the risk that fat presented to the slim body:

Heidi: I think also eating properly and that leads to what you look like as well because if you eat more fat you get fatter and stuff but like, I don't know, it's like being healthy, sometimes you eat something and you feel really bad about it and then you think "oh my god, I can't believe I ate that".

Ken: Why do you think you feel bad about it?

Heidi: Because of like, I don't know, the fat content and stuff because it makes you fat, but not necessarily, but yeah. (Focus group one).

Through Heidi's comments in this passage it is apparent that she understands the risk that fat presents as an imminent one ('if you eat more fat you get fatter'). Such an understanding is discursively linked with the healthism discourse and the body as a signifier for health in contemporary western societies (Crawford, 1994; Shilling, 2005). Within this 'healthist' context the accumulation of body fat is seen as an outward sign of neglect and the physical change from a slim, desirable and healthy body, to one that is flabby, unattractive and unhealthy is readily visible for others to see and judge. A further important aspect of Heidi's comments can be seen through the abhorrence that she speaks of as a 'healthy person' eats something they know is fatty and therefore unhealthy. The phrase 'oh my god, I can't believe I ate that' works to highlight this abhorrence and to further reinforce the idea that the young women linked the consumption of fat with the production of feelings of guilt.

The question of what to do about the risk that fat posed was also revisited in relation to food selection. In regard to choosing food, Summer commented:

I reckon I can weight it all up and I'd end up getting a piece of fruit because you know that you are going to feel good after you eat it. It's not like KFC when you get that after flavour in your mouth; you just feel like "oh I shouldn't have eaten that" but if you just got a piece of fruit then you are gonna be safe either way.

Through the use of 'weigh it all up' Summer conveys the idea that choosing food is a rational process, underpinned by informed judgment and evaluation. Such a calculative approach is consistent with the subject promoted in contemporary health promotion discourses (Petersen, 1997) and suggests that Summer has taken up imperatives around self regulation. I suggest that the 'good' feeling she speaks of is less about the pleasurable taste of fruit and more about the positive feeling that results when a person engages in practices (of the self) that are seen to be consistent with the discourses they are invested in (in this case, healthism). Throughout the focus group interview Summer consistently showed that she understood food to be 'a major factor' in the production of health. In the quote presented above, she works to express an image of her practices as being consistent with her ideas of what it means to be healthy. Within this context, the phrase 'oh I shouldn't have eaten that' is an expression both of guilt and abhorrence, but also of the feelings that are produced as a healthy individual fails to employ practices of the self to regulate consumption. What Summer is describing is a slippage between an individual's practices and the position they have (or aspire to have) taken up discursively. Summer argues that such a slippage and the feelings that are tied to it can be negated however, by making 'safe' choices such as eating fruit rather than take-away. While such a position clearly privileges the rational, autonomous individual who uses his/her health knowledge to make health-affirming decisions, there seems to be little room in the young women's comments for the individual who rejects this position or acts 'otherwise.' I argue that such a person would be regarded as failing to take responsibility for his/her actions, as inviting ill-health and as behaving in morally lax ways.

Surveilling, monitoring and calculating/evaluating

Within contemporary neoliberal discourses of the healthy citizen, the project of regulating the body is constructed as an individual responsibility (Evans & Davies, 2006; Lupton, 1995, 1999; Petersen, 1997; Petersen & Lupton, 1996; Rose, 2007). This responsibility requires individuals to constantly evaluate their own health, usually compared to socially constructed notions of normality (Petersen & Lupton, 1996) and make adjustments accordingly. These 'practices of the self' as Foucault (1996) has termed them require an individual to have an extensive knowledge of both themselves and of others. The information required to develop this knowledge is gathered through the tools of surveillance, monitoring and calculation/evaluation and as such, these tools become important 'skills' or practices employed by the neoliberal subject in making judgments and decisions about their own health and the health of others.

The references in the following quotes to taking notice of what other people eat, provide evidence of the way that surveillance had become part of the young women's personal

practices in relation to food. In particular, the following quote shows the way that the young women spoke of surveillance and monitoring in relation to make evaluations about their own health and the health of those around them:

Ken: The next question was do you take notice of what other people eat?

Marissa: Not really.

Jo: Yes, I did yesterday actually.

Ken: Jo?

Jo: Yeah my friend had a carrot and so I thought okay I'd better have a carrot (laughs). It was because I looked at my lunch and I said "I think I need something healthier". So I don't know, yeah it was the other day actually.

Paula: And she's, is that?

Jo: Yeah.

Anita & Jo: She's a vegetarian.

Paula: So she (the vegetarian) brings carrots. Yeah and she'll (Jo) have biscuits;

Jo: Yeah I had a packet of chips and chocolate chip cookies. So I said I might have a carrot tomorrow because I haven't had one for ages and so I said I'll have a carrot tomorrow and I did.

Ken: Was that today?

Jo: No it was yesterday.

Paula: So it kind of does influence you a little bit like when you see people eating healthy and you're sitting there with chips and,

Marissa: I usually eat a healthy lunch because mum makes sure I do and then when I look at my friends they all have like junk food and stuff and it makes me feel better because I know that I'm eating well.

Ken: So you sort of take notice of what people eat and it makes you feel good about what you eat?

Marissa: Yeah, yeah it makes you motivated to eat better.

And shortly after:

Ken: Do you notice what other people around you are eating?

Tegan: Well if I notice it's not like I care or anything; I don't really like what they eat. If they eat like junk and junk then I'm like 'well, maybe you should eat something healthier.' But no, not really (Focus group two).

In this section of talk surveillance and monitoring are used, particularly by Jo, to assess the 'healthiness' of her dietary practices. The 'norm' she compares herself to is her friend the vegetarian who has a carrot for lunch. The surveillance of her friend, in combination with her own knowledge of 'healthy' and 'unhealthy' foods provides the information for Jo to make an evaluation of her dietary practices. She alludes to a behaviour change ('so I said I'll have a carrot tomorrow and I did'), which can be read as a regulatory practice aimed at bringing her eating practices in line with the norms established by her supposedly 'healthier' vegetarian

friend. In contrast to Jo's position, Marissa speaks about surveillance of others as an act that reinforces her own healthiness. The statement 'it makes me feel better because I know that I'm eating well' illustrates the satisfaction and comfort that Marissa is able to draw from the knowledge that her practices are healthier than other peoples'. While a psychological reading position might allow us to understand Marissa's statements in relation to self-esteem building, I argue instead that this example shows the way that surveillance and monitoring of 'Other' people leads to value judgments being made about their 'healthiness', morality (White & Wyn, 2004) and the soundness of their decisions. These value judgments provide little opportunity for a person to understand their health and the health of those around them in any way other than 'better/worse', 'healthier/unhealthier.' One possible result of the surveillance and evaluation process can be seen in the following quote:

Ken: Do you guys take very much notice of what other people eat, like people around you, whether it be at home or at school or wherever?

Jalissa: No I don't.

Summer: To some extent, yeah.

Heidi: Yeah.

Jennifer: A little bit.

Ken: What do you take notice of do you think, if you do take notice?

Jennifer: I've just got food allergies, so I just look at them and tell you all the things that the food can do to them, how much stuff is in there, point out all the negative things.

Ken: You just pick their food apart... 'you can't eat that.'

Summer: How much fat is in there.

Heidi: Or look at what somebody is eating and then you actually look at the person eating it and you weigh it up and go 'you should not be eating that',

Summer: Yeah or you actually say 'go for it,' yeah.

The effects of surveillance and evaluation are clearly highlighted in the previous quote. Heidi and Summer use surveillance and evaluation practices to construct other people as lax in their self-regulation, and judge them to be unhealthy and irresponsible. The work of surveillance and evaluation here is to legitimise the idea that a person's health and more concerning still, moral character, can be read off their appearance or body shape (Bordo, 1990, 2003; Burns, 1993; Gard & Wright, 2005; Rich & Evans, 2005a; Shilling, 2005). Those conforming to the 'slender norm' are not so much allowed, as encouraged, to consume. In contrast, it is suggested to those whose body shape indicates they have not regulated themselves that they should make a healthier decision, or abstain altogether from consumption. Importantly, the recommendation to 'resist' is framed through the middle class notion of 'saving' a person and as such the young women understand the work they describe as part of their responsibility as 'good citizens.'

In summary, this chapter has primarily focused on the meanings and understandings that Debbie and the students of St Anne's brought to the research. While Debbie generally subscribed to a 'holistic' view of health, she drew extensively on contemporary 'risk' and psycho-biological discourses to position young women as having a problematic engagement with food and their bodies. In particular, she argued that young women often failed to make rational, health affirming decisions and as such were 'at-risk' of eating disorders and other weight-related problems. Consistent with previous research that examined HPE's role in the production of healthy citizens, her interviews suggested the need for young women to take up a neoliberal subject position, which stresses the importance of self-regulation, autonomy and a calculating engagement with health, food and the body. Furthermore, she demonstrated significant personal investments in 'practices of the self' related to physical activity and food consumption. Like their teacher, the young women spoke about holistic conceptualisations of health, which stress the importance of 'balance' and attention to the social, emotional and mental dimensions of health. In contrast to this, many of the young women drew extensively on the healthism discourse and medico-scientific understandings in talking about health, food and bodies. Obesity and risk discourse were similarly drawn on to constitute fat and 'fatty foods' as an almost dangerous commodity, which produced a feeling of abhorrence for some of the young women. The following chapter shifts from the meanings and understandings the participants brought to the research, to the process of collaboratively planning the 'Food in Society' unit.

CHAPTER FIVE PART I – THE PLANNING PROCESS AT ST ANNE’S GIRLS’ HIGH SCHOOL

This chapter examines the process of planning and implementing an eight lesson PDHPE unit focusing on food and planned with the aim of developing a sociocultural perspective at St Anne’s. The chapter is split into two parts. The first part of this chapter is primarily concerned with the process of planning the unit. Here I focus on the socially constructed nature of the unit and consider it as a type of negotiated text (Gore, 1990). Transcripts from the formal planning meetings, interviews, observations and field notes are used throughout the chapter to answer the question of how Debbie and I engaged with the unit of work in an attempt to develop a sociocultural perspective. Part I develops a rich account of the complexity of the planning process through the examination of the investments, values and attitudes which we brought to the planning process and how these came to bear on the unit. These elements, along with the wider political, historical and institutional conditions of the planning process are considered in terms of their contribution to shaping the lessons. In illustrating this process Part I concludes with the tensions and issues which marked the planning process. Such tensions are considered a necessary part of curriculum change (Macdonald, 2003a; Penney, 2006; Sparkes, 1991b) and provide important cues for interpreting the events of ‘The Lessons.’

Chapter Five Part II shifts the focus from the preparation of the initial set of lesson plans, to the process of implementing the lesson plans with a class of 15 and 16 year old young women at St Anne’s. I explore a sociocultural perspective as a negotiated curriculum change through an analysis of the teacher’s and the young womens’ engagement with the lessons. Beginning the section titled the ‘The Lessons,’ are descriptions of the progression of each of the eight lessons and the adjustments which were made to the lessons as they were put into practise. The focus of the chapter is dedicated to an analysis of the discursive, institutional, pedagogical and practical elements that worked to facilitate or constrain the development of a sociocultural perspective as the students and their teacher engaged with the unit of work. Data from focus group interviews, work samples, in-class discussion, field notes and observations, are drawn on to argue that the young women themselves played a major role in the negotiation and (re)construction of curriculum, actively shaping learning experiences and the type of knowledge valued in PDHPE. Major events in each of the eight lessons are analysed to provide a rich account of the complex process of attempting to develop a sociocultural perspective in PDHPE.

PART I – PLANNING AT ST ANNE’S GIRLS’ HIGH SCHOOL

In the first part of Chapter Five the St Anne’s planning process is examined through four sections. A brief overview of the theoretical underpinnings of collaborative curriculum construction begins the section and illustrates the importance of considering both the wider planning environment and the planners themselves. ‘The planning process’ outlines the organisation of the planning process and introduces school-specific details relevant to the St Anne’s case. ‘Positioning the key players’ introduces a range of important investments around students and PDHPE which Debbie and I brought to the planning process and in combination with latter sections, considers the way that these investments shaped the planning process and the development of a sociocultural perspective. The ‘Tensions and Issues’ section finalises Part I and examines two main issues which marked the planning process: knowledge and technocratic planning. The issue of knowledge examines the tensions that resulted as decisions were made about what knowledge was legitimate and valuable within the context of the unit. The technocratic planning issue examines the effects of particular notions of expert practice coming to bear on the planning process and on the lessons themselves.

COLLABORATIVE CURRICULUM CONSTRUCTION

PDHPE, like all school subjects, is a social construction (Goodson 1983; 1988) which, according to Evans and Davies (1988 p.2), means it is ‘a selection from culture, which contains explicit and implicit values about appropriate missions, goals and objectives.’ A ‘version’ of the subject represented or given form through a curriculum text can therefore be seen as a type of ‘ideological statement’ which represents just one of many ways that the knowledge involved could be classified, organised, legitimised and transmitted (Evans & Davies, 1988). As several authors have noted, curriculum in the physical education subject area is a site of struggle (Evans & Davies, 1988; Macdonald, 2003; Penney, 2006; Sparkes, 1991), with competing factions in constant contestation over what is to be defined as legitimate knowledge in the subject and how this knowledge will be classified, organised and transmitted (Evans & Davies, 1988). Given that PDHPE is a cultural practice, contestation comes not only from teachers, administrators and students within our schools and classrooms but from wider influences such as governments, media, popular culture and school communities. As such, any study of curriculum change in the subject must take as one of its foci the examination of the curriculum planning process, as a site where the possibilities of classroom practice are shaped through decisions about what will constitute legitimate knowledges and pedagogies.

In his edited volume on curriculum change in physical education, Sparkes (1991a) discusses the need for researchers to adopt perspectives which take change to be a '*process*, rather than simply a product' (p.9, original emphasis). In the case of collaborative action research, such a perspective must necessarily balance imperatives to examine the social, structural and institutional influences on the process, with an appropriate emphasis on the role of human agency. According to Evans (1991) human agency, or the 'capacity of people to act upon and influence their social world,' is all too easy to lose sight of as one considers the 'impersonal structures and processes that work 'behind people's backs,' especially where the production of knowledge and meaning is concerned (p.236). In critiquing his own work, Evans (1991) notes that too frequently his accounts are populated by 'anonymous individuals' and as such his work underplays the subjective element of teacher and researcher involvement (p.236). In addressing this issue my focus throughout the 'Planning at St Anne's' chapter is to consider curriculum construction, teaching and learning as practices which are constructed by the 'ideas, decisions, values and interests of individuals not only inside the classroom but also in sites outside of it' (Evans & Davies, 1988, p.9)

THE PLANNING PROCESS

The St Anne's unit was planned jointly by Debbie and I and was designed to examine content focusing on food and the body with a Year 10 (ages 15 and 16) girls' class. The unit, titled 'Food in Society,' was to be underpinned by a sociocultural perspective and last for a duration of eight forty minute lessons. As the school was an Independent Catholic school, approval to conduct research in the school was granted by the school executive (Principal and Deputy Principal) following a brief proposal by Debbie. Following this, two formal planning meetings were used to develop the St Anne's unit, with each of the meetings taking place at the school. The first meeting took place four weeks prior to the first class and lasted approximately one hour. The second took place a week later and was conducted over a two hour duration.

The 'Food in Society' unit was planned in advance of the teaching. Over the course of the two formal planning meetings Debbie and I designed lesson plans for the first four lessons of the eight lesson unit. In the reality of the classroom these four lessons were actually taught over six lessons and as such, the majority of the unit was planned well before the first lesson began. The unit addressed the same three Outcomes (drawn from the then Draft version of the New 7-10 syllabus) that had been identified in the Draft Unit Plan, namely: 5.6 *A student analyses attitudes, behaviours and consequences related to health issues affecting young people*, 5.7 *A student analyses influences on health decision-making and develops strategies to promote*

health and safe behaviours, and 5.8 A student critically analyses health information, products and services to promote health (Board of Studies, 2003, p.37-39).

In planning the St Anne's unit, we drew extensively on the Draft Unit Plan that I had prepared. The Draft Unit Plan became akin to a syllabus itself, with Debbie and I progressively working through the document, reviewing suggested activities, strategies and content and considering their suitability. The process of considering their suitability generally began with Debbie reading the activity and considering whether she thought it appropriate, efficient and productive in light of her experiences as a teacher and based on her knowledge of the class. Sometimes she would suggest minor changes to activities, other times the activity which we eventually decided on would have little resemblance to the original. Once Debbie began suggesting changes or considering areas which could be improved, I frequently suggested alterations or offered my own point of view on the appropriateness or suitability of an activity. In general, our planning was focused on technocratic aspects, such as efficiency and alignment with Outcomes, and heavily weighted towards discussion at the level of activity or learning strategy. While negotiations also involved a consideration of lesson linking and flow, discussions at a broader level, that is, discussion about the overall goals of the unit and the concepts underpinning it, were rare. The way these aspects contributed to facilitating or constraining a sociocultural perspective through the planning of the unit will be explored in further detail in 'The Negotiation' section and in the 'Tension and Issues.'

While there were alterations made to the lessons as the unit progressed, none of these was based on a re-evaluation of our goals, or on the perception that what we were doing was not working. Indeed, the planning process as a whole was marked by a sense of certainty that what we were doing was 'right' and that because we were following the syllabus and planning with a sociocultural perspective in mind, the development of a sociocultural perspective was a logical and almost inevitable outcome. As such, there were limited changes made to the planned lessons once the teaching had begun and those changes that were made tended to be almost spontaneous changes made during a lesson. The most frequent issue contributing to these changes was time, either because an activity ran longer than intended, or because of perceived repetition (changes such as these are detailed in 'The Lessons' section). Any alterations made to lesson plans 'in advance' of the teaching were generally made following brief post-lesson conferences and facilitated by email before the next lesson.

The St Anne's unit could also be characterised as efficient and tightly scheduled in terms of time. As already noted, the collaborative lesson planning itself was largely completed in

roughly three hours and took place two weeks prior to the unit beginning. Following the planning there was a two week school holiday and then the unit began promptly in the first week of the new school term. The eight lessons themselves were taught in a two lessons per day format, with the entire unit completed in four weeks. A number of the reasons for this efficiency and tight scheduling are perhaps already clear from the portrayal of Debbie offered in the previous chapter, however, there were also a range of supporting factors. The ‘integrated’ approach to PDHPE at St Anne’s Girls meant that teachers were able to easily change the focus of lessons from ‘practical’ without problems related to room availability, or student concerns about ‘missing out’ on PE classes. This meant that Debbie was able to dedicate both of her lessons with the Year Ten girls each week to the research project. Secondly, the internal research approval process at St Anne’s Girls meant that unit planning began mere weeks after I first contacted Debbie and that the lessons could be implemented essentially as soon as we were finished planning. Finally, Debbie had scheduled her long-service leave to coincide with her HSC marking responsibilities which began in week five. Given that the unit was scheduled to take four weeks and we were beginning in week one, there was no option other than to have the unit completed on time.

POSITIONING THE KEY PLAYERS: WHAT DEBBIE AND I BROUGHT TO THE PLANNING PROCESS

In this section I am concerned with briefly exploring a number of particularly relevant investments around young people and the PDHPE subject area, which Debbie and I brought to the planning process (Kirk & Macdonald, 2001a; Paetcher, 2003). In Debbie’s case these investments are reintroduced from the findings in Chapter Four and considered in terms of their effects on the planning process. In particular I examine her positioning as an ‘expert,’ her investments around the ‘good’ of health and the slender body, and the central role that she afforded decision-making and personal responsibility in terms of the PDHPE curriculum and the young women’s lives. In my case I reflect on the investments that I brought as both a researcher and a PDHPE teacher. My desire to adopt a critical perspective, both in my research and in terms of PDHPE is considered. I also reflect upon issues I had in terms of the selection of content. Lastly I consider my positioning as a research student and as a vastly less experienced teacher than Debbie. In combination with the ‘Tensions and Issues’ section, ‘Positioning the key players’ begins to consider how personal and professional investments shaped the planning process and the development of a socioculturally informed unit (Paetcher, 2003). According to Hargreaves (1984) such an understanding of teachers’ investments and positioning is a vital part of understanding why they make the decisions that they do in terms of curriculum construction:

... teachers, like other people, are not just bundles of skill, competence and technique; they are creators of meaning, interpreters of the world and all it asks of them. They are people striving for purpose and meaning in circumstances that are usually much less than ideal and which call for constant adjustment, adaptation and redefinition. Once we adopt this view of teachers or any other human being, our starting question is no longer why does he/she *fail* to do X, but why does he/she do Y? (p.216).

One of the primary investments Debbie brought to the planning process was her investment in discourses of expertise as a practitioner of PDHPE. As previously noted in Chapter Four, Debbie's position as Head Teacher of PDHPE at St Anne's, her long standing role as a HSC marker, her previous collaborative work with university-based researchers and the general high regard which people in the field seemed to hold her in, all provided evidence that those around her regarded her as an expert practitioner. Discursively it also became apparent in individual interviews that Debbie had accepted this positioning and drew on discourses of expertise in constituting her own subjectivity. In her individual interviews she began to articulate a range of characteristics which I associated with her view of expert practitioners. Two examples of this included: being ahead of the 'Other' teachers in the field in terms of change and understanding the students and their particular needs. Once the planning process had begun, the discourses she drew on and the subsequent way that she defined what it meant to be a good teacher, emerged more prominently.

Firstly, her notion of good teaching was tied up with the idea that students should develop a sound factual knowledge base, which they could later apply to make health-affirming decisions (this will be explored in greater depth through the chapter). In terms of the role of the teacher in the learning process, Debbie largely favoured teacher-directed methods in which the students drew on her expertise to attain and at times make sense of knowledge. This is not to say that Debbie was a teacher who favoured 'chalk and talk.' On the contrary, she was highly critical of teachers who failed to 'change (their) old habits' and spoke of St Anne's goals of 'promoting independent learning and quality learning.' The point here is that her understanding of 'quality learning' rested heavily on the role of the teacher as expert, as she explained in part through the following quote:

that benchmark is including quality of education and promoting independent learning and quality of learning. And I guess that's where we're looking at trying to provide experiences that are teacher, they're actually teacher-directed but not to the point where the teacher directs everything. It's more that the teacher directs to facilitate and the students then establish and improve their learning (Teacher interview two).

If we take Hargreaves's (1984, p.216) idea that our starting question should not be 'why does he/she *fail* to do X, but why does he/she do Y?', then I suggest that Debbie favoured structured, teacher-directed learning activities through which students attained factual knowledge because this fitted with her notions of what it meant to be an expert practitioner of PDHPE. The repercussions that this understanding had on the planning of the unit and on the development of a sociocultural perspective at St Anne's will be examined in the 'Tensions and Issues' section and the 'The Lessons' section respectively.

The second investment Debbie brought with her to the planning process was one which concentrated on the role of PDHPE in teaching young women to make 'better choices', particularly in relation to food and bodies. Debbie was invested in the 'good' of health, PDHPE and the physically healthy body. In one of her individual interviews she talked about instructing aerobics at a local gym before school and later about 'battling' and being 'frustrated' with feeling increasingly 'sedentary' while at school because of the introduction of email communication as a means of inter-staff communication. In terms of the young women she taught, her investments around bodies intersected with a desire to see the young women 'be a bit more responsible about their decisions and make better decisions.' The problem, she asserted, was that young people failed to engage the knowledge they had learnt in PDHPE to make health affirming decisions:

The biggest problem I think is that they may be better educated but they don't necessarily make the better choices and that is going to be the age old problem for us in PDHPE. How do you overcome that? It goes back to the idea of, if you get away from food as an example and go to say alcohol, they know they can sit in class and they can analyse situations and scenarios and they can tell you all the right answers, but come Friday night it's almost like it's a rite of passage, they have to go out there and experience getting drunk. And they know that, they'll agree to that. That's something that we look at with Year Eleven and that's for the two unit syllabus. So similar concept with food (for years 7-10), even though they learn those ideas I think they find it difficult to apply them to themselves (Teacher interview one).

From Debbie's point of view an important part of the young women making better decisions in relation to food, involved them attaining up-to-date information about aspects such as the physiological effects of food on the body and engaging in activities which replicated real-life decision-making processes. In terms of planning the St Anne's unit, one of the results was that Debbie placed great value on students learning factual 'nutritional' knowledge and on pedagogy that drew on decision-making imperatives to consider health, food and bodies as personal responsibilities.

While my own investments have been partially explored in chapter one, I will briefly revisit some key issues. Though, like Debbie, I was concerned with developing a well-prepared unit of work, this was perhaps secondary to my goal of seeing the students adopt a sociocultural perspective. In particular, I imagined this to involve students backgrounding and perhaps even critiquing the medico-scientific understandings of food and nutrition that are commonly employed in PDHPE (such as those related to the physiological functioning of the body). Beyond this, however, I remained uncertain as to how we might locate the study of food within the broader social and cultural circumstances of young people's lives. Like Debbie I saw the PDHPE syllabus as an important starting point and given that the research needed to reflect the ways teachers might go about introducing a sociocultural perspective in schools, wished to work inside of the spaces created by the document as much as possible. I also brought with me a kind of pragmatism, one source of which was the need to adhere to a PhD timeline and to keep the few participants that I had been able to recruit. While this did not make a marked impact on moment to moment decisions made during planning, I was certainly aware that I may need to temper some of my ideas, as well as defer to Debbie when it came to decisions related to her students. This is not to say that Debbie made the decisions without my input, or that I was forced into choices that I explicitly spoke against.

TENSIONS AND ISSUES

The planning process at St Anne's was complicated by two primary issues, both of which are examined in the following section. The first tension concerned issues of knowledge. As argued previously, any curriculum is a selection from the wider culture (Evans & Davies, 1988) and the Primary fields of knowledge production (Bernstein, 2000) on which it draws and therefore represents only part of the knowledge available in those fields or cultures. As such, the process of curriculum construction necessarily involves decisions about what forms of knowledge are to be seen to be legitimate, valuable and learnable within a certain context (Apple, 2001, 2005). Such decisions about knowledge must also take into account the goals of the curriculum and the type of learning and learners which the curriculum is designed to produce. In the first part of the 'Tensions and Issues' section I argue that the types of knowledge which were seen to be legitimate in the St Anne's planning process were those related to developing health-based decision-making skills and also factual knowledge, drawn primarily from medico-scientific origins. This knowledge was primarily directed towards producing self-regulating young women and had significant ramifications for the development of a sociocultural perspective within the unit.

The second major issue which marked the planning process was the focus on technocratic planning and the central position afforded to aspects of performativity (Ball, 1998, 2000, 2003b, 2004, 2006) in both planning the unit and in the selection of lesson pedagogy. This focus on technical aspects of planning such as efficiency and accountability to the syllabus document, constrained the space available to discuss broader issues of planning such as how a sociocultural perspective might be defined within the PDHPE context and how such a definition might be integrated into syllabus content and learning experiences. The same technical planning focus and investment in developing 'efficient' pedagogy also worked to marginalise certain learning strategies and in the process, limited the possibility for developing the deep and critical understanding that underpins a sociocultural perspective.

KNOWLEDGE

Questions of the value and legitimacy of different knowledge within the context of the 'Food in Society' unit and more broadly, within PDHPE, became an important issue in the planning process at St Anne's. While the answers to at least some of these questions were provided by the Draft 7-10 syllabus (Board of Studies, 2002), my initial focus here is on the role that Debbie and I played in making decisions which legitimised certain content and knowledge while marginalising or excluding others. I trace how 'factual' knowledge and health-based decision-making knowledge came to assume a central position within the unit and the pedagogical implications of this. Following this my focus shifts to a consideration of what knowledge was positioned as 'illegitimate' within the 'Food in Society' context and what happened when this knowledge was introduced into the planning process. Lastly I examine the health consumerism content area as one of the primary examples of content which was accepted by both Debbie and I without struggle. Here I examine why knowledge related to health consumerism was easily incorporated into the unit despite the different investments Debbie and I brought to the planning process.

What was to be considered legitimate knowledge within the unit became an important tension in the planning and teaching of the St Anne's lessons. This can at least partially be attributed to the very different investments Debbie and I brought to the planning process. As a PDHPE teacher Debbie had substantial amounts of 'factual' subject knowledge and I was frequently amazed at the information that she seemed to have 'on-call' to share with the students during the unit. This knowledge was, however, closely related to the investments in self-practices related to food and bodies that she brought to planning. As such, knowledge related to health-based decision-making and factual knowledge drawn from medico-scientific origins became content focuses for Debbie. My investments, as previously discussed, were significantly

different to Debbie's. I was particularly concerned with what I saw as the privileged position that medico-scientific knowledge held within the subject area and especially in relation to the study of food. In terms of health-based decision-making, my stance was far less clearly defined. Given that decision-making was a specific part of the only syllabus Outcome which explicitly mentioned sociocultural influences (Outcome 5.7 *A student analyses influences on health decision-making and develops strategies to promote health and safe behaviours*), I expected that decision-making would form a part of the unit, though the role that it would play was unclear to me.

As planning for lessons one and two began, it became clear that Debbie's focus was on students attaining knowledge of the way that social and cultural 'factors' were linked with health-based decision-making. In taking this focus she drew on epidemiological understandings of social and cultural factors to individualise them and depict them as factual knowledge. In this way, each factor was identifiable and its effects on individuals and their health-decisions 'knowable,' and predictable. Such an understanding was consistent with a compliant reading (Cranny-Francis, 1992) of the syllabus and with the prominent position of medico-scientific (Kirk & Macdonald, 2001b; Kirk et al., 1997) and epidemiological knowledge (Macdonald & Hunter, 2005) within the PDHPE subject area and within university teacher preparation programs. The following excerpts, taken from two different planning meetings, demonstrate Debbie's work to develop learning experiences that combined social and cultural factors and health-based decision-making:

Debbie: Because what it means is that here they're coming up with the factors, they're giving examples of the factors. But then if you have scenarios it gives them more realistic real-life situations and they have to then relate it back to this [the social and cultural factors worksheet] and apply it. It's really important that they understand how to apply the information. This is the critical thinking and this next step becomes the practical application. That's what I think (Planning meeting one).

And from the second planning meeting:

Debbie: Well, what they would do is, they've identified the factors, now what they could do is they could add to the story (scenario) themselves ok, *based on the decisions that are being made or that need to be made. And then analyse the things that influence those decisions.* Does that make sense?

Ken: Yep, what if again they again got a sheet, so for starters they get that up the top (the scenario) and then they get plenty of lines down the bottom to write, are they just going to write about or are we putting the questions we want them to answer at the bottom?

Debbie: They have to complete the scenarios because I think the scenarios might need some addition. So for example this one, 'she knows that her mum used to like baklava, her brother love le snak, her sister is protein only.' Ok. 'When she goes to pick the 'le snaks' for her brother she sees one type is low fat, one no name...' alright so we've

identified these are influencing factors but we haven't actually *said which one she's going to choose*.

Ken: Ok, so do we want them to be writing what is affecting which one she's going to choose or what could affect it?

Debbie: Both. Don't we want them to do both? So they've got to complete the scenario making a decision about (pause). They can embellish it, it's up to them.

Ken: Change

Debbie: They'll add to it to change the scenario and it doesn't matter whether they make it a good one or a bad one (decision), like positive or negative, but the key is they have to then be able to then go back *and analyse the decision that was made and the influences on that decision*. Does that make sense? (Planning meeting two).

The previous quotes illustrate the link Debbie made between social and cultural factors and health based decision-making and also how such knowledge became defined as a primary type of legitimate knowledge within the unit. The close link between social and cultural influences or 'factors' and decision-making in the lives of young people, was not an idea that was original to Debbie, but rather one that she drew in part from Outcome, Learn About and Learn To statements within the syllabus. According to the syllabus by *Learn(ing) About: individual factors (eg. values and attitudes), sociocultural factors, (eg family, peers, gender, culture), political factors, (eg. laws and regulations), economic factors, (eg personal and community), and environmental factors, (eg. pollution, weather, built environment)* students will *Learn To: recognise that health decisions and risk behaviours are not simply an individual responsibility but are shaped by a range of influences* (Board of Studies, 2003, p.38). As I will argue later in the 'Tensions and Issues' section, Debbie's approach to planning focused on technical aspects of planning such as ensuring that learning experiences were closely aligned with the syllabus and that through those learning experiences students *would* achieve the targeted Outcomes. The explicit linking of social and cultural 'factors' and health-based decision-making in the syllabus statements, in combination with her own investments around health-based decision-making in the lives of young people provide a clear indication of how decision-making and social and cultural 'factors' became *the* legitimate content of lessons one and two.

Another key aspect in reading the previous two quotes is an examination of the 'scenario' as the learning strategy of choice for analysing and understanding the effects of social and cultural factors on decision-making. The first of the two previous quotes in particular provides the most explicit indication that Debbie understands the scenario as part of pedagogy aimed at creating 'realistic real-life situations,' through which students engage in activities designed to simulate decision-making process in the own lives. Through this, scenarios became a pedagogical link between the factual knowledge of the effects of social and cultural factors and the decision-making processes and situations to which this knowledge needs to be applied. The second

quote depicts the intersection of the discourses of individualised responsibility for health with decision-making imperatives. What results is the need to produce young citizens who take a reflexive orientation to health decisions as part of becoming a self-regulating citizen (Lupton, 1999; Petersen & Lupton, 1996; Tinning & Glasby, 2002). Drawing on such discourses Debbie shows that the unstated ‘value’ of the scenario activity is that the students can analyse *their own* decisions, reflecting on how well they applied their factual knowledge and evaluating whether the decision was ‘positive or negative.’ What remains unsaid here is that such pedagogy provides spaces and opportunities within the classroom for the PDHPE teacher to discuss what a ‘good’ decision would be and in the process, work to change the students’ ‘negative’ behaviours.

In an interview conducted at the completion of the second planning meeting, I asked Debbie about her goals for the ‘Food in Society’ unit:

Ken: Looking at where we are up to so far, what kind of goals do you have for yourself for this unit?

Debbie: I think one of the most important things is getting the girls to understand the importance behind the sociocultural factors and *how that actually influences the decisions that they make and taking ownership of that*, not just looking at it as a knowledge based concept but understanding how that applies to their actual behaviour, and hopefully they'll take that away so that when they do make decisions they'll have a broader understanding of how and why they make certain decisions regardless of whether they are positive or negative. They're able to analyse them more effectively simply because they can now label them; whereas in the past I think those sorts of things are things that go through your head, they're ideas but they've never been labelled (Teacher interview two).

Debbie foregrounds two ideas in the above quote. Firstly, that decision-making is a central skill to be learnt/further developed through the unit, and secondly that through the unit the young women should acquiring knowledge of how sociocultural factors *influence the decision-making process*. I suggest that the focus on decision-making and behaviour change that underpins Debbie’s statement is a product of the discourses of personal responsibility which individualise health. The individualisation of responsibility is apparent through the phrase ‘taking ownership of that,’ and works to create a sense that understanding sociocultural factors is part of being an informed decision maker. Overall the quote conveys a sense that while the ‘knowledge’ of the unit might be seen as learning about ‘sociocultural factors,’ this knowledge is inextricably tied to decision-making.

The second source of tension in terms of selecting knowledge which was seen to be legitimate within the context of the ‘Food in Society’ planning process, involved decisions about what

content was seen as *illegitimate* and therefore excluded from the lessons. Previously I have shown how certain content became central knowledge within the unit. Here I argue that one of the effects of conceptualising decision-making, factual knowledge and social and cultural factors as legitimate and valued knowledge was that other forms of knowledge and ways of knowing, were subsequently excluded. The following exchange is taken from the second planning meeting. In terms of establishing a timeline, Debbie and I had just finished planning the scenario analysis activity in which the students finished the scenario by making their own decision and then evaluated the decision. The exchange which follows below came as Debbie asked me what I wanted to plan to address Outcome 5.6 and the *Learn To* statement *students learn to investigate factors that influence food choices*:

Ken: Yep. The next thing that I was thinking of starting with was related to ideas about how different people see health. So, the idea that health isn't this universal concept for everyone, different people look at health in different ways and it has different meanings for different people depending on your culture and what kind background you have and so..

Debbie: They actually have done this.

Ken: Yeah?

Debbie: Yeah, in their 'towards better health unit', which was earlier in the year. So hopefully they can draw on some knowledge there.

Ken: Ok, what if that was more of an introduction kind of thing, so whether it's a brainstorming thing and you've asked them to recall that activity and asking them about the different ways that we can think about health.

Debbie: Mmm.

Ken: Because then I was thinking what might be good was maybe something similar to this case study, where we look at different people in different parts of the world, what kind of foods are available to them, what kind of foods do they consume, why is it those sort of foods that their diet largely consists of? Is it cultural and religious, or has it got to do with their environment and what sort of things are available to them. I mean it'll have to do with all of these sort of things, but just to see that the kinds of foods that are a staple food in Australia, aren't a staple food in other countries. So food is different for different people, I guess is really what I'm saying. But that (the case study) wouldn't necessarily have to be the activity to do that, that was just the idea that I was thinking of.

Debbie: Ok, well I would look at that and think that that should only be a small portion of the lesson because I think the kids are really aware of that already and one of the reasons is that *this is a very multicultural school* and the once a year that have international night where the parents get together with the P&F and they cook foods that are traditional to their country. *So I think the kids are pretty aware of this sort of thing and it's the sort of thing that comes up in other subjects, especially HSIE.*

Ken: Yep.

Debbie: And it's things that, I think we have to be carefully that we don't spend a whole lesson on that

Ken: No, that's fine.

Debbie: Unless that's something that you wanted to focus on. I think that's something that you draw attention to as a review because I think they have that understanding

already because they live in a multicultural country and know what's available for them. Do you see where I'm coming from?

Ken: Yep.

Debbie: I think they already have an appreciation and an understanding of that already. Like our kids do.

Debbie mobilises a range of devices in the above quote to position knowledge about cultural and geographical aspects of food as illegitimate knowledge within the context of the unit. One of the first means through which she does this is the assertion that such knowledge falls outside of the PDHPE KLA. This is evident as she says 'it's the sort of thing that comes up in other subjects, especially HSIE (Human Society and its Environment)'. At the secondary level Australian school subjects are highly insulated from each other (Macdonald, 2003b; Macdonald & Glover, 1997) and as such, content boundaries can be thought of as markers through which subjects differentiate themselves and their role within young people's lives. In this case the message from Debbie is clear: someone else handles that. In Bernstein's (1990, 2000) terms, Debbie understands the curriculum to be relatively strongly 'classified', that is, the contents of the KLAs are quite separate or distinct. The second device that Debbie mobilises is the assertion that the St Anne's students are immersed in 'multicultural' environments and as such knowledge related to food and 'other' cultures is redundant. This notion draws on a contemporary discourse of 'multiculturalism' in Australia in which citizens are depicted as culturally aware and inclusive⁷ because of the country's diverse cultural make up. While both of the above devices can be seen to work to position food-related knowledge sourced from a cultural studies background as illegitimate, my own experiences working with Debbie lead me to assert that the aspect she most objected to was the repetition of content. As I will argue in the latter part of the 'Tensions and Issues' section, efficiency was an important marker which Debbie used to define expertise in both lesson planning and practice. Phrases such as 'they have already done this,' 'it's the sort of thing that comes up in other subjects' and 'I think they have that understanding already' work to communicate the idea that such content is repetitious and unnecessary and that valuable class time would be better directed elsewhere.

⁷ Such an understanding of Australians, while widely touted by politicians and branches of the media, is at the very least highly contestable. One of the most significant events of late 2004 in Australia was the 'Cronulla beach riots.' In these riots predominantly white Australians of anglo-saxon heritage dwelling in the Sydney coastal suburb of Cronulla, clashed violently with Australians of Lebanese heritage from Western and Inner Sydney. The resulting altercations led to dozens of arrests, was broadcast internationally and eleven months later the official report into Police conduct led to the sacking of the then NSW Police Minister.

In finalising the examination of the issue of knowledge selection and organisation within the St Anne's planning process, it is worth considering the types of knowledge which both Debbie and I considered to be legitimate and which were incorporated into the lessons without tension or debate. Other than sociocultural influences (which we agreed were a central part of the unit but disagreed as to the extent they should be 'factorised' and linked with decision-making), the primary content area which fell into this category was health consumerism. In explaining this I assert that although knowledge related to health consumerism appealed to Debbie and I for (largely) different reasons, it was the possibilities which we saw within the content which aligned with our individual investments and goals for the unit.

The syllabus Outcome being addressed in relation to health consumerism was Outcome 5.8 - *A student critically analyses health information, products and services to promote health* (Board of Studies, 2003, p.39). In addressing the Outcome, our planning began (as was the case almost without exception) with us referring to the activity I had devised for the Draft Unit Plan. In this case, the activity read:

Analysis. *The strategy of 'good health.'* Pick a range of advertisements from men's magazines, women's magazines, health magazines and health supplements in newspapers and analyse by:

- Starting a tally of what's being advertised.
- Looking at what kind of statements about health the advertisements are making.
- Examining how they 'prove' their claims.
- Picking one or two advertisements and looking at what they are aiming to do, why they are so successful at achieving their goal and in what way they want us to look at and think about our bodies and health (Draft Unit Plan).

Immediately after reading this suggested activity, Debbie said:

I really like this, I think this is really good about this health consumerism. Because they're starting to develop a bit of ownership over their decisions here. So they're learning about health consumerism, (reads) 'analysing the impact of peers and the media on the selection of health products and services. Develop an apply criteria to assess the claims made by a range of health products.'

And later:

I think this is a really important concept, sorry to cut you off. Only because if we look at what's happening, if we just look at nutrition, if you look at what's happening with say, food products, you've got the GI symbol, you've got the changes in percentages for the

ingredients in foods, you're looking at the types of techniques that are used to sell those foods, so the packaging itself, what they see on television and advertisements.

And after some discussion of how the activity might explore the commodification of health I commented:

So I think that'd be good for them to see and think about people selling, effectively, health. I mean, it's a different way of thinking about health; you can buy it. You don't have to go out and do this or do that.

In understanding why this content was seen as legitimate and valuable within the context of the unit, it is important to consider the investments Debbie and I had and how these investments fitted with the content. Knowledge about health consumerism appealed to me because I understood it as potentially linking with a critical orientation to health information. In particular I envisaged such content opening up possibilities for the students to develop critical analysis skills in relation to health information, images and advertising. Additionally, one of the Learn To statements which was tied to the health consumerism Outcome specifically mentioned the role of 'peers and media on the selection of health products and services.' For me, this provided an opportunity to examine these influences in greater detail than the 'factor' approach which underpinned earlier work in the unit. In Debbie's case, her comments in the previous quotes demonstrate that she aligned knowledge related to health consumerism with health-based decision-making skills and discourses of personal responsibility ('I really like this... Because they're starting to develop a bit of ownership over their decisions here). It is not a coincidence then that in the second quote Debbie discusses the importance of students gaining contemporary knowledge about food labelling, packaging and advertising techniques. Such information underpins informed decision-making in the HPE KLA and is seen to ensure that students are not 'duped' by the claims of advertising, or confused because of health illiteracies. A similar consensus in terms of the value of particular knowledge was reached later in the unit in relation to a newspaper analysis task. This task, which considered contemporary health issues as they were represented through the print media, was broadly aligned with the same investments which were previously mentioned in relation to the advertising analysis activity. Such agreement suggests that space exists within current understandings of PDHPE for the mobilisation of both critical media and critical consumerism discourses. These discursive resources and their relationship with a sociocultural perspective will be explored in more detail in 'The Lessons.'

In this section I examine how notions of expertise and ‘the expert practitioner’ were primarily constituted within the planning process, through technical markers such as efficiency and accountability. Such an understanding had repercussions for the way that learning strategies were selected and organised and for what was considered a legitimate part of planning discussions. Following this, I argue that such understandings worked to constrain the development of a sociocultural perspective by marginalising discussion about how the concept might be developed within the PDHPE classroom and excluding certain forms of research-based pedagogy.

The planning process at St Anne’s was underpinned by notions of expertise and shaped by discourses of what it means to be an expert practitioner of PDHPE within the contemporary political climate. As I have previously established, Debbie was widely considered to be an expert PDHPE practitioner and notions of expertise seemed to be an important part of the way she understood her own subjectivity. However, in terms of her approach to planning ‘expertise’ was primarily constituted through technical markers/criteria such as efficiency and accountability. Efficiency was an important characteristic both in terms of evaluating the suitability of particular learning strategies for use in the lessons (ie. is the ‘survey’ an efficient classroom strategy?) and also as a standard through which the planning process could be judged (ie. are we using our planning time efficiently?). The quote presented below demonstrates the importance of efficiency in planning discussions and particularly the way that it became a criterion by which the suitability of activities was judged:

Debbie: Even the concept of graffiti wall. I’ve used those and the kids are fine but you’d have to allocate set time to each one. The other option is to do the same thing on a whiteboard just with four columns and then you might go through and explain what each one is to get them thinking and then say to them ‘well, what influences you, what about you’re friends and parents, what influences them?’ And you just have whiteboard markers and they can just come up, if they don’t want to come up they can just tell their friend that could be more efficient.

Ken: What do you think, being as you’ve got to put it into play? I guess one of things that I didn’t want it to be and this is probably just a theme all the way through, I didn’t want it to be one of those things where we’ve got one hand, one suggestion, one hand, one suggestion and it’s really structured and you only get the kids ideas that are willing to put there hand up or

Debbie: Well, we could do either one because the kids know me well enough to get up and do that.

Ken: Ok, so we can whiteboard it. They’re not going to try to all crowd the board at once and all write their ideas?

Debbie: Not necessarily. I think, they’re year ten, this group is sensible, they’re a nice bunch. So we could do either. So I’m just trying to think of efficiency, what’s going to be

more efficient. Although if we put it on butcher's paper we can bring it back if we want to refer back to it.

Ken: Ok.

Debbie: Well, we'll do the rotation.

Ken: Ok so you want them to rotate with butcher's paper, but no set headings on the pages?

Debbie: Oh, no no. I think we need headings, I think that will make it more efficient. But I think we need to explain the concepts, because if we do that we'll get more from them, obviously. You need to stimulate their thought patterns (Planning meeting one).

While a text analysis immediately highlights the repetitive use of the words 'efficient' and 'efficiency' in the previous quote, just as important is the idea that making alterations to the organisation of the 'graffiti wall' strategy are primarily grounded in the desire to be more 'efficient.' Questions, such as, should the students work in small groups rotating around stations or should they work on the whiteboard, are asked and answered predominantly in terms of improving efficiency. According to Tinning (1991) such concerns are consistent with the technocratic rationality that marked the performance pedagogy and 'teaching as a science' based philosophies of the 1970s, 1980s (p.6-7). In explaining technocratic rationality, Tinning writes:

According to its critics, technocratic rationality leads to 'radical deafness' towards any non-approved questions. Questions of efficiency are of major concern, and accordingly educational issues are defined as technical issues to be solved in the most efficient manner. Moreover, technocratic rationality presupposes that means and ends are logically distinct. Finding the most efficient means to achieve a particular ends becomes the dominant issue of concern. The desirability of the ends is not contested and ceases to become an important issue (p.7).

Questions of 'radical deafness' aside, 'finding the most efficient means to achieve a particular ends' was consistently the priority of planning. Though this frequently involved negotiations about single learning strategies or activities, as depicted in the previous 'graffiti wall' exchange, it also extended to the efficiency of 'matching' learning to Outcomes statements.

The second component of the efficiency and accountability markers, accountability, related most specifically to a focus on ensuring that the planned learning experiences of the lessons were closely aligned with the Outcome, Learn About and Learn To statements of the syllabus (Reid, 1999). Accountability was particularly important in instances where the planning process was perceived to be 'off-track.' One such example from the second planning meeting involved me discussing the expansion of the scope of the unit beyond food and physical activity, to which Debbie replied 'I need to be clear on where you think you want to go in terms of the process of the Learn Abouts and Learn Tos. I need to see the progression.' In

understanding why it was these technical markers that became discursively linked with notions of expertise and the role of the expert practitioner in planning, the notion of performativity (Ball, 1998, 2000, 2003b, 2004, 2006) provides a useful framework.

Performativity has been used in relation to education to describe a set of regulatory notions which form a type of 'ethical framework' in which teachers must work and through which 'judgements, comparisons and displays' are employed as a means of control (Ball, 2000 p.2). Underpinned by a market-valorised managerialism (Ailwood, 2000; Ball, 1997, 2000; Bernstein, 1996) performativity stresses rationality, technical efficiency and accountability (Ailwood, 2000; Ball, 1997, 2000; Usher & Edwards, 1994; Youdell, 2004). The task of education then becomes to 'operate in the most efficient ways to provide individuals with the learning they require to optimise their contribution to the social system' (Usher & Edwards, 1994, p.175). While performativity has significant implications for education as an institution, such as the way that universities and schools market themselves through their ability to deliver curriculum which 'value-adds' to young people (Ball, 2000; Meadmore & Meadmore, 2004), it also shapes the day-to-day activities of teachers and classroom practices. Ball (2000 p.2) states that performativity has bitten 'deeply and immediately into the practice of state professionals' leading to the emergence of new subjectivities, new kinds of teachers, who have had to adapt and indeed, thrive, in an environment of monitoring and assessment which values performance, output and certainty. But as a technology of control 'performativity works from the outside in and from the inside out' (Ball, 2000 p.4) and as such teachers act upon themselves and one another in ways which apply the markers of performativity to their work, profoundly changing the act of teaching (Ball, 1998).

As previously noted, understanding expertise through notions of performativity had significant effects on both the planning process and on the lessons that were constructed out of it. In terms of the planning process, the first result was that Debbie's role became one of evaluating whether activities from the Draft Unit Plan were suitable for use with her students and then making modifications to improve them. In an interview shortly after we had finished designing the lessons, she explained her impressions of the planning process and in the course made reference to how she saw her role:

I think under the circumstances we've done the best we can because I mean we can either spend hours and hours or we can spend whatever time we need. So I think the most important thing is that you're communicating your ideas with me and I'm sort of saying to you "well this will work or that won't work and what will work in this school may not work in another school because we know our students". And it's not that we think this and

so we've got a really negative or a traditional point of view; it's that we know it works because one thing I guess that I'm confident about is I know I've been here a long time and sometimes people are quick to judge that, oh yeah these teachers have been in schools for a long time, you know, sit back. But that's not true like we've just undergone change after change every year and I think my faculty are very committed and you know we change things to suit the needs of our students and to make things work and to make them more appropriate and more efficient for both the student and for us (Teacher interview two).

Debbie's expertise and particularly her knowledge of the St Anne's students, played an important role in shaping how she thought about her role in the planning process. Through the previous quote it is apparent that she constituted her role as telling me what 'will work' and 'what won't work.' Though the primary criteria for such decisions is depicted in the quote to be her knowledge of the students, the use of the word 'efficient' in the final sentence suggests that this technical aspect was an important part of the way she made her judgements. While the issue of efficiency in the selection of pedagogy and learning strategies will be taken up further momentarily, the other issue of consequence in the previous quote is the relations of power that are suggested between Debbie and myself. In particular the sentence 'the most important thing is that you're communicating your ideas with me and I'm sort of saying to you "well this will work or that won't work"', provides evidence of unequal power relations within the planning process.

Performativity and its effect on notions of expert practice also contributed to a tension arising in relation to what was viewed as legitimate planning work. It was noted earlier that the planning process at St Anne's was largely a process of selecting activities from the Draft Unit Plan and modifying these activities to suit the St Anne's context. The syllabus itself was not re-examined during the planning process, but rather the Outcomes, Learn About and Learn To statements were taken directly from the Draft Unit Plan. Though in designing the Draft Unit Plan I expected that it would become a resource to draw on in the planning process, I had not planned for it to be such an integral part of the process. One of the results of working in this way was that planning was in large part limited to the consideration of the technical aspects of individual activities, at the expense of broader planning work such as reviewing the idea of a sociocultural perspective, questioning how it might be integrated into the syllabus, or considering how certain Learn About and Learn To statements might facilitate a sociocultural perspective. Where such discussions were not excluded from the process altogether, they created significant tension between Debbie and me, as demonstrated in the following quote:

Ken: That's where it would probably be good to broaden ourselves again, so go from our food focus to let's go to the road, let's look at sexual activity, let's look at drugs, or something like that.

Deb: Isn't your unit 'food and society'?

Ken: It is but I think one of the things that we're trying to do, I don't know, this is just my reading of the syllabus. I think one of things we're trying to do now is look more at the 'Learn To's and the 'Learn About' in light of a range of different areas, while maybe still focusing on one, you're covering more ground and showing them, like we're trying to show in the first activity, that this is all inter-related. This doesn't just happen when you go to choose food, it can happen when you go to get behind a car, it can happen. I guess it depends on how you read the new syllabus, everyone is going to look at it in different ways. So whether we should just stick to what we're doing, I don't know.

Deb: I guess if that was the case, I'd remove the word 'food' and I'd look at the social context of health from that perspective and you'd then use all the others as examples. You'd use the others as examples and link it back to your main concept. Do you know what I mean yeah? I mean, you could do it as a little activity at the end where you might ask them, or you might give them five areas. You might say, well we've done food, let's look at road safety. Let's look at whatever. Choose three areas and have that down and have them actually indicate how each of those factors become important in those areas. Let's apply these social factors to these areas. Maybe that should be the start of your next lesson, if that's what you want to achieve. Do you understand what I mean? If you're trying to apply those social factors, then you've just done the first lesson analysing the social factors that, ah, impact on people's food choices.

Ken: Yep.

And later:

Deb: I guess what I'm saying to you is you're taking a whole different tact then, with this unit of work.

Ken: Ah, ok.

Deb: It's going to a totally different area, do you know what I mean?

Ken: Um yeah. My problem I guess with..

Deb: It will start to become really time consuming. I know what you're saying but I'm just thinking in terms of time we've got (Planning meeting two).

In interpreting the above quote the first reading one might make is that this is a disagreement about what the 'integrated' nature of the New 7-10 PDHPE syllabus means in practice. Certainly such a reading is valid and in response it should be noted that the DET PDHPE Curriculum Support Officers agreed with Debbie's view, which asserted that my reading of an integrated syllabus was not focused enough for practical use (though this only became evident in the Waterside case – see Chapter Seven, Part I). However, based on my experiences as a co-planner I suggest that it was not so much my definition of an integrated syllabus that created tension but instead it was the fact that discussions such as the one above were positioned as being outside of the scope of efficient planning and an unnecessary diversion from the 'real work.' The following quote depicts the only other discussion in the second planning meeting, which explicitly considered broad aspects of curriculum construction. In this case I raised the

possibility of examining and possibly changing the Learn About and Learn To statements used in the unit:

Debbie: Do you have the flexibility to change those?

Ken: Yeah. We've got all the flexibility we want.

Debbie: Oh, ok. So you're not set with those?

Ken: Nope.

Debbie: Right, I thought it was just this part (the activities) that we could change. Ok.

Ken: We can change anything we please.

Debbie: Alright. Jeez, this could take us forever.

Ken: As long as we have reasons for why we're doing it. We can't just go, 'oh, we decided to change this.' If we decide to change something big like 'Learn Tos', somebody would probably expect that that will get a page somewhere in my thesis as to why we picked 'Learn Tos' and 'Learn Abouts'. But that's fine. We can do that, definitely.

Debbie: I guess what's important to me is that I need to know, I need to be clear on where you think you want to go in terms of the process of the 'Learn Abouts and 'Learn To.' I need to see the progression. My concern is that if we start to go to pulling out more 'Learn Abouts and 'Learn Tos', it just opens everything up again. It becomes too global. I think you need to have a focus and stick with the focus. Like your original direction and then where we want to go and then we make changes accordingly because otherwise if we start to pull into too many other 'Learn Abouts' and 'Learn Tos', it's like going back and restructuring the whole thing and I don't think we've got time to do that. Like, I haven't got time to be meeting with you and doing that and this is hell of a lot of extra work that may not be necessary. Do you know what I mean? (Planning meeting two).

The tension in the above quote is created by two complementary ideas. Firstly the suggestion that planning might involve the re-examination of Learn About and Learn To statements causes tension because 'best practice' in Outcomes-based planning involves moving in a descending fashion from Outcomes, down to Learn About and Learn To statements and once these are chosen and decided upon, designing individual learning activities to address them. Based on this, re-examining Learn About and Learn To statements is understood as going 'backwards' in the planning process and threatens the efficiency and progression of planning itself. The second idea, which was mentioned previously, is that discussions such as those in the previous two quotes cause tension because their focus is inconsistent with the technical planning focus which underpinned the St Anne's process. Such distractions compromise the efficiency of the planning process itself by disrupting the focus on technical aspects such as activity design. This position is not necessarily attributable to Debbie or I personally, but rather to the scope of planning we jointly adopted and to the wider political climate in which teaching is marked by notions of performativity (Ball, 1998, 2003). As Ball (2000) points out, one of the key assertions in understanding the effects of performativity on the work of teachers and educators,

is that performativity does not get in the way of 'real' academic work but is instead 'a vehicle for changing what academic work is!' (p.16).

Thus far the focus has been placed on examining how understandings of expert practice shaped the planning process at St Anne's. I want to finish this section by considering how these same understandings directly affected the lesson plans themselves. The most explicit effect of taking up performativity based discourses of expert practice was that the pedagogy selected for the unit was primarily teacher-directed in nature because such pedagogy was seen as efficient and the outcomes predictable. Complementing this effect is the finding that certain student-directed learning strategies were excluded from the lessons, or at least recommended against, because they were too time consuming and produced unpredictable outcomes. In illustrating this finding, the following quote demonstrates how an activity which had originally been proposed as an 'Interview' activity and was titled 'Exploring the changing nature of food in our society,' was converted to a scenario style activity which focused on the social and cultural factors which influenced food choices:

Ken: Alright so now it's a list of little paragraph style scenarios?

Debbie: Yeah

Ken: They're going through circling or writing or something where they can see different factors

Debbie: Yeah 'what factors..'

Ken: Influencing factors, so in the shopping example they're saying political because it's influencing what's available to me, what's legal something like that.

Debbie: Yep, yeah.

Ken: Socially what kind of family group I'm shopping for, what kind of culture...

Debbie: Yeah. I'd rather do that than the interview.

Ken: Ok.

Debbie: While the interview concept is a good idea, I don't think it's as time efficient. I just think that when you've got the whole group together these other ideas are more brainstorming. So someone has an idea over here and it sparks an idea in someone else over there and then they carry that over or tie it in a different way.

And shortly after:

Debbie: Well, you could do. This concept of an annotated concept map, that could be a homework activity. It doesn't have to be based on interviews. I just think if you're going to do interviews or surveys, I don't like surveys personally, because sometimes I don't know if students are mature enough to structure questions to gain the right information and the information that they are looking for (Planning meeting one).

The previous two quotes provide important evidence in understanding how pedagogical choices were influenced by performativity-based notions of expert practice. Debbie's statements are

underpinned by the assertion that interviews and surveys are inefficient strategies. Such comments are illustrative of the value she placed on technical markers of performance in influencing pedagogical decisions. Of equal interest is the idea that the efficiency and value of the activities is not merely measured in time, but in terms of their potential to meet preconceived outcomes. From Debbie's point of view, the problem with student-centred activities such as student-led surveys and interviews is that she cannot be sure that students will 'structure questions to gain the right information and the information they are looking for.' The issue then is firstly one of knowledge, in particular the notion of 'official' knowledge being the 'right knowledge' and the teacher being the keeper of such knowledge. The second aspect is the tension that exists between accountability to an Outcomes-based syllabus and the uncertain nature of outcomes in student-centred activities. According to the Productive Pedagogies research which studied nine hundred and seventy five different classrooms in the Australian State of Queensland (Hayes et al., 2006) 'when students engaged in the construction of knowledge, an element of uncertainty was introduced into the instructional process which made outcomes unpredictable; in such cases the teacher was often not certain what was going to be produced by students' (p.42). My analysis suggests that such unpredictability did not sit well with Debbie's subjectivity as an expert practitioner of PDHPE (cf. Kelly, Hickey & Tinning, 2000). In particular, the possibility that an activity might 'flop' and the Outcomes not be achieved represented a seemingly unacceptable risk for Debbie. Such an assertion is supported in part through the following quote from my first interview with Debbie as she spoke about working with recent PDHPE syllabus documents:

It's Outcomes based but sometimes you have to cover a certain amount of the content to really be able to effectively achieve the Outcomes. Sometimes it's less time consuming to use a teacher-centred approach...you need the teacher to lead the concept and part of that is just through simple questioning. Now we're using glossary of terms and key verbs, we've always done 'what, when, where, how and why,' that's really what the verbs are, so we've always used that sense of questioning and trying to stimulate discussion and critical thinking and it becomes practical application (Teacher interview one).

Debbie's concern that students might not meet the required Outcomes, or might take too long to do it, is clear in the previous quote. It also highlights again the incompatibility between her notion of expertise, predicated as it was on efficiency and accountability, and the unpredictability of student-centred learning. The quote also makes a valuable contribution to further illuminating wider themes that have been developed through this planning analysis. It is not that as a teacher Debbie had decided that student-directed activities had no value in PDHPE. Instead, the quote clearly communicates the idea that a teacher-directed method is a response to the institutional conditions of being a PDHPE teacher in a political climate where

covering, in Debbie's words: 'content,' use of 'time' and 'effectively achiev(ing) the Outcomes' (Ball, 2000; Reid, 1999) have a position of priority over investigation, critical analysis and knowledge construction. A further reference to wider themes of the planning process is made through the linking of teacher-directed 'questioning' with critical thinking and practical application. Though my attention in relation to Debbie's investments around expertise has primarily focused on aspects of performativity, her notion of being an expert teacher also placed considerable emphasis on knowing what was best for her students and operationalising this in her practice. Reading the latter part of the above quote with this in mind, there is a clear sense that by taking a central position in directing the class, she sees herself as being able 'to cover a certain amount of the content' *and* develop syllabus mandated skills and processes such as critical thinking and practical application.

Though I have focused significant attention on Debbie, it would be wrong to think that I was not an active collaborator in deciding the knowledge that was 'legitimate' in the unit and the teaching strategies through which it would be introduced into the classroom. While I was somewhat vocal in attempting to shift the unit away from a medico-scientific perspective, at the time I was generally less concerned about the decision-making and scenario activities. It may therefore be more productive to consider the power relations involved in the planning negotiations and how our relative positions offered Debbie greater influence at times. For example, Debbie's expertise and experience in the classroom, as well as the fact that she was the one teaching the lessons, meant that her opinion had greater value than mine. Similarly, given that I was markedly uncertain about how best to develop a sociocultural perspective and in contrast Debbie was confident and self-assured, I relied on her to provide direction and often to make decisions.

In concluding this section on the process of planning the St Anne's unit I consider again the contribution of the planning process to facilitating or constraining the development of a sociocultural perspective. While many of the answers to this question will become more apparent in Part II of this chapter, several major issues from this section provide important cues through which to understand and interpret 'The Lessons.' Through the planning process certain forms of knowledge and ways of knowing came to be seen as legitimate and valuable within the context of the unit, while others were marginalised or excluded altogether. Against the theoretical backdrop provided by research into the social construction of curriculum, this can be understood as part of the process of making decisions about what constitutes appropriate content, pedagogies and outcomes. Vital to this process is the consideration of the subject's history, contemporary subject goals (Goodson, 1983, 1984, 1988) and the discursive resources

and knowledge from the Primary fields (Bernstein, 2000) which curriculum writers have to draw on in constructing syllabus documents (Evans, 2003; Kirk & Macdonald, 2001b; Kirk et al., 1997; Macdonald & Hunter, 2005; Macdonald et al., 1999) and school-based curriculum. One of the results of the negotiated process was that 'factual' knowledge, drawn from medico-scientific origins, as well as an understanding of social and cultural influences as 'factors' which shape decisions, were adopted as the central content of the unit. In turn, knowledge of food drawn from a cultural studies background was positioned as an inefficient use of time and as potentially disrupting the 'balkanised' organisation of subjects in Australian secondary schools (Hargreaves, 1994, 2003; Macdonald, 2003b, 2004; Macdonald & Glover, 1997). In 'The Lessons' I will consider the type of understanding of a sociocultural perspective that was possible when operating within these constraints.

In examining curriculum change as 'a *process*, rather than simply a product' (Sparkes, 1991a, p.9), the later part of this section explored the way that the investments around notions of expert practice which Debbie brought to planning, had important implications for how planning was conducted itself and for the pedagogy of the lesson plans. Performativity (Ball, 1998, 2000, 2003b, 2004, 2006), in particular, became discursively linked with expertise and notions of what it meant to be an expert practitioner of PDHPE. In the process, planning took on a tone of managerialism (Ball, 1997, 2000; Bernstein, 1996), as efficiency and accountability (Youdell, 2004) became the markers by which planning discussions and lesson pedagogy were assessed. In terms of the planning process this meant a focus on designing and refining individual activities at the expense of broader questions and discussions about a sociocultural perspective and the PDHPE curriculum and classroom. In planning the lessons, student-centred pedagogy and activities derived from student research were positioned as unpredictable and as not necessarily leading to the development of the 'right knowledge.' If, as work such as the Productive Pedagogies research (Hayes et al., 2006) has argued, such unpredictability is necessary if a teacher wishes to develop intellectual quality areas such as higher order thinking and the presentation of knowledge as problematic (p.42-43), then the exclusion of such pedagogy represents a considerable constraint on the development of a sociocultural perspective, where such a perspective involves students questioning assumptions, critically engaging with established knowledge and points of view, and developing considered arguments.

CHAPTER FIVE PART II - THE ST ANNE'S LESSONS

The final part of the St Anne's result chapters is split into two sections. In the first section, the structure and flow of each of the eight lessons is recounted and their contents explained, with the considerations and alterations made in transforming this unit from planning to practice interspersed. I examine both the teacher's and the students' engagement with the unit of work and a sociocultural perspective. Empirical examples are used to demonstrate the relationship between the ways that teachers and students engaged with the unit of work and the discursive resources on which they drew. Of particular focus here is the interplay between teaching and learning strategies, the content of the unit, the teachers and students and the investments they bring to the unit, and the broader elements of socially constructed curriculum such as the PDHPE KLA and the school environment. What results is a consideration of the elements, discursive, practical and structural, which worked to constrain or facilitate the practice of a unit of work underpinned by a sociocultural perspective.

SECTION I - RECOUNTING THE LESSONS

The purpose of this first section is to provide a brief overview of the flow of the eight lessons. I recount the Outcomes, Learn About and Learn To statements being addressed in each lesson and link this with the learning strategies being utilised and the transitions between content. Alterations made during the course of implementing the lessons are included to give a sense of the dynamic nature of lesson planning. In addition to these summaries, original lesson plans can be found in the appendix.

Lesson One

Lesson one was entitled 'Factors that affect our health decisions and actions' and addressed outcomes 5.6 *a student analyses attitudes, behaviours and consequences related to health issues affecting young people*, and 5.7 *a student analyses influences on health decision-making and develops strategies to promote health and safe behaviours* (Board of Studies, 2003, p.37-38). The lesson was planned to be comprised of four activities, however, only the first two were accomplished, with the latter half of the lesson shifted into lesson two. The lesson began with a brief introductory statement by Debbie, before shifting to a survey of students' responses to the questions: 'what do you think should be part of this unit, what kind of content, what do you want to know about?' And 'how do you want to learn about this content, what kind of

strategies?’ Following this Debbie led a whole class activity introducing the range of ‘factors’ (Board of Studies, 2002, p.51) which impact on an individual’s health-related decisions. In this activity students were asked to categorise twenty factors outlined by the syllabus under the four broad categories used by the syllabus: sociocultural, political, environmental and individual (Board of Studies, 2002, p.51; 2003, p.38) and explain how each factor might impact on a health-related decision.

Lesson Two

Lesson two was conducted on the same day as lesson one. It began with Debbie briefly reintroducing the factors by placing the large sheet of paper which featured the four categorisations and twenty individual factors that the students had worked on that morning, on the board. This was followed by the two activities that had been shifted out of lesson one. First came a small group activity in which students were allocated a scenario featuring a character who had to make a health-related decision. They were asked to identify the ‘factors’ which they believed were influencing the situation and classify them under the previous four headings. A number of questions were also part of this activity, including one which asked the young women to consider the effects they thought the factors were having on the decision being made in the scenario. The student presentations which were planned to follow this activity as part of lesson one were dropped. Instead students moved directly to an activity which asked them to alter their scenario so that the main character made a decision. Following this students were asked to choose three of the major factors featured in their scenario and describe their influence on the main character, and also to imagine how the decision and the scenario might be altered if one of the factors was taken away. The final activity of this lesson was to be a pair/share activity with all the members of group one joining with group two, group three with group four and group five split between the two. This activity was moved into lesson three because of time. To conclude the lesson Debbie called on one group to present their scenario, decision and evaluation.

Lessons Three and Four

Lessons three and four were combined in a double period format with the first lesson planned to primarily focus on Outcome 5.8 *a student critically analyses health information, products and services to promote health* (Board of Studies, 2003, p.39). However, because of the addition of a group work activity which had to be shifted because of time from lesson two to three, it began with students completing work on 5.7 *a student analyses influences on health decision-making and develops strategies to promote health and safe behaviours* (Board of Studies, 2003, p.37). As such, the lesson started with a brief teacher-led revision of the factors

from lessons one and two, before the class formed into two large groups to compare scenarios and decisions from lesson two. Following this the lesson shifted focus to Outcome 5.8 and the analysis of the marketing of health products. Debbie introduced the new focus through a teacher-led discussion about authenticating information and information sources. In eight groups students were then told to select and analyse three health-related advertisements according to the techniques and messages being used and their effectiveness. At the completion of this activity Debbie asked a number of groups to present an analysis of one advertisement and following this, discussed these analyses with the class.

The next part of the lesson involved the students shifting from analysing health-related advertisements, to designing their own advertisements. The transition between these two activities was a teacher-led discussion focusing on the criteria consumers might apply to assess the claims a product makes about being 'healthy.' Finally, the students were asked in their groups of three to 'design a better advertisement,' factoring in the kind of criteria they had just discussed.

Lesson Five

The fifth lesson continued the fourth's focus on Outcome 5.8 *a student critically analyses health information, products and services to promote health* (Board of Studies, 2003, p.39), by examining nutrition tables as a method of analysing food content and comparing the nutritional value of different foods. This lesson was formulated in response to the young women's requests in the opening discussion of the unit to 'find out what food labelling means, e.g. 'fat free,' '97% fat free'' and did not feature as part of the original unit plan. The lesson was broken into two main sections but because of the volume of discussion raised in activity one, the second part of the lesson was not completed until lesson six. The first activity involved the students working individually to label the major headings on a nutrition table and answer two short questions. Debbie then led the class through the answers to the worksheet, augmenting their responses and providing additional information about each of the key elements of the nutritional table.

Lesson Six

This lesson began with Debbie answering a number of technical questions raised by students in the fifth lesson about specific vitamins and sugars, and writing a servings guide on the board which outlined the number of servings per day recommended for each food group. After this the completion of the nutritional table and food comparison worksheet from lesson five formed the major part of this lesson. Where the first section of the sheet had involved students working

individually to label key elements of a nutritional table, the second section of the worksheet asked students to form small groups and design a table in which data could be entered to compare the nutritional value of a range of foods. Actual nutritional tables collected from the back of food packaging were then used to provide the data, with each group of five students asked to enter ten foods in their table. This activity was also followed by discussion questions, this time focusing on misleading nutritional information, nutritional tables as a source of confusion, and the importance placed on nutritional tables in western cultures.

Because of the slippage between the amount of time content was expected to take and the actual amount of time it took in practice, content programmed to begin in lesson five did not actually start until midway through lesson six. Here the focus shifted back to Outcomes 5.7 and 5.8 through a review of contemporary issues related to food in newspaper articles. The main learning strategy utilised was a task card-style rotation where groups of four to five students were provided with a series of newspaper articles on a topic and asked to discuss and answer a set of related questions. The six topics of focus were: *Obesity*: The social construction of obesity in Australian society. *Young people*: Young people as problematic. *Body image*: Negative body image and children. *Fat*: Good fat, bad fat, no fat...so which is it? *Food labelling*: Food labelling legislations and initiatives. *Junk food*: Junk food advertising restrictions and ties to obesity.

Lessons Seven and Eight

This double period concluded the unit of work at St Anne's, however because of a debating competition and a number of other absences only eighteen of the students were in attendance. The lesson could not be rescheduled because of Debbie's Higher School Certificate (HSC) marking commitments. The completion of the task card activity from lesson six was the focus of lesson seven and the first half of lesson eight, with the students continuing working in their previous groups. At the completion of the activity each of the six groups was split up, with new groups formed featuring one representative from each of the previous six. Students were then asked to report to their new group members on their responses to the task card questions.

The final twenty minutes of lesson eight consisted of a student evaluation of the unit of work using a survey developed by the teacher and researcher, followed by a reflective summary of my impressions of the unit. In introducing the evaluation to the students, Debbie spoke about the importance of getting feedback to use in the reflective process of trying to improve the unit. My reflective summary was suggested by Debbie as a way of reporting back to the young women about some of my preliminary thoughts and findings from the unit. I chose to focus on

knowledge, meanings and understandings about food and health and particularly on the types of perspectives we might use to look at food, and how certain views might become dominant.

SECTION II – THE LESSONS IN DETAIL

In the following section I take a more detailed look at the progression of the eight lessons and the learning strategies, discussions and decisions that made up the St Anne's unit. Following on from the work done in the first half of this chapter, the focus here is on the discursive, structural and material elements through which possibilities and spaces for a sociocultural perspective were facilitated or constrained. In particular I am concerned with the teacher's and students' engagement with the unit of work, the discursive resources they drew on in doing so, and the implications this had for how they came to understand the content of the 'Food and Society' unit. This section progressively moves from lesson one to lesson eight. Where the lessons were taught as part of a double period they are examined together.

Over the course of presenting and analysing the next eight lessons three major themes will become prominent. These themes emerged as I analysed data from the eight lessons and provide an important means through which to understand how the development of a sociocultural perspective was constrained at St Anne's. The first two themes, medico-scientific knowledge and individual responsibility, are by now familiar and have already been shown to impact on the social construction of the curriculum through the teacher and student interviews in Chapter Four and the planning process detailed in section one of Chapter Five. As previously discussed in Chapter Two, medico-scientific scientific knowledge has long dominated the knowledge base of both health education and in particular, physical education. Through the presentation and discussion of the next eight lessons, I will show that this form of knowledge worked to significantly constrain opportunities to examine content from a sociocultural perspective. This is perhaps most apparent through the interpretation of social and cultural influences as epidemiologically derived 'social determinants' (Marmot, 1999). Similarly the focus on nutrition-based expertise and expert knowledge left little space for more socioculturally informed work, such as the critical analysis of assumptions or the deep engagement with a variety of sources required to generate new knowledge and alternative ways of thinking.

The second theme running through these findings is that of the prominence of individual choice and personal responsibility discourses. These discourses mostly frequently manifested as a focus on teaching young people to make the 'right' decisions, using 'correct' information. Such

a focus takes the form of pedagogical practices aimed at health-based decision-making and tends to individualise health, health choices and most notably responsibility for health. One of the most prominent discursive resources used to encourage individuals to take up these responsibilities is a discourse of risk and as such it is not surprising to find it embedded throughout contemporary PDHPE and certainly throughout these eight lessons. I have spoken previously in some detail about the individualisation of health and the focus on personal responsibility and ‘choice,’ but it is worth reiterating at this point that one of the major concerns from a sociocultural perspective is that this process fails to take into account structural influences on health. In doing so it creates circumstances in which blame for ill-health is attributed to individuals, and health and the body become signifiers for moral character (Bordo, 2003; Burns, 1993; Crawford, 1986; Petersen & Lupton, 1996).

The third theme, pedagogy, draws aspects of the previous two themes together through an examination of the practices of teaching and learning within the classroom. In particular I concern my analysis with the learning strategies and the style of teacher/student interaction seen in the lessons. I will show that pedagogical approaches such as health-based decision-making using sociocultural ‘factors,’ ‘real life’ scenarios, and IRE (Initiate, Respond, Evaluate) patterned interaction worked to further reinforce elements which operated to constrain a sociocultural perspective, rather than to facilitate it.

LESSON ONE

The following excerpt depicts the first minute of the first lesson of the St Anne’s unit as Debbie introduced the new unit to the students:

Debbie: ...I want you to think back to the unit we did earlier in the year called ‘Towards better health.’ Do you remember that?

Students: (Inaudible).

Debbie: Yes, that’s the one. We talked about sociocultural factors in there, so we’re looking at factors that influence the choices that we actually make.

Student: About food?

Debbie: About food. So sometimes these decisions could be positive decisions and sometimes they could be negative decisions. But they are all influenced by certain factors and we can categorise these factors.

The idea that the term and concept of ‘sociocultural’ is familiar to the students and that they should be drawing on this previous knowledge in making sense of the new unit is immediately apparent in reading this introduction. Debbie is quick to define sociocultural as ‘factors’ which are easily identified and categorised. That these factors are related to the theme of personal

responsibility is also obvious through the references to them ‘influencing’ choices and decisions. Overall the introduction is underpinned by a sense of certainty, especially through the use of the binaries ‘positive’ and ‘negative’, which immediately establishes the idea that there are good and bad health decisions and that sociocultural ‘factors’ play a role in these decisions. In hindsight this introduction is interesting because two of the major themes of the unit are immediately obvious, interpreting sociocultural influences as ‘factors’ and framing these against a decision-making backdrop. It also points, through Debbie, to the ways that many of the young people would come to understand and respond to the content of the unit. For me, then, the introduction to the unit therefore had something of a sense of foreboding about it, signalling the issues ahead.

Following Debbie’s introduction to the ‘Food in Society’ unit (discussed above), students were asked to think about food-related issues that they wished to learn about in the unit. In the conversation that followed, the students’ suggestions included: analysing the specific composition of food products and deciding ‘whether they are good for you or not’; learning about ‘different terms’ such as ‘GI’ and food labelling such as ‘fat free’; learning about eating and exercising in ‘moderation’ and having a ‘balanced diet’; and learning about the relationship between lifestyle, health and obesity. The students’ suggestions were written on the whiteboard by Debbie and read as follows:

- definitions of food related terms
- evaluating whether specific foods are good for you or not
- finding out what food labelling means e.g. fat free, 97% fat free
- eating in moderation
- amount of exercise and activity that you should be doing for moderation
- lifestyle and obesity
- why Australia is unhealthy (Lesson one field notes).

Perhaps the most important ideas to emerge out of this survey are related to the investments that the teacher and students brought with them to the unit and how this influenced the possibilities for taking up a sociocultural perspective. As previously noted, the students came to this unit with significant investments around food, bodies and health (see Chapter Four). Such investments implied certain ways of engaging with and producing health knowledge. The students’ desire to learn about methods of evaluating whether certain foods are ‘good for you or not,’ and methods of balancing physical activity and food consumption, suggested an engagement with health knowledge premised around the value of medico-scientific knowledge and expertise as a means of facilitating greater personal responsibility for health decisions. As

such the young women of the class, in association with Debbie, can be seen to be setting an agenda for the unit. When I asked Debbie about why she thought the students were so interested in *these issues*, she offered a range of responses. She first stated that most of the students were quite health conscious, saying that they were ‘pretty good that way.’ She supported this claim with her observation that there were very few noticeably overweight or obese girls in the school. I followed this up with the question ‘why do you think they’re so health conscious then?’ She replied firstly by talking about the media, saying that ‘they’re really influenced by the media, as all girls their age are, I mean I am too (pause), we all are.’ She also spoke about body image and how this was important for the young women: ‘I mean, they all pay attention to that.’ Next she attributed the health consciousness to their parents and their culture, although she did not expand on this. And lastly she spoke about the contribution of education.

Following the student survey which began lesson one, the next part of the lesson focused on introducing sociocultural ‘factors’ to the young women through a whole class activity. This activity involved the twenty factors outlined by the syllabus (eg. peers and family, education and employment, knowledge and skill, genetic, laws) (Board of Studies, 2002, p.51) being distributed to twenty different students. A large sheet of paper was placed at the centre of the room and divided into the four broader headings outlined by the syllabus under which the twenty ‘factors’ could be categorised: ‘sociocultural, political, individual and environmental’ (Board of Studies, 2002, p.51) Each student was asked to explain and give an example of how their factor might influence an individual’s food-related decisions. They then categorised their factor under one (or sometimes more) of the four headings and provided a justification for locating it there. This activity was largely planned as a scaffolding activity in that it was expected that many, if not most, of the young women would be unfamiliar with some of the twenty factors. While Outcome 5.6 and the associated Learn About and Learn To statements prescribed that sociocultural influences must be learnt about in relation to decision-making, our perception was that students would need to have a general understanding of each factor before considering in any detail how it might impact on an individual’s health-based decision-making. The following four excerpts are taken from lesson one as Debbie and the students worked to describe, explain and categorise the sociocultural, individual, political and environmental factors outlined by the syllabus:

Genetic:

Students: We put genetic under individual because every person is different, so everyone has different liking to different foods.

Debbie: Do you think that's genetic? Or could that be a behavioural thing that we learn? What about body types?

Students: (Inaudible).

Debbie: Ok. Catherine, say that again please.

Catherine: You might have a certain disease, so you might not be able to eat certain foods.

Debbie: Good. Any other examples you might want to add to that?

Student: Like the body that you have can be genetical.

Debbie: Yeah, genetical. Genetic. Our body builds are all pre-determined by the genes we inherit from our family aren't they? So we might have a particular predisposition to being a certain height, being a certain shape, we might be thicker in the legs or thinner in the legs, broader in the shoulders or narrower ok. Some of others may have faster metabolism and some slow. So that can determine whether we carry more body fat or more muscle.

Student: It's not predetermined what size you are though?

Debbie: To a degree it is, to a degree. Ok, do yours.

Media:

Debbie: Peta, did you want to say something about media?

Peta: Well, I was going to say the other one.

Debbie: Which one?

Student: Social

Debbie: Ok, link it back.

Student: Well, I think media like kind of influences, I don't know, it's like people always kind of see

Debbie: Images or messages

Student: Magazines

Student: Yeah, I think it's more of a group kind of thing.

Debbie: So, more social?

Student: More social than it is individual

Debbie: Ok, so it affects society in general.

Student: Yeah like what's on T.V.

Debbie: Good. And it influences society in different ways.

Age:

Debbie: Not just age but tie it into the idea of peer pressure.

Student: When you were little you would be running around at lunchtime and just grab food. But when you get older you just sit down at lunchtime and not really exercise.

Debbie: So you might be a bit more selective is that what you're saying?

Student: As you get older you get more conscious of what people think of you. So it influences how much you eat and what you eat and stuff.

Debbie: Yep, good. Sam?

Sam: Like with alcohol, peer pressure as you get older and stuff.

Debbie: Yep, last one.

Student: Eating disorders from peer pressure

Debbie: Yep and that relates particularly to which age group?

Student: Teenagers.

Student: Girls.

Student: Early 20s.

Debbie: Yep.

Personal choice:

Debbie: Ok. Bec, what have you got?

Bec: Personal choice.

Debbie: Ok, get up and put it on the sheet. (Bec, places it on the sheet of paper marked 'individual' Ok, justify your choice.

Bec: Because something that's personal is something that happens to you.

Debbie: Ok, but can you relate that to food and our society.

Bec: It's your decision, what you eat and how you balance out your

Debbie: Ok, so we probably want to clarify that one a bit more.

Student: I don't know, I'm probably wrong but the experience you've had with food, if you're older, like not old but like say 40

Students: (Laughter).

Debbie: You know I'm 22.

Student: Maybe if say when you were teenager you had an eating disorder and are really skinny, when you're like 40 maybe you've changed from your personal experience. Your experiences as a teenager might influence how you diet when you're 40.

Debbie: Ok. Good.

Student: If you eat something and you have a bad experience with something you might not eat it again.

Debbie: Yes, very good. Ok and that could be the reason why young people drink alcohol and have a very bad experience because they overdose, they binge, end up very sick, so they don't have it again. Remember I used that example of the girlfriend of mine when I was at school when we did that other unit?

While there are a number of issues raised in the preceding exchanges, my primary concern is considering how they collectively represent a mode of thinking in which a sociocultural perspective is reduced to a series of discrete and identifiable 'factors,' which impact on the health decisions of the individual. While there is some variation, such as the proposed collective impact of the media on society, influences such as culture and age are treated in much the same way as genetic make-up. They become decontextualized 'objective' variables (Gard & Wright, 2005). Such an approach to looking at sociocultural influences has been labelled a 'social-determinants' approach and draws heavily on epidemiology and medico-scientific knowledge. While I had concerns at the time for the type of understanding of a sociocultural perspective that such a conceptualisation might allow for, I was also hopeful that this basic understanding of 'factors' could be built on throughout the unit. Such a progression

might have moved to problematise a social determinants approach by first examining the lack of certainty behind the ‘effects’ of social influences and secondly, by expanding the view of social influence beyond the individual and their decisions, to a more structural understanding of social influences on the health of groups.

Even here at the end of lesson one, there are already two elements which provide some indication of why critical sociocultural work was always going to be difficult to do within this context. The first, which at this point I will label teacher and student interaction, can be clearly noted in the previous exchanges on personal choice, age, media and genetics. The pattern of interaction that dominates the above exchanges is clearly teacher-directed and largely focused on students reciting ‘factual’ or ‘official’ knowledge, rather than constructing new knowledge. This type of interaction pattern is commonly referred to as initiate, respond, evaluate (IRE), and usually begins with a question from the teacher, followed by a brief answer by a student. IRE exchanges are often quickly concluded as the teacher evaluates the suitability of the student’s answer, does any ‘repair work’ that maybe necessary and then moves on. IRE will be explored in more detail in lessons five and six but can be noted as a recurring element of the pedagogy of all eight lessons. The second element was the unit and the teacher’s (and more broadly the subject’s) focus on health based decision-making. Such a focus played a role in constraining the possibilities of moving away from a narrow understanding of sociocultural influences as ‘factors’. In lesson two we will see how such a focus, underpinned as it is by notions of personal responsibility and the need to make the ‘right’ choices, encouraged students to think of social and cultural influences in deterministic ways.

LESSON TWO

The first activity of lesson two looked to build on the scaffolding of lesson one, by taking the general understanding of the ‘factors’ that the young women had developed and transferring this to a range of health and food-related scenarios based on decision-making. Each scenario centred on a fictional individual who needed to make a health-related decision, taking into account a range of social and cultural influences. The scenarios were written to partially address both Outcome 5.6 and 5.7 and specifically the Learn About statements *Sociocultural influences on food choices* and *Influences on health decision-making and risk*. Embedded in each of the scenarios were a number of sociocultural factors from lesson one which the young women were asked to identify and later, explain the effects of. In the original lesson plan the class was to stop at this point and student presentations were to be used to allow the class to see the factors each group had identified and to discuss them as a class group. Because of extra time spent on lesson one’s activities, the student presentations were dropped. Instead, each

group moved onto the next progression in which they were to complete the open-ended scenarios, after which they were to describe how these influenced the character and the decision. In planning this activity, the focus had been on having the students select three of the major sociocultural factors in the scenario and then describing how they influenced the character and their decision. Following this the students were to imagine how the situation could be altered if one of the factors could be taken away. However, Debbie had also asked for the students to *evaluate* the character's decision by deciding if it was a 'good or bad' decision. As will be shown in the 'Belinda' and 'Mike' extracts which follow, this shifted the focus of the activity so that it became a decision-making exercise. Though the following excerpts taken from lesson two raise a number of important issues, chief among them is the question of what happens when you combine a social determinants approach to sociocultural influences, with health based decision-making scenarios designed to replicate 'real' life? What the empirical evidence from this classroom will show is that the critical analysis and problematising of assumptions that are such important elements of a sociocultural perspective, are subverted by the health based decision-making processes which focus on individual behaviour change and making the 'right' choice.

The analysis of the 'Belinda' scenario is made up of two parts. The first is a quote from Debbie in which she suggests the type of scenario she wants the students to be working with. Of particular interest in this is the positioning of the young women and the discursive resources that are drawn upon in doing so. Following this I use an excerpt from lesson two, in which the students and Debbie discussed the 'Belinda' scenario, as a means of showing how the organisation of the scenarios worked to reinforce decision-making imperatives stressing individual responsibility, rather than an understanding of sociocultural influences.

In our second planning meeting and after reading five scenarios that I had previously prepared, Debbie proposed the addition of this scenario to lesson two:

Well, something relating to the fact that she has lots of misconceptions about food and nutrition. She's learned about nutrition in school and the importance of balance, something like that and having the right types of carbohydrates and proteins, the right types, but then she's influenced by the media promoting low fat, or high protein diets. High protein, low carb diets. So something relating to that because these kids are influenced by those things. Maybe tie in something about exercise, them needing the exercise to maintain weight balance, increase metabolism, those sort of factors (Planning meeting two).

There are two clear focuses in the scenario Debbie is requesting in the quote above. The first is the focus on individual responsibility for health through decision-making, which is in turn linked with the acquisition of (primarily) medico-scientific knowledge. The second is the positioning of the young women of the class as problematic and susceptible to disorder through the mobilisation of risk discourse. In terms of individual responsibility, Debbie makes it clear that it is the fictional young woman's health knowledge that is the problem through the use of the word 'misconceptions' and that this directly leads to her attitudes, behaviours and ultimately to her 'good' and 'bad' choices. Frequent use of the phrase 'the right types' in association with carbohydrates and proteins, suggests that medico-scientific knowledge about nutrition is factual and certain and that by attaining this knowledge young people can make better health choices. The phrase '(s)he's learned about nutrition in school and the importance of balance' begins work to position schooling and I would argue the PDHPE KLA, as a legitimate and reliable source of medico-scientific knowledge for young people. While the students of the class further this work later as they discuss the scenario, it is important to note that such a reading is explicit within the scenario. Specifically this can be seen through the contrasting of dietary mis-information provided by media sources, with the authenticity of knowledge provided by school-based sources such as PDHPE. Such criticism of the influence of media is not uncommon in health education and in this case, seems to be used to infer that with the 'right' knowledge, a person can look critically and not be fooled by the untruths in media messages.

The second type of work done in Debbie's scenario suggestion is the positioning of young women as problematic and 'at risk,' particularly in terms of susceptibility to eating disorders, because of their inability to critically interpret body image messages. The view that a deterministic relationship exists between young women developing eating disorders, cultural valuing of thinness and body image, is a common one amongst teachers in schools (Evans, Evans & Rich, 2003) and sits comfortably alongside both St Anne's focus on pastoral care and Debbie's own investments around food and female bodies. Prominent in Debbie's scenario are notions of the young women being susceptible to misinformation and peer pressure, and 'at risk' because of their desire to attain culturally idealised bodies. The type of engagement with the content of the unit that this produces is one in which the young women are encouraged, if not taught, to see themselves as 'at risk' and their behaviours as potentially dangerous. It uncritically produces truths about young women, in the process linking the predominantly medico-scientific knowledge they require to regulate their bodies and minds to supposedly avoid these risks, to the PDHPE subject area and to the 'truth' telling PDHPE teacher. In this way Debbie works to position PDHPE as an authentic source of knowledge and its intervention

into the lives of young people as legitimate and in their best interest. More importantly, such a scenario leads students to understand the activity as being about making the ‘right’ decisions, about attaining medico-scientific knowledge through PDHPE and the PE teacher, and social and cultural influences as ‘factors’ to be negated through ‘good’ choices.

In this next section, we see what happens when the students worked with Debbie’s scenario. In particular I draw attention to the way that both the talk and the interaction style further reinforce personal responsibility and knowledge acquisition imperatives such as those identified above. To explain how the Belinda scenario came to prominence in lesson two, I should note that the original lesson plan called for each of the six groups of young women to present their scenario and the factors they had identified within it. However, because of time these presentations were dropped from lesson two and partly re-integrated into lesson three. There was only time enough for a single group to present to the whole class at the end of lesson two. Debbie chose the group who had been working on the Belinda scenario and their presentation progressed as follows:

Debbie: Alright. So, Zoe’s going to go through the scenario first.

Zoe: ⁸ (*Reading from a prepared scenario*) ‘Belinda is a 16 year old high school student. She’s concerned about her weight and her figure and worries about what the other girls think of her. She knows from PE and health classes at school that exercise is a good way to lose weight, but she’s not sure who to talk to. A few of her friends are on high protein, low carbohydrate diets and she’s thinking about trying that because her friends seem to be skinnier than her. She’s not quite sure what to believe when it comes to magazines and TV because they all sound good on the advertisements. Some of the magazines she’s reading are recommending diets, like the soup diet and other ones are recommending things like aerobics or running, but she’s not sure whether there are any good gyms around.’

Student: (Adding to the scenario) Belinda decides to ask for her PE teacher’s advice on the best way to handle her situation. The PE teachers told her to analyse her diet and change it to more healthier and nutritious foods but to keep eating and exercise regularly.

Student: We picked out 16 years old because it was her age. And so that could contribute to why she felt that way.

Debbie: In what way, could you sort of explain it a little bit more?

Student: At that age you start to get a bit worried about how you look.

⁸ The prepared scenario that Zoe reads aloud here was written by myself, based on the description Debbie supplied in our second planning meeting. Though I was concerned about the way the scenario depicted young womens’ relationship with food, I reconciled this to some degree by convincing myself that it was making the scenario ‘relevant’ to the students. It should also be pointed out that while it was Debbie that essentially wrote this scenario, I also had problems with the five that I wrote. Writing the scenarios was one of the most difficult tasks I had in preparing the lessons firstly because they seemed to stereotype the characters and secondly because in making the social ‘factors’ explicit, I felt we suggested a deterministic relationship between the factor and the person’s circumstances and choices.

Debbie: So she worries about image and perhaps that she doesn't have the right information. Ok. Keep going.

Student: And we circled that she worries about what other girls think of her because that's peer pressure. And we also circled that her friends are skinnier than her because again that's her worrying about what she's like compared to other people.

Debbie: So it's that issue of image.

Student: Yep. We circled magazines and TV because that's media and they influence her as well about image. We circled 'she's not sure if there are any gyms around' because that's where she lives, that's the environment.

Debbie: Ok, next point.

Student: The main thing is that the peer pressure is leading her to believe that she's overweight, so the peer pressure from her friends and stuff. It's leading her to believe that she's not going to fit in with her friends and stuff if she's not as skinny as them. She might end up making the wrong decisions with dieting and exercise. She's influenced by media and wants to be like everyone else. The main idea is the peer pressure from her friends because she's at that age where she wants to fit in heaps.

Debbie: And she's influenced by media images, what the media portrays to be the main stereotype. Ok next part, going on to the sheet.

Student: The first question is 'describe the decision made by the character.' We think she made a good decision, very sensible and mature because she didn't give into the peer pressure from her friends and because she had learnt heaps from her PE and health classes and stuff and realised that the PE teacher knows what she's talking about.

Debbie: Do you think they want a good report?

Student: Yeah, so she asked her PE teacher because the PE teacher isn't worried about how she's sick or anything, they're just worried about keeping them healthy, so she's going to give her the right options to help her through. So she made the right decision by going to her.

Debbie: So hopefully she's become a bit more educated.

Student: Yep.

Student: The next question was 'choose three of the major factors that influenced your main character and describe the way the factor influenced your character.' And we have her friends and media, they gave her a negative impact with her weight problem. And the PE teacher gave her the truth and helped her realise that her goal to lose weight can be achieved without harm and major dieting.

Debbie: Ok and the last bit.

Student: 'Imagine one of those factors can be taken away, is the decision now easier? If so, in what way?' Her friends could change and help her realise that body image is nothing. I think we're trying to say that if her friends weren't influencing her to lose weight in the first place then she wouldn't be in this mess. And they should support her.

Debbie: Ok, so is that a sociocultural and individual concern, a combination of the two?

Students: Yeah.

Debbie: Are there any other contributing factors that you've seen but that hasn't been mentioned? Because that's a very common scenario for this age group.

Looking at the student's presentation and analysis of the 'Belinda' scenario depicted above, it is apparent that the young women engaged with the scenario by taking a compliant reading position (Cranny-Francis, 1992) and that their focus on having the character make the 'right'

decision, subverted a deeper analysis of the sociocultural issues. Given the scenario the young women were supplied with, their compliant reading position is not surprising. Following the scenario's lead, they decided that Belinda suffered from peer pressure induced body image concerns, which were further exacerbated by her exposure to media images of idealised bodies. It is the students' response to these issues, however, which most clearly demonstrates the limited analysis of the sociocultural influences. That they should respond to the situation by recommending changes to the character's diet tells us that despite their recognition of the role that social and cultural influences play in contributing to bodily dissatisfaction, they consider this to be an individual problem, a matter of self regulation. The physical education teacher is depicted as a trusted confidant, whose intervention in the matter is justified because of his/her supposed expertise in matters of bodies, body image and nutrition. This view of PDHPE teachers was reiterated by a number of the students in the focus group interviews as they commented; 'Maybe things like the PE teaching and things like that I'm most likely to believe because they're like skilled and they know what they are talking about' and 'I think I'd probably trust the PE teacher more so than I'd trust anything on the TV or the Internet for that matter' (Focus group one post interview).

When asked to evaluate the character's decision the young women speak from a contemporary neoliberal discourse of individualised health which stresses the rationality of decision-making and the importance of self-regulation and making the 'right' decision. Engaging the expertise of the PE teacher is 'mature' and 'sensible' and the knowledge that results is 'the truth.' Just as there is certainty in relation to the young woman's 'problem', so too is there certainty that 'the PE teacher knows what she's talking about.' It is also important to recognise that within the broader PDHPE context, this activity might be interpreted as a 'success'. The young person in the scenario, Belinda, avoids the 'traps' of peer pressure and eating disorders by going to her PE teacher for advice. The PE teacher helps her to make the 'mature' and 'sensible' decision to eat better and exercise more. Most importantly Belinda and by association the young women of the group, demonstrate that they can apply health based decision-making skills to real life situations and thus will no doubt continue to do so in their future lives, or so goes the assumption.

As I wrote in the previous footnote, it was not only the scenario that Debbie proposed that I found problematic. In general, the six scenarios (five written by myself and one proposed by Debbie) seemed to inevitably lead the students to conclusions that took away from the possibility of a sociocultural perspective, by reinforcing the ideas of social determinants and individualised responsibility for decision-making. While this theme is certainly a prominent

one in the following excerpt, the discursive resources the young women drew on and indeed their own agenda for the unit as discussed in lesson one, also contributed to the way they made sense of the ‘Mike’ character and more broadly the scenario activity. The ‘Mike’ scenario being discussed below is taken from a slightly earlier point in the second lesson to the ‘Belinda’ scenario and follows one group’s discussion as they attempted to decide on the health decision their character would make and the outcome of his choices. Their character, a man in his mid-twenties, was described as growing concerned about his body image and considering a muscle building protein supplement (appendix U). The discussion began with the five young women suggesting potential conclusions for the scenario:

Student: The end of the story is, he went on a hike, he fell off his bike, he chucked a psych and rode home on that broken old bike...(laughter) nah, he bought the protein stuff, got sick and never had it again.

Student: He could eat heaps of chocolate ice cream, get really fat and explode.

Student: That’s against the idea.

Student: He doesn’t buy it, he keeps going to the gym and he eats healthily and he exercises and he ends up fine.

Student: He could end up with an eating disorder.

Student: Yeah...

Student: Just be like obsessed.

Student: Yeah, he got obsessed with the whole image and trying to be what everyone else wanted him to be.

Student: But his friends told him that it’s wrong.

Student: (Excitedly) So he loses his friends and he gets depressed.

Student: Yeah, he goes ‘oh yeah, yeah, I won’t buy that’ but he does.

Student: But he could eat the chocolate and end up with an eating disorder.

Student: Ok, so he refuses to listen to his friends.

Student: No he refuses to listen to his peers.

Student: Oh, very good.

Student: Refuses to listen to his peers, buys the protein stuff.

Student: Goes bankrupt.

Student: No he get depression because his friends.

Student: Buys the product, it doesn’t work.

Student: This is a new sentence. ‘Then eventually Mike on his bike, wearing Nike, becomes obsessed.’

Student: Becomes obsessed, but realises that nothing is happening therefore depression.

Student: No, no, therefore he becomes obsessed with his body image.

Student: And what disorder is he going to get?

Student: Anorexia.

Student: Depression.

Student: Addiction to the protein.

Student: Yeah.

Student: That's not really possible.

Student: Yes it is. Because your body gets so used to it, it craves it.

Student: Yeah it craves it.

Student: Therefore going bankrupt, because \$60 is a lot of money.

Student: Therefore becomes addicted to the pills or the... leading to bankrupt.

Student: He becomes addicted to the product, that sounds better, leading to being bankrupt.

Student: Becomes anorexic.

Student: And depression.

Student: Yeah he becomes depressed.

Student: He has to give his bike back because he has no money.

Student: No the bike is already wrecked.

Student: Oh well, he can't buy a new one.

Student: He becomes depressed and bankrupt.

Student: Why bankrupt?

Student: Because he pays \$60, he's become obsessed.

Student: Yeah, he's 26, so he'd just be pushing.

Student: It doesn't say where he works.

Student: He's just joined a gym, like that's a \$159 to join the gym!

Student: Yep ok, depressed, anorexic.

Student: Bankrupt.

Student: Nah, not bankrupt.

Student: In debt?

Student: And anorexic.

Student: Should we like release a deep dark secret or something?

Student: Ok, becomes depressed, friendless.

Student: He's friendless because he didn't listen to them.

Student: Write it.

Student: Ok, ok.

Student: He becomes depressed and friendless, as well as bankrupt...as a result of spending \$60 every month.

Student: Fortnight

Student: Fortnight.

Student: He sooner or later attends counselling.

Student: No but don't forget you only declare yourself bankrupt so you can say 'yes, I'll pay you back.'

Student: So he must have declared bankruptcy.

Student: Write 'eventually his friends encourage him to attend counselling.'

Student: We just said he didn't have any friends.

Student: Yeah but eventually, because you'd feel pretty guilty.

Student: Eventually, a while later, like 2 months.

Student: Just write eventually his friends suggest counselling,

Student: Realise his needs.

Student: Eventually his friends see what he's done to himself.

Student: Just write eventually his friends encourage him to go to counselling.

Debbie: (Teacher's voice is heard in background) You need to look at step 2 written on the bottom of the sheet.

Student: Just finished.

Student: Now read it all out.

Student: Ok. Mike refuses to listen to his peers and buys the protein product. Eventually Mike on his bike wearing Nike becomes obsessed with his body image therefore becomes addicted to the product, becomes depressed, and friendless and bankrupt as a result of spending \$60 a fortnight. Eventually his friends encourage Mike on his bike wearing Nike to attend counselling.

Student: Yeah (clapping).

Student: ok, question two. Describe the decision made by the main character in the story.

Student: Decision to buy pills.

Student: The decision to improve his body image led to..

Student: Is it the decision to go to the gym or is the decision to buy tablets?

Student: It's all of it. It's all related to body image.

Student: Ok, I'll write it down.

Student: Thank you.

Student: The decision to ignore his friends and to go on his own self conscious, like he's self conscious of himself.

Student: Describe the decision made by the main character. Um, you could say 'the decision made by the main character included having the muscle protein.'

Student: The protein pills.

Student: Being concerned about his body image.

The scenario that I supplied the young women with almost certainly constructed the main character as 'at risk' and therefore the prominence of the risk discourse is not surprising. It is the extent of the risk and the sheer number of physiological, psychological and social problems that the young women associated with Mike's behaviour that is troubling. The discursive resources on which the young women draw to engage with the Mike scenario, seem to allow them little option other than to understand Mike as a failure and a bad citizen. For them, Mike's inability to critically engage with notions of body image is the central pillar of the problem. It is because he desires a body that has been idealised by the media that he begins his series of ultimately self-destructive choices; failing to listen to his friends, using drugs and overextending his finances. Drawing on risk discourse and medico-scientific and psychological knowledge, the young women denigrate Mike, inflicting him with an eating disorder, addiction to drugs and eventually depression and bankruptcy. Both the extraordinary set of problems with which the young women imbue Mike and the discursive resources on which they call to do so are particularly worrying. In this discussion Mike is dismissed by the students as a cultural 'dupe' because he buys into the message that he can (and should want to) attain a certain body and is thus weak willed. He is weak willed because he chooses to allow his desire for a

particular body to overpower his decision-making skills, and thus invites eating disorders and addiction upon himself. This linking of choice and consequence is one of the products of conceptualising sociocultural influences as determinants to be understood primarily within a health based decision-making framework. What particularly troubled me, however, was the highly individualised sense of blame ('what he's done to himself') and moral judgments the young women were making about Mike. As the students themselves say, 'it's all related to body image,' and because 'he got obsessed with the whole image and trying to be what everyone else wanted him to be' he is seen to be making the 'wrong' choices and thus is denigrated and dismissed.

In reading the previous two scenarios and the discussions that followed them, it is clear that the focus is not on a critical analysis of the social and cultural influences, which problematises and interrogates assumptions and dominant discourses as we might expect to find in a sociocultural perspective. Instead the focus is on presenting social and cultural factors as determinants, given 'factual' standing through the certainty of medico-scientific knowledge. Combined with the pedagogy of the scenarios and the focus on individualised health-based decision-making the focus shifts to ways of nullifying the social determinants' influence on decision-making, such as seeking out the PE teacher's advice. So what happens when complex social and cultural influences are reduced to social determinants in scenarios where the focus is on individualised health based decision-making? The evidence presented here suggests that the critical analysis required to produce a deep engagement that acknowledges a range of perspectives, problematise assumptions and interrogates knowledge is subverted by the pervasiveness of health based decision-making and the importance of individuals making the 'right' decision.

If we now consider lessons one and two together, there are a number of important issues in terms of how the introduction of sociocultural influences into the unit contributed to them being understood through a health-based decision-making framework. Firstly we saw the effects of attempting to interpret a sociocultural perspective within an environment which, as previously discussed in the planning section and detailed further in lessons three and four, positioned medico-scientific knowledge as the most legitimate form of health knowledge. What resulted was a set of 'social determinants' (Germov, 1998; Marmot, 1999) which gained strength through the idea that because they were 'factual' and underpinned by science, their effect could be seen to be 'causal' and certain. There was little critique of the idea that social determinants, as an epidemiology concept, are based on broad surveys of populations and do not take the circumstance of an individual's life into consideration. A focus on individual responsibility for health choices also pervaded the pedagogy of the first two lessons and

importantly, underpinned the students' own agenda for the unit. Pedagogy such as the decision-making scenarios, when interpreted within this personal responsibility framing, became a method of reinforcing the need to make the 'right' health choices, and the importance of negating any social factors that might prevent this.

So far I have argued that social and cultural influences are largely interpreted within PDHPE through an epidemiological lens as 'social determinants' and that this is a product of the dominance of medico-scientific knowledge in the PDHPE KLA. This dominance is further reinforced in the lessons three and four through the examination of sources of information which were presented to the class as 'authentic' and reliable. I also consider the types of interaction between the teacher and students in class discussions, particularly in terms of the implications this has for the generation of new knowledge and the exploration of other perspectives or points of view.

LESSONS THREE AND FOUR

My initial analysis of the third and fourth lesson focuses on the promotion of the 'expert' in informing young people's decisions. In the process the tendency for non-medico-scientific knowledge and sources of knowledge production (such as families and the students themselves) to be discounted, or marginalised, is also considered. Secondly I examine how discursive resources related to media critique provided some indications of a sociocultural perspective, before turning to the role of broader subject imperatives such as personal responsibility and individual decision-making in constraining wider structural critique of social and cultural influences. Attention is also drawn to the resources that PDHPE provides to normalise certain behaviours and engagements with the body as 'healthy' and 'right'.

Lessons three and four signalled the beginning of work focusing on Outcome 5.8 *a student critically analyses health information, products and services to promote health*. The body of the double lesson was made up of an activity in which students worked in small groups to examine the marketing of health products. First, however, my attention turns to the way that Debbie introduced the activity, and in particular how she speaks about expertise and expert knowledge in terms of decision-making and individual choices. The *Learn About* and *Learn To* statements for these lessons centred around *assess(ing) the claims made by a range of health products* and *analys(ing) the impact of peers and the media on the selection of health products* (Board of Studies, 2003, p.39). In introducing the activity, Debbie chose to speak about 'authentic' sources of health information and how we can decide who and what to believe.

Debbie: If you know there is an endorsement by a well known or well-established health service. How are you going to know who to believe?

Student: If it has a name attached to it, like a Doctor or it's been given out by

Student: Medical reference

Debbie: Okay, medical reference. Now the only concern is, a lot of people could put their name beside something and put MDF or whatever they are and imply that that is what they are. Don't we see that on television? How is that portrayed on television?

Student: Wasn't there a thing on the news a while ago about how people were paying them to put their thing (the Heart Foundation tick) on that, so it wasn't really medically endorsed.

Debbie: Yes, there was some controversy about that. But legally they can only really apply that tick if that information is correct.

Student: But in some cases it wasn't, because they were getting paid to do it.

Debbie: Supposedly, yes. But the healthy heart tick, when you see that on a product you know that that is correct.

Student: Oh, ok.

Debbie: The biggest difference is making sure that you know, that you're aware of people who have media exposure. There's a guy called Doctor James Wright, he's the one that's on the telly and talks about the Pharmaceutical Benefits Scheme.

Students: Ohhh, he's so annoying.

Debbie: Ok, so he actually is a Doctor, he's a trained medic. So wouldn't you be more likely to believe someone like him than say someone like Dick Smith.

Students: Mmm.

Debbie: So this fellow has a high profile. So we tend to know that he has qualifications, he's been on a lot of talkback shows on radio and T.V., he publishes articles, um, so we do know that he is someone who has the qualifications and will give us the correct health information. Just go back to this one for a moment. We talked about understanding information. It's not just understanding information, we have to know what to do with that information, ok. So it's critical that concept of application. I can stand up here all I want and talk but then you need to have some experience in actually applying that. So that scenario activity is an example of that application okay. So how are you going to know, how else are you going to know what to believe?

Student: If you've heard it from good sources. So, you're more likely to believe something that you've heard multiple times.

Debbie: So something that comes from reputable sources yeah? That comment that was made before about the difference between reading something in a magazine, say as opposed to reading it in a pamphlet that has a particular endorsement at the bottom and you know it comes from the sexual health clinic or you know it comes from MBF or something like that, because you know that those bodies exist. What about accessing health information or services, how are you going to know who to go to?

Student: Doctor.

Debbie: Ok, GP. Who else, where else or how else can you access health services? What if you suspected that you had a sexually transmitted infection?

Student: Doctor.

Debbie: yep, Doctor or GP.

Student: Don't they have clinics?

Debbie: Yep they do have clinics. How would you know who to go to, who else could you go to and how would you find out that information?

Student: You could ask a parent.

Debbie: You could, but do you know um, can I just tell you something about a survey that occurred recently. In about January this year young teenagers, teenagers especially teenagers got most of their information from their mum. The latest information actually says that you get most of your correct information from your teachers, your PE teachers. And one of the things that came out of that is that most people actually know that information that is on the net needs to be scrutinised very carefully because anyone can publish anything on the net. So you have to be very very careful with that and know that it comes from a reputable health service or from some one that has reputable qualifications.

The exchange above highlights the value placed on both medicine and science in terms of their ability to produce ‘correct health information’.⁹ Information from these sources is positioned as reputable or believable and is described by Debbie in such a way that it seems to be unproblematically linked with the making of ‘good’ health choices. The ‘application’ that she speaks of is the process of connecting health information to decision-making, a link that Debbie often stressed was missing in young people’s choices. In contrast to this, the Internet and to a greater extent mothers, are identified as promoting incorrect knowledge because they fail to transmit to young people the expert knowledge needed to make ‘good’ choices. The message is that ‘local knowledge’ does not measure up against medico-scientific knowledge and the experts who interpret and reproduce it (Evans, 2003).

The excerpt from lesson three is also illustrative of the limited space provided to the students to be constructors of knowledge. This is perhaps clearest as one of the students offers an example in which she suggests that the Heart Foundation ‘Tick’ was affixed to products which had not met the nutritional criteria. However, rather than considering the problems inherent in nutritional information and related advertising, Debbie chose to assure the class of the legitimacy and trustworthiness of the symbol. This example in particular shows why and how health promotion imperatives and knowledge associated with them can work to constrain the possibility for a sociocultural perspective, where this involves a consideration of other positions and understanding knowledge as constituted in relations of power. Rather than being presented as just one of many bodies of knowledge which should be open to critique and problematisation, it is accepted unproblematically as ‘correct’ and the truth.

⁹ While this excerpt provides further support for the idea that Debbie places great currency in medico-scientific knowledge because of its ability to produce facts and ‘truth,’ it is important to note that this discourse is widely mobilised across much of the health education field. Even a cursory glance at most subject textbooks and resources reveals the tendency for knowledge produced in this field to be fortified with certainty upon being recontextualised for health education.

After Debbie's introduction the students moved onto the first activity of the lesson. As previously noted, the major Outcome being targeted in lessons three and four was Outcome 5.8 *a student critically analyses health information, products and services to promote health* and a combination of the two Learn To statements: *develop and apply criteria to assess the claims made by a range of health products and services*, and *analyse the impact of peers and the media on the selection of health products services*. In planning to address these within the unit, Debbie and I developed an advertisement analysis activity which involved the students working in small groups to critique advertisements for a range of health and food based products. In these groups the young women were asked to answer the following three questions for three different advertisements. The questions were:

- 1) What is the product being advertised and what is it claiming to do?
- 2) Describe how the product is being advertised, what techniques are used and how this supports or does not support the claims of the product.
- 3) Explain your group's interpretation of the level of effectiveness or success of the advertisement in selling the product. Would you buy it?

The discussion that resulted from this activity demonstrated a critique of media as a structural influence. In explaining this finding I provide an extract from lesson four in which Debbie asks one of the groups to discuss an advertisement that they analysed. The group Debbie selected chose to talk about a 'Spray-on Tan' advertisement which depicted a product that could be purchased from supermarkets and administered in the home, to give the skin a 'tanned' complexion.

Paula: There's a before and after photo and she's very, very oily and glossy.

Student: And it's kind of strange that the person who is endorsing the product is named 'Sarah Tanner.'

Debbie: And who is Sarah Tanner?

Paula: A celebrity make-up artist but because it's like a 'tanning' advertisement it's not very believable.

Student: (laughter)

Debbie: Well the good thing is that you're picking up on that because a lot of people might have read that and think 'Oh, there's a connection, well this must be a good product.' What do you think? You know better than that. Ok, what else can you tell us about that, what other sorts of techniques are used to actually promote that product.

Student: It says that ten out of ten beauty therapists recommend the product.

Debbie: Ten out of ten. Well, you've got to look very carefully at those sort of claims. What else do they claim?

Student: (inaudible)

Debbie: Ok and the phone number is in large letters so probably you're attracted to that and it makes you want to call straight away. It's a bit like those ads on telly, those telemarketing ads, they're constantly putting the number up.

Student: (inaudible)

Debbie: Good, anything else? Oh, look at what it says. 'Look like a Brazilian goddess all year round.' So they're promoting that concept of body image, sex.

Student: And they say 'turn your back on pale, pasty skin' and then there is a picture of her tanned back.

Debbie: Ok. So how well, how effectively do you think their claims are actually substantiating the product?

Students: No good. Not very effective.

Debbie: Ok, so they're fairly weak. They've used a lot of information to try and substantiate that but not necessarily very effectively.

Student: They just restate the same thing in different words

Debbie: Ok. So if you didn't get it the first time, hopefully you'll get it the second, third and fourth time because they definitely want you to buy the product. Ok, thanks girls.

While the extract from the in-class discussions obviously relays a partial picture of the wider classroom, there is certainly evidence of the young women displaying a critical scepticism towards the claims made in the advertisement. Given that this activity seems to stand out in terms of this critical perspective, 'why?' seems a relevant question. At least part of the answer to this seems to lie in the idea that the activity drew on critical discourses related to media critique and idealised images of the body which were already available in the lives of the young women and in the PDHPE classroom. The discourse related to media and advertising critique is open to two readings. If we interpret media as information, then this discourse can be seen as part of the wider push to develop in young people the skills required to critically engage with information and dissemination sources in the so called 'Information Technology Age.' Such a discourse has become closely aligned with contemporary economic imperatives to develop the type of workers required by industry of the future (Bentley, 1998). As such, a media critique discourse exists not just in a subject such as PDHPE but across numerous Key Learning Areas as part of the broader goals of education. It was also a feature of Debbie's introduction to lessons three and four which was presented earlier, as she talked about 'authentic' sources of health information.

A second reading of the media critique discourse shifts the focus to advertising critique and resisting messages around idealised bodies. Being able to critically evaluate the claims made in advertising has emerged as an important component of 'critical consumerism,' as is apparent in reading syllabus Outcome 5.8 and the two associated Learn To statements (Board of Studies, 2003, p.39 - see appendix F). Similarly, the discourse involving critique of idealised images of the body, especially as they appear in advertising and media, has emerged as part of Health

Education's increasing focus on individualised aspects of health such as self-esteem. One of the effects has been to pathologise individuals, establishing health problems as *individual* problems, the underlying mentality of which is 'it's their problem, they need fixing.' As a result PDHPE has frequently asserted that body dissatisfaction is an individual problem, and that improving self-esteem can help a person to resist feelings that they need to 'measure up' to culturally idealised images of the body. So while the young women's critique of advertising begins to show that they were able to mobilise discursive resources already available within their lives in potentially critical ways, it also provides a clear demonstration of discourses of personal responsibility and individual decision-making constraining possibilities for a sociocultural perspective. The work these imperatives did was to stop the analysis from ever moving to a broader understanding of social and cultural issues, by constantly shifting the talk and focus back to individual decision-making, rather than to structural issues such as the role of culture and schooling in idealising and normalising bodies.

In further considering how possibilities for a sociocultural perspective are limited in the 'spray-on tan' example, it is also essential to examine how the 'demonising' of the media actually takes away from a wider critical analysis. Part of the issue here is that while the young women recognise that the advertisement is attempting to persuade people towards a certain appearance, there is no discussion or interrogation of why this might work. Such a conversation may have begun to talk about women's desires to be tanned in terms of sexual desirability and beauty, or the normalising effects of cultural stereotypes such as the 'Bronzed Aussie.' Also implicated here is the pedagogy of the activity and especially the interaction style in the discussion. Previously I have noted that certain pedagogy shuts down sociocultural possibilities by narrowly defining what would be considered 'correct' knowledge within the PDHPE classroom context. Here the teacher's use of an IRE interaction style limits the depth of the analysis by not including any 'why' questions and restricting the discussion to issues of effectiveness. Instead she tells the students what to see within the advertisement and how to think about it, and then tests to see if they have taken it up.

In continuing with the idea that imperatives around health-based decision-making and personal responsibility, as well as the type of questioning, worked to constrain a sociocultural perspective, I will present a discussion from the same activity as the 'spray-on tan' extract. This example provides further evidence that a sociocultural perspective was subverted by competing discourses and imperatives more entrenched within the subject and its teaching. In this example the advertisement was for Chlamydia prevention and featured an image of a bright red apple with a rotten core and a worm emerging as a metaphor for the way that a person infected with

Chlamydia may appear ‘perfectly healthy’ on the outside, while carrying the infection within. What can clearly be seen in this example is the way that PDHPE’s imperative to produce young people who make the ‘right’ choices, works to subvert the kind of deeper analysis that might have resulted from, for example, a consideration of how risk is employed in health advertising to ‘scare’ individuals into adopting certain attitudes or behaviours.

Debbie: Which one are you going to do?

Student: The apple one.

Student: The Chlamydia one with the apple. They’re trying to promote it by saying that just because an apple looks nice on the outside, doesn’t mean it’ll be nice when you open it up.

Student: Yeah, the slogan is just because you can’t see it doesn’t mean you don’t have it. It’s saying that you should go and get yourself checked out.

Debbie: Ok and how effective are they at promoting the concept? (Pause) What technique have they used? Other than what you’ve described, what else comes out of that ad? Lift it up so that everyone can see. What do you see coming out of that ad? Other than the fact that you have this apple and apples we know are what? Good for us aren’t they?

Students: Yeah.

Debbie: Ok, looks great. Beautiful shiny red apple, looks great. But hey you don’t know what’s inside until you bite into the centre. So it’s actually making that connection to our bodies. But look at, that’s the message, but what else attracts your eye?

Student: Chlamydia, the word.

Debbie: Ok, the word Chlamydia. It’s not super large. Not super large, but large enough to stand out.

Student: The use of colour.

Student: It’s all bright and it sort of pulls you in.

Debbie: Ok, so the use of colour to draw your attention. You see the rotten apple and that draws your attention to the first sentence. Ok and that word ‘Chlamydia’ comes up a couple of times.

Student: Is that supposed to say that you can’t see on your skin that you’ve got Chlamydia?

Student: Yep.

Debbie: That you don’t know what’s happening inside. Chlamydia is one of those STIs, if you remember from last year, that often doesn’t show signs and symptoms till a little bit later, until it becomes quite dangerous. And some of the signs and symptoms associated with that are very much flu-like symptoms. Ok. And how does Chlamydia rate as an STI?

Student: Bad. (Laughter).

Debbie: It’s the major STI in women and very much growing in numbers. It’s number one amongst young teenage girls around your age. So this is actually trying to promote not just the fact that you have to be aware of Chlamydia, but what else might it imply? (Pause) Something related to behaviour.

Student: Inaudible.

Debbie: Ok, so safe sexual behaviour. You know some of the latest information that is available the moment is that young teenage girls are very sexually active and use condoms to prevent pregnancy. Is that the main reason we should use condoms?

Student: No.

Debbie: Why should we use condoms?

Student: Prevent STIs.

Debbie: Why is there that missing link?

Student: Is it that a lot of people aren't educated?

Debbie: That's a possibility

Student: Maybe they don't think it's as risky to catch an STI as they think it is to get pregnant.

Debbie: And maybe that's something that you need to be very careful about, something that you need to think about. That it's not just a matter of pregnancy, it's a matter of catching an STI. Remember we targeted this last year? It's all about safe sexual behaviour. That goes back to sociocultural influences doesn't it?

In looking at the broad possibilities for a sociocultural perspective that this activity raises, it is important to acknowledge that critique and discussion of advertising techniques, including the images, typography, slogans and metaphors certainly has the potential to do valuable work towards developing a critical orientation towards the claims of both advertising and information in general. Any possibilities that exist however, are never realised because the emphasis is placed on students adopting a compliant reading of the advertisement and making the 'right' choice. Because she is committed to this focus, Debbie never has the students stop and think about how the advertisement positions those with Sexually Transmitted Infections (STIs). The image of the seemingly 'healthy' apple, rotten on the inside and housing a worm does powerful work towards presenting Chlamydia as abhorrent and those infected with STIs as the abject 'other', so horrible that no one would want to be like them. There is no discussion of the work this does to normalise the good, responsible sexual subject who does not go rotten on the inside. On the contrary, the use of statements such as '(i)t's number one amongst young teenage girls around your age,' and 'maybe that's something that you need to be very careful about...it's not just a matter of pregnancy, it's a matter of catching an STI,' have the effect of taking Chlamydia from being an infection in an advertisement, to an imminent risk faced by young women who are irresponsible in their choices. Discursively these normalising and risk oriented discourses work to shift the focus away from advertisement analysis and critique of the message. Instead the activity comes to serve as a reminder about personal responsibility in relation to risk and choice, the message of which can be summed up as 'bad' choices leads to STIs and being a rotten person.

LESSONS FIVE AND SIX

Lessons five and six were the lessons that were perhaps most affected by our consultation with the young women at the beginning of lesson one in relation to what they would like to learn about. Of the young women's suggestions, reading nutrition labels and comparing the nutrition value of different foods were the two suggestions that Debbie and I took up. In considering why we took up these suggestions, there seems to be two main reasons: firstly, these ideas seemed to sit most appropriately with Outcome 5.8 *a student critically analyses health information, products and services to promote health*, which we had begun to address in lessons three and four and were attempting to consolidate. Secondly, work on food labelling seemed to have some potential to address two of the students' requests in one activity, namely to find out about definitions of food related terms and food labels concurrently.

Lesson five and six became a significant concern for me because of my own investments around a sociocultural perspective and my perception of an incongruity between these lessons and our attempts to promote a sociocultural perspective of food. Specifically my problem arose from the positioning of what I saw as medico-scientifically derived knowledge that was primarily employed to regulate one's self and body, within a unit the broader goals of which involved developing 'other' perspectives on food and critiquing the privileged nature of medico-scientific knowledge. Upon reflection, a major part of my problem as both a teacher and researcher was failing to articulate this concern clearly to Debbie. Compounding this problem was my inability to offer alternatives to examining the content in these ways, a problem which was itself fortified by the prescriptive nature of the Learn About and Learn To statements in the 7 – 10 PDHPE syllabus. While there seemed at the time little I could do about the syllabus, one suggestion that a number of my colleagues made was to talk to Debbie about my concerns and how they might be integrated into post activity discussions in lessons five and six. Essentially, the idea was that through discussion we may be able to critique the usefulness of medico-scientific understandings of food, as well as acknowledge the cultural specificity of food tables and labelling¹⁰. In hindsight I see a number of errors on my part. Although Debbie and I spoke about these questions and my issues with the content in some detail, I was doing all the talking. By her own admission Debbie was not someone who thought well on her feet, but

¹⁰ In my field notes for lessons three and four, this section is titled 'other ways of seeing food' and contained the following: 'I talked with Deb about having a discussion as part of the lesson about ways of seeing food and highlighting the current western preoccupation with regulating the body. We specifically talked about how food and exercise are implicated in this and to a lesser extent, the body as machine and food as fuel. Deb listened quite intently, scribbled down a couple of sentences on the lesson plan for what had just become lesson four and said that she would have a think about what might fit there. She wasn't dismissive in any way, she just let me do all the talking' (Field notes lessons three and four).

rather took time to consider and weight up an issue. As such, my argument would likely have had much greater impact if I had provided her with literature and given her time to form her own opinion. While lessons five and six are detailed over the next pages, it probably comes of little surprise to read that there was very little that could be called 'sociocultural'. Following this I suggest that my second mistake was acting on the premise that a sociocultural perspective could be 'added-on' to a lesson through discussion and that this would somehow 'balance' things up. In effect what I was saying to the students, and most probably the teacher, was that in this case a sociocultural perspective was an afterthought.

As well as my problems with the content of lessons five and six, another important issue was raised in conversations Debbie and I had between lessons four and five and in my field notes and reflections. The basis of the issue was a conversation Debbie and I had in which she began by asking me 'how are we going?' and after I replied that I thought we were doing well and that lots of interesting ideas had arisen already, she began to talk about 'feeling lost' in terms of the unit. My own first thought was that this was a by-product of the fact that I had predominantly written the lesson plans for lessons four through to seven because we had limited time to meet and work together on it. Before I could discuss this thought Debbie continued to say 'I think it's because this unit is so student-centred, which isn't a bad thing, it's just I have to adjust because I do lots of student-centred lessons, but this is just so student-centred' She then talked about this 'being on an extreme end of the continuum in terms of teacher-directed versus student-directed' (Field notes lesson five and six). She articulated this feeling further in the post unit implementation interview:

Debbie: ...I was conscious of that and conscious of the fact that it was just so student-centred which for me was, I guess there was a little bit of discomfort there, *more from the point of view that I didn't feel that I had as much control*; like I do student-centred activities but I guess there tends to be more teacher/student interaction and I think the reason for that is just the time line, you know trying to maintain a time line. So I think we were a little bit more, we had a lot of student-based or centred activities, which was good, I'm not saying that's a negative, I'm just saying it was different to what we would normally do. Still have those activities but possibly not as many. *So for me I sort of felt a little bit obsolete I guess because I normally do a lot of discussion type work with kids* and I was feeling that need to pull them back in and have things on the board so they could sort of see and make a connection and I did write things up on the board occasionally so that they were aware of what we were looking at and where we were going.

Ken: So thinking about that student-centred-ness, was that something you found did affect the way you were teaching and the way you were thinking during class?

Debbie: A little bit because there were times I guess where towards the end I felt that need to wrap it up and pull it in and I didn't feel that I really accomplished that very well. I think simply because of a time line and feeling the need to finish because the time had

already been extended and thinking we have to move on to the next part (Teacher post-implementation interview).

To further add to Debbie's comments, I wrote in my field notes that I was concerned that I had not been able to develop the unit in such a way that she felt ownership over it. There are then two parts to the analysis of these related issues. The first is focused on the nature of ownership and control within negotiated curriculum and perhaps especially in a situation where a classroom teacher is collaborating on action research with an external researcher. While I saw Debbie as the one who had the greatest influence over both the planning process and the day to day running of the lessons, her comments and my own reflections suggest that she was attempting to fit inside the space I had provided for her to contribute. It is also important to remember that generally speaking, teaching in schools is a very individual and autonomous activity and that while many classroom teachers may collaborate on unit planning, the actual teaching of lessons is almost always done individually (Connell, 1985; Hargreaves, 2003). Collaborative action research such as that being conducted here can thus be seen as a significant alteration, especially for an 'exemplary' teacher such as Debbie whose subjectivity is in part bound up in the idea that her knowledge of best practice makes her a leader in her field.

The second and closely related issue takes up Debbie's idea that her own feelings of 'discomfort' and being 'lost' are related to the 'extreme' student-centred nature of the unit. Though the presentation of class lessons in these findings is at best partial, there is already considerable evidence to suggest that many of the interactions between Debbie and the students were primarily teacher-directed, with the teacher deciding both the focus for the discussion and the types of answers that would be deemed to be 'correct.' Similarly, in recording Debbie's perception that the lessons had been very student-centred, I noted in my field notes that this had not been my experience and that I was surprised by her point of view. Nevertheless, Debbie's comments raise an important question about the relationship between student-centred learning and a sociocultural perspective. In terms of issues such as learning strategy design and teacher/student interaction, literature previously detailed in Chapter One suggests that in order to develop a sociocultural perspective, students need to be active producers, rather than receivers of knowledge. In such an environment the teacher becomes a facilitator, asking questions, providing alternative points of view and encouraging further analysis. In the following section my focus turns specifically to analysing the IRE teacher/student interaction pattern in terms of achieving a sociocultural perspective.

In this next section I will begin an analysis of an excerpt taken from part of lesson five, in which I focus on both the implications of the classroom interaction depicted and also the type of knowledge being reproduced. The discussion quoted below followed an individual activity in which the students were asked to label sections of a food label that must legally be included on all foods sold in Australia (energy, salt, dietary fibre) and then answer the questions: ‘What kind of information do nutrition tables provide for the consumer? How can an informed consumer use this information? And what doesn’t the nutrition table tell you? What else do you need to know when looking at the packaging of foods?’ The following excerpt is taken from a section of the lesson where Debbie was checking the work the students had done individually, by having students read aloud from the worksheet:

Student: (reading from the worksheet). On a product label carbohydrate usually appears as total and sugars. Total carbohydrate is made up of starch, dietary fibre, as well as sugars. Sugars include sucrose or cane sugar, fructose or fruit sugar, lactose or milk sugar, or glucose. These may be either naturally present in ingredients such as fruit or milk, or may be added during manufacture.

Debbie: And the heading for that group is?

Student: Carbohydrate.

Debbie: Yeah. What we want to be careful of is that when you see a food that says maybe ‘low fat’, what might it be high in?

Students: Sugar.

Debbie: Yeah but why do they do that?

Students: Tastes better.

Debbie: Yeah to make it taste better. But if they are adding more sugar what’s going to happen to the total kilojoules?

Student: Goes up.

Debbie: Yeah. So in actual fat, for example with yoghurt. Someone asked me this the other day. What’s better, a low fat yoghurt, or a normal fat yoghurt? What would your answer be to that?

Student: Normal fat.

Debbie: Why?

Student: (inaudible).

Debbie: Less sugar.

Student: Might be good fat.

Debbie: Ok, might need to look at the type of fat that’s in it, that’s a really good point. What else? You’ve just the low fat one has more sugar but what else about that?

Student: The normal one is probably going to be cheaper.

Debbie: Ok, the normal one might actually be cheaper so that’s an incentive.

Student: How do you know what type of fat, do they say that on the product?

Debbie: We’re going to get to that in a minute because that’s a really good point. They should say that on the product because that will help you understand the difference between the two products.

Student: It’d be less manufactured.

Debbie: Possibly.

Student: Less processing.

Debbie: Yeah and that's got to be better for us hasn't it?

Student: If the normal fat one has less sugar then the kilojoules will be lower.

Debbie: Hopefully the kilojoules will be lower, good. Ok, so you're thinking about combining this information. Hopefully having an understanding of this information will allow you to make better choices. It also depends on that total kilojoule intake and the total amount of fats that you have over a period of time. Just because you have one fat that's normal fat, you should not feel guilty. But yet we do, sometimes, or we think that we shouldn't have it. We've got to get beyond that, we've got to put it into total perspective.

Looking firstly at the style of classroom interaction depicted and the kind of implications this has for a sociocultural perspective, the almost scripted nature of the exchange stands out. Each speaker seems to know his/her lines and role. This teacher-directed type of interaction has been noted in each of the first four lessons and fits with a pattern known as 'IRE,' an acronym for the initiate, respond, evaluate pattern. The Queensland Government's 'New Basics' Project describes a typical IRE pattern as containing 'low-level recall/fact-based questions, short utterance or single-word responses, and further simple questions and/or teacher evaluation statements,' which they assert follows a 'teacher centered pattern', that amounts to a 'fill in the blank', or 'guess what's in the teacher's head' format' (Department of Education, Training and the Arts, 2006). This type of exchange is essentially a transmission model of learning which has at its foundation the assumption that the teacher is the 'knower', or keeper of knowledge, who will progressively pass this knowledge onto students. In such a model students are essentially required to memorise information, which they are later rewarded for being able to recall upon the teacher's request. Examples of this from the lesson five excerpt can be seen in the memorisation of technical information such as levels of sugar in low fat foods, the relationship between kilojoules and sugar, the different types of fat, and the effects of processing on food.

One of the foremost issues here is the significant question mark that exists over the ability of this type of classroom interaction to promote a sociocultural perspective. There has been significant critique of IRE, particularly in terms of its incompatibility with the kind of deep learning, skill development and intellectual quality that has been promoted through government policy (such as Quality Teaching in New South Wales and New Basics and Productive Pedagogies in Queensland), and research into the vocational climate young people will be entering (Bentley, 1998). There is also the obvious incompatibility between an approach that is premised on the idea of students undertaking their own critical analysis, and one which proposes to have done it for them. Such a situation arose after the IRE exchange in lesson five,

when a number of students asked Debbie questions, the technical aspects of which were such that she needed to research them during lunchtime and return in the sixth lesson with the answers. The opening minutes of the sixth lesson are depicted in the following excerpt:

Debbie: There were some questions, um, in that last activity a lot of you were looking at what was in those (food) tables and a lot of you noticed that there were things like niacin, riboflavin, thiamine and to some of you I said that they were related to B based vitamins but that I wasn't sure. But to tell you more specifically, the purpose of the B vitamins is that they actually stimulate your mental performance, so they prevent depression. They help to minimise depression. The foods that you're going to get them in, riboflavin you're going to find in dairy foods basically and all your breads and cereals and thiamine you'll find in breads and cereals, as well as in your dairy. So you should be getting enough of those but they also require that all your cereals are fortified in those particular vitamins, in other words they're enriched with those vitamins. And then Jennifer asked me about dextrose, so I looked that up. Dextrose is a sugar, it's basically a simple sugar that comes from corn based products and what it is, it's classified (pause) it's basically glucose. And what happens is it's 20% less sweet compared to say the fruit sugars. So it can be used instead of cane sugar, the white sugar.

Student: (inaudible)

Debbie: It's basically a manufacturing technique. So we'd need to do all sorts of research to find out but they have certain processes that they use. Technology is very adept these days.

Beside the issue of the type of knowledge being reproduced and valued here, which I will take up in a moment, there is also a problem in that this type of interaction positions the teacher as the keeper of knowledge and therefore when they do not know something, it is her responsibility to do the research to find it out. Such a notion is not in keeping with a sociocultural perspective, which values students doing their own research, evaluating the credibility of their sources and forming their own ideas. The development of a sociocultural perspective can also be seen to be constrained by the type of knowledge being reproduced and valued through the worksheet, the discussion and the response to the student questions. All of these interactions clearly depict medico-scientific knowledge about food and nutrition being transmitted as 'fact and 'truth.' This dramatically takes away from any possibility of a critical approach because it fails to interrogate the claims to certainty that are associated with this type of knowledge. For example, Debbie asserts that the benefits of B vitamins are largely therapeutic arguing that they 'stimulate your mental performance, so they prevent depression.' Such an explanation fails to acknowledge that claims about the benefits of nutrients that go outside of the physiological functioning of the body (e.g. claims about their benefits in regards to mental health), are relatively contentious.

In addition to providing evidence of the IRE style interaction and the unproblematic reproduction of medico-scientific knowledge contributing to constraining a sociocultural perspective, the previous extracts also raise questions about how the students engaged with this sort of knowledge and the kind of relevance it had in their lives. The young women's responses within the discussion and the kind of questions they asked of Debbie provide some evidence that they were desirous of this type of technical information, as do their requests at the beginning of the unit which have already been discussed. A further discussion in lesson five provides a strong sense of the relevance of this knowledge for at least some of the students and the way they may choose to mobilise it, as demonstrated by Casey in this excerpt:

Debbie: You've got an idea there, if we look at those questions we've basically answered those. (Reading) 'What kind of information do nutritional tables provide for the consumer and how can an informed consumer use this information?' How would you use this information?

Casey: To modify my diet.

Debbie: Ok, how would you do that Casey?

Casey: By picking out how much (pause). Say there was yoghurt and there was like 10g of fat in one and heaps of grams of fat in the other, I would say 'well which amount of fat is best for my diet?'

Debbie: Ok, but what about the other stuff that's in yoghurt?

Casey: Well I'd look at that too.

Student: Miss can't some low fat yoghurts be low in sugar as well though?

Debbie: Some can but that's where we've got to be informed consumers and be able to do comparisons. Put your hand up if when you go shopping, you look at a particular product like yoghurt, do you go and grab a couple and do comparisons?

Students: (Both yes and no answers are heard).

Debbie: Ok and that's a good thing. What's the importance of being able to do that?

Student: They make you aware of what's in the product.

Debbie: Good. Hopefully then

Student: (Inaudible).

Debbie: Yeah, you'll learn to make better choices. Let's keep going.

In the above example Casey interprets the knowledge gained from a study of nutrition tables and labels as a tool with which she can modify her own diet. When she says '(s)ay there was yoghurt and there was like 10g of fat in one and heaps of grams of fat in the other, I would say 'well which amount of fat is best for my diet?', we can see that she wants this type of knowledge because it allows her to make an informed comparison between foods. The message from this exchange, however, is that comparisons are about evaluating the quality of foods in relatively simplistic ways. For example, in relation to yoghurt the evaluation essentially argues that if a food is low in fat and low in sugar then it is a 'good' food. Fat and sugar become

important in this discussion because of their relationship to kilojoules and the accumulation of body fat. Fat and the obesity discourse have previously been discussed in relation to student focus group interviews, and were also specifically referred to as part of the students' agenda at the beginning of lesson one. While this discourse will be explored in more detail momentarily, the above exchange provides some evidence of sugars and fat, and by association kilojoules and body fat, being normalised as things that responsible people want to avoid. Discursively, a particular version of the healthism discourse is drawn on throughout the discussion to link being an informed consumer with the process of comparing and evaluating foods to make the 'right' choice. Furthermore these evaluative and calculating behaviours are normalised within this discourse. Such responsibilities are also treated in highly individualistic ways, aligning them with the individual responsibility theme and the health-based decision-making exercises that ran throughout then unit.

The previous exchange is, in my opinion, illustrative of the (relatively) explicit focus on regulative behaviours related to bodily practices that underpinned substantial sections of the lessons. Given this, it seems important to consider for a moment some of the *unintended consequences* of doing this work in PDHPE. Though I have no wish to infer cause and effect, the following quotes are taken from the student focus group interviews conducted after the completion of the unit. What they show varies from the abhorrence of fat, to the internalisation of risk and fear, and importantly the linking of the consumption of certain foods with illness and feelings of guilt.

Ken: So what kind of things in the unit that we've been doing have been important to you?

Jo: Just the fact that we were learning about body image and health and nutrition; something that we don't really get taught about and it's just made me realise how much like my diet, just becoming aware of that (Focus group two post unit interview).

And shortly after:

Ken: What about you Paula?

Paula: The same as what Carlie said about the emotional and the mental and also with what Tegan said about how she's eating more of the healthier foods like when you eat healthier foods like fruit and stuff you just feel better about the food like more good about yourself when you eat healthier foods rather than go and have fish and chips or McDonalds; you just don't feel,

Student: You feel guilty,

Paula: Yeah exactly, you feel, just sick, it's like, because it's really oily and yeah you just feel better when you eat like fruit and stuff,

Student: And you know it too,

Paula: And you know yeah,

Student: Because it shows.

Ken: How does it show?

Paula: Well if you go all your life eating,

Student: [Better] attention span. That shows when you eat healthy food.

Paula: If you go all your life eating all fish and chips and all greasy foods and stuff like you know, you'll be overweight and stuff like that, so it does show to other people; you just feel better (Focus group two post unit interview).

And from Marissa:

Marissa: The other lesson when we were talking about what's actually in foods I never think about that but I should like the sugars and fat. I never think about what types or how much I should have and it's kind of being more aware of that. So I'll be more careful with what I choose to eat (Focus group two post unit interview).

An analysis of these quotes suggests that these young people are interested in 'good' food, especially as it relates to feeling and looking healthy. Both Marissa and Paula detail some of the characteristics related to 'bad' food such as it being 'oily' and 'greasy' in the case of fish and chips, and following on from Casey's comments on the previous page, 'sugars and fat' are specifically identified as things to be wary of. Throughout both Jo and Paula's comments there is a sense of understanding that monitoring one's diet and making healthy choices is an individual responsibility. This idea is most explicit in Marissa's frequent use of the personal pronoun 'I' and particularly in the phrase 'So I'll be more careful with what I choose to eat.' The logic the students see underpinning the need to make 'good' is also apparent, as Paula links eating 'bad' foods, such as 'McDonalds,' with being overweight. Here being overweight is not so much a problem because of the possible health consequences, but because of its visibility and the way that 'it shows to other people.' I suggest that as well as being commonly equated with being sexually unattractive, body fat and being overweight is a problem in the context of these comments because it is a visible sign of poor decision-making (which is itself frequently tied to moral character).

In interpreting the young women's comments, the mobilisation of the healthism discourse is immediately apparent. The act of choosing food is elevated to a practice that directly impacts on both your health and your character, while being 'healthy' is largely reduced to physical appearance. The students also individualise health, with being healthy and eating well becoming an individual responsibility but just as importantly, an individual failure. Here risk discourse intersects with the individual responsibility aspects of the healthism discourse and the unintended consequences of this can be seen as the students talk about 'feeling guilty' and fear that eating poorly will result in fat showing to other people. Indeed, Paula's choice of language

such as ‘sick’ and ‘oily’ demonstrates an abhorrence towards fat and ‘greasy foods,’ which positions them as something she cannot imagine eating because the consequences are so obvious and terrible. While I would argue that these feelings of abhorrence, guilt and fear were part of the unintended consequences of the work on food labelling and comparisons, the previous quotes make it clear that they were in part a result of the individualisation of health required to stress the imperatives of personal responsibility and making the ‘right’ choices about food. Similarly, with the kinds of investments that seem to be being encouraged in terms of the risk related to sugars, fats and kilojoules, it seems of little surprise that some students would develop such revulsion towards fat and excess body weight.

The following excerpt from the food tables and labels activities is taken from the discussion questions that concluded the worksheet. As previously outlined, these questions were the result of my problems with the content of the lesson and were designed with the intent of promoting critical discussion of the limitations of food labelling and also the prominence of technical information in western cultures. The questions were:

1. What types of misinformation do people get about the nutrition composition of foods? How might someone be confused or misled by a nutrition table?
2. Do you think you would find nutrition tables on foods in every culture? Why do you think things like nutrition tables, lists of ingredients and claims about foods being ‘fat free,’ having ‘increased fibre,’ or being ‘salt reduced’ are so important to cultures such as ours?

The discussion that resulted and which is included below, highlighted the complexities and incongruity of attempting to facilitate a sociocultural perspective, while simultaneously promoting health-based decision-making and drawing on individualised discourses of health. In explaining this there are two areas of particular focus. The first focuses attention on the language used to individualise the discussion and to align it with health-based decision-making and personal responsibility. The second examines the pedagogy of the interaction and furthers the argument that where classroom discussions were dominated by an IRE structure, sociocultural opportunities were often missed. This quote below is taken from a discussion that concluded the food labelling and food table activities in lessons five and six.

Debbie: Ok, we’re looking at where some of the problems are. Put it in context, how is it a problem for you? Like in our culture today we tend to be very focused on weight and percentage of things in foods. Whys is it a problem for you guys?

Student: Because we don’t buy our food.

Debbie: Ok, maybe someone else buys your food for you. But why else? Someone mentioned it before. Sharna said we're not necessarily aware of what it all means and someone else said it can get a little bit confusing. So I guess this is where it can get very important that you become what?

Student: Educated.

Debbie: Yes and?

Student: More aware.

Debbie: More aware so that, what will it assist you to do?

Student: Make better choices.

Debbie: Good. The biggest concern is that you don't get paranoid when you go to purchase a product and you (do not) have to feel that you have to scrutinise every single product. Remember it is all about balance and putting things in perspective, it's a total thing, it's not just 'oh this product is good and that product is bad?' Ok, next question. Do you think you find nutritional tables in every culture?

Students: No.

Debbie: Ok, why not?

Students: We're very health conscious.

Debbie: Good. There is a big push in Australia towards health promotion. Why are we so health conscious Paula?

Paula: Because there's this obsession with image and

Student: (Inaudible).

Debbie: Yep, good.

Mary: Because we are a media influenced and (inaudible) materialistic society.

Debbie: That's pretty true isn't it? Girls, do you agree with what Jessica just said? Are we preoccupied with image and body weight?

Student: Yep.

Debbie: Bec?

Bec: I also put because other cultures wouldn't have it either because some cultures have traditions so they wouldn't need to have (inaudible) In Australia there is always new things coming out so (inaudible)

Debbie: So in Australia, what influences all these new foods?

Student: (inaudible) and health issues with it.

Debbie: Ok so there are health issues with it but also the fact that people are becoming more aware, so people tend to scrutinise and want to, they have bigger demands in terms of food production.

Student: We have more access to all different kinds of foods than other countries so we don't make our own foods, we go and buy them.

Debbie: We go and buy them processed or pre-prepared.

Student: Some cultures eat a lot healthier like

Student: Staple diets like rice and

Student: Yeah exactly.

Student: You know we're the fattest country in the world, worse than America.

Student: No we're not.

Student: (Inaudible).

Debbie: Actually we are, currently, since about six months ago.

In looking at the way that Debbie shaped the previous discussion, aligning it with the health-based decision-making and individual responsibility that underpinned much of the unit, it is the language she uses which most stands out. ‘How is it a problem for you?’, ‘why is it a problem for you guys’ and ‘important that you become what?’ are all phrases she uses in her first two turns speaking in an attempt to make the question a ‘relevant’ and ‘real life’ problem for the students. In her next two turns she links the individual nature of the problem with the idea that the issue here is about making ‘better choices.’ This work sets up the discussion as one that is about decision-making and opens room to introduce the necessity of being educated and informed in order to make the ‘right’ choices. The necessity of making the ‘right’ decisions is made all the more apparent through the introduction of the risk and obesity discourses, which it has been suggested are designed to ‘scare’ young people into certain behaviours and decisions (cf. Leahy & Harrison, 2004). At least part of what this does is to shift the discussion from one which might have focused on the uncertain and often confusing nature of food labelling, to one which again says that ‘good’ food choices are made by informed consumers who are able to understand and mobilise medico-scientific knowledge.

The second part of the analysis shifts to the pedagogy of the exchange and again posits that an IRE interaction pattern between teacher and students constrained any development of a sociocultural perspective. As has been demonstrated earlier in the discussion of lessons four and five, IRE provides limited space for a sociocultural perspective because it is premised on the idea that the students need to reproduce the answer that is in the teacher’s head, rather than producing different ways of thinking, or questioning assumptions. It is the narrowness of what is evaluated to be a ‘right’ answer, in combination with clear imperatives around health-based decision-making, which work to keep any of the speakers from adopting critical positions or readings. While there are numerous beginnings (the linking of preoccupation with food tables and body obsession, or the connection between economic wealth and cultural food preparation and expectations), many of these critiques are not taken up or are not sustained or discussed with any depth before more compliant readings are restored. Through Debbie’s work to further an individual responsibility and decision-making agenda, in conjunction with the IRE interaction pattern, we can see the way that even when students demonstrated a critical sociocultural perspective the outcomes were often subverted.

In concluding this analysis of lessons five and six, I consider the contribution of these two lessons in terms of their impact on the possibilities for a sociocultural perspective. The value placed on medico-scientific knowledge acted as a constraint not just because it occupies the space available for ‘other’ perspectives, but also because it is presented unproblematically as

certainty or ‘the truth.’ Further, the technical nature of this type of knowledge lends itself to a transmission model of learning where memorisation, rote learning and superficial analysis dominate at the expense of the deeper critical analysis required in a sociocultural perspective. Such superficial learning has frequently been linked with the IRE pattern of interaction which has been identified throughout the first six lessons. The discursive resources that are primarily drawn on throughout lesson five and six, healthism, risk and obesity, work to individualise health and valorise physical appearance as a sign of health status. The individualisation of health works to promote a calculative approach with the body which in turn aligns regulative behaviours and self monitoring with being healthy. The valorisation of physical health further entrenches the culturally idealised slim figure, doing little to disassociate ‘slimness’ with health or attractiveness. The pervasiveness of these discourses is such that there are few ways to interpret the ‘message’ of the lesson other than as a reminder of the importance of ‘watching what you eat.’ Together these elements work to constrain, subvert or marginalise attempts to facilitate a sociocultural perspective.

LESSONS SEVEN AND EIGHT

After my concerns about lessons five and six, I spoke to Debbie about finishing the unit with a media analysis activity designed primarily to address Outcome 5.6 *a student analyses attitudes, behaviours and consequences related to health issues affecting young people*. It was my belief that such an activity had a number of aspects that could potentially facilitate a sociocultural perspective. Firstly, I planned for the activity to consist of multiple stations, with each station focusing on a particular contemporary health issue related to our food and society focus. It was hoped that the multiple station approach would promote a classroom environment which encouraged students to make connections between prominent food and health issues in Australian society. Secondly, the activity required the young women to engage with a range of newspaper articles focusing on their topic, and analyse the articles with a number of key questions in mind. I believed that such an element might offer some version of the benefits of the research-style activities that were excluded from the unit. Specifically I aimed to encourage a deep investigation of each issue which might begin to yield a range of perspectives or view points.

There were six stations that were used in the lesson: *Obesity*: The social construction of obesity in Australian society, *Young people*: Young people as problematic, *Body image*: Negative body image and children, *Fat*: Good fat, bad fat, no fat...so which is it?, *Food labelling*: Food labelling legislations and initiatives, *Junk food*: Junk food advertising restrictions and ties to obesity. Each of the six stations had between three and five articles which themselves ranged

from two paragraphs to two pages. There was also a set of questions for each issue, such as these questions which were attached to the 'Junk Food' station:

1. Explain how the term 'junk food' has been expanded in recent years and what foods now seem to be included in the category.
2. From your reading of the articles, explain the theory behind banning advertising of certain foods in the afternoon and early evening.
3. The articles talk about taking a community or society wide approach to reducing obesity. How does the school canteen initiative talked about in *'Parents want junk foods out of school canteens in obesity battle'* represent part of such an initiative?

During part of lesson seven I spent time talking with two of the groups as they concluded their analysis and then spoke to them about some of their answers. One of the main ideas to emerge out of my field notes from these discussions relates to the type of reading positions taken up by the students in engaging with their newspaper articles. In particular, the connection between the reading positions the young women took up and the discursive resources that were in evidence within the classroom over the course of the unit. My field notes from talking with Shannon, Catherine and Sarah in the junk food group noted that the young women adopted a relatively compliant reading position. Such a reading position was most surprising in relation to question three, which was primarily focused on the red light, orange light, green light 'traffic light' approach to foods in school canteens. This approach restricted the availability of orange light (three to four times per term) and red light (once a school term) foods in school canteens based on their nutritional value or lack thereof. My expectation was that students might be disappointed about the foods available at their school canteen being limited, and potentially angry or upset about parents, schools and governments implying that they were unable to make their own decisions about food intake. In reply to my questions Sarah said that it was 'hard, because people should be able to choose for themselves.' She followed this by saying that young people 'know what's in foods, but (they) still eat what they like and (they) don't read the back of the label.' Asked whether she thought young people should be responsible for making their own decisions about food, she replied 'well, we already do anyway.' There is a sense in these statements that restricting young people's food choice, while a little regrettable, is necessary because they fail to employ their knowledge to make wise choices. In terms of the availability of such a discourse, it is difficult not to associate this perspective with one that is clearly evident in Debbie's talk from her initial interview conducted prior to the unit beginning:

The biggest problem I think is that they may be better educated but they don't necessarily make the better choices and that is going to be the age-old problem for us in PDHPE. How do you overcome that? It goes back to the idea of, if you get away from food as an example and go to say alcohol, they know they can sit in class and they can analyse

situations and scenarios and they can tell you all the right answers, but come Friday night it's almost like it's a rite of passage, they have to go out there and experience getting drunk...even though they learn those ideas I think they find it difficult to apply them to themselves (Teacher interview two).

The second group I spent time with was the body image group. The main speaker here was Carlie, who had also been a part of the focus group interviews. My field notes recall that she spoke 'confidently' on the topic and seemed 'well informed.' Carlie agreed with the third question's assertion that society had created an unrealistic 'ideal' body. Like a number of her classmates in the advertisement analysis of lessons three and four, her predominant structural critique was focused towards the media's role in this process. The other young women in her group took up this critique, to the point where the construction of an 'ideal' body was attributed to the media. While such a perspective shows evidence of the type of critical analysis that can be used to complicate overly simplistic and individualised views of health, I suggest that this is in fact not the resistant reading position that might often be associated with a socially critical perspective. Instead what we see when looking at the issue of idealised images of the body can largely be thought of as a compliant reading of an issue which, for young middle class women at least, is dominated at the present time by a critical element. The critical element, however, is essentially limited discursively to a critique of 'the media's' role in reproducing (or according to some, creating) a culturally idealised body. This example of the students engaging with the unit of work in ways that seem to demonstrate a sociocultural perspective, is closely linked with the lesson three and four advertising analysis activity. Indeed, the same discursive resources seem to be available here and are mobilised by the young women in similar ways. While this is certainly a productive starting point for developing a sociocultural perspective, it is important to acknowledge that the examples thus far, both here and in lessons three and four, have been limited to a critique of media. As such the critique never extended to other systemic and structural influences such as schooling, social class, gender, or culture.

As well as the critical elements of the media analysis that was part of lessons seven and eight, there was also an example of a student directly challenging the discursive resources being made available in the unit. In a discussion about choosing food, a student named Bec spoke about the prolonged process here Aunt goes through in selecting milk. Debbie and I spoke about Bec and her comments in lessons seven and eight in one of the post unit interviews:

Ken: Bec told a good story yesterday in her group about going shopping with her Aunty. She said her Aunty picked up at least ten different cartons of milk and she's reading the back of them and comparing them and she said, you know, it just drove her (Bec) insane.

And so that was obviously something that she wouldn't have really done herself. She said "we just get 'Lite White' because that's what we have".

Debbie: But that's because she doesn't have to do the shopping, Mum does it. Mum cooks, Mum does everything in Bec's household. So I think Bec is a bit spoilt that way; like I remember her making a comment in class when we were talking about servings. The girls asked about servings and I think they were talking about cereal and it was something like a cup of cereal and Bec said "who is gonna measure a cup", she said "get real, when you measure cereal you just shove it into the bowl and you pour milk on it and you eat it". So it was that idea that she wasn't too perturbed about it. But it was interesting because Bec has had a major, she has had a problem with eating and she went through a phase of eating disorder over the last few years and she has lost a tremendous amount of weight. I mean she's slim now but she was looking quite gaunt at one stage. So to hear her say 'oh well you just pour it into the bowl' and I wonder how much of a true reflection that is of where she's at and whether she's come out of that problem (Teacher interview three).

Later in the same interview we spoke about Debbie's behaviour management strategy for Bec, who was one of only two students against whom Debbie implemented explicit behaviour management methods:

Ken: Yeah we were talking to Bec before and you said moving her yesterday seemed to work quite well. I mean did you notice her in that group working differently than in other times?

Debbie: Definitely working more to her potential. I mean she was very reluctant to be moved initially but she would have just been a total distraction if we hadn't done that. So when she was actually then put with other students who are quite bright, I think that created an element of stimulus for her and I think she just fell into it (Teacher interview three).

In the previous quotes Debbie and I recall one of the most prominent examples of a student actively challenging the discursive resources being made available to understand food in the unit. A major theme of lessons five and six was that one of the important stages in taking individual responsibility for food choices is learning how to compare the nutritional value of foods to make what Debbie called 'better' food choices. However, Bec's comments about her Aunt's shopping methods driving her insane suggest a rejection of the normalisation of such calculative and rational engagements with food. She adopts a similar line of thinking by suggesting that it is absurd to imagine a person would measure out a cup of cereal in order to ensure that they are only consuming one serving.

The work Bec does in the previous two examples operates to challenge the discourse, exposing it as prescriptive and self monitoring, not to mention arduous and potentially time consuming. Such a perspective provided an important opportunity to open up numerous dialogues, some of which might have included: the changing nature of food labelling – from information originally

supposed to help those who suffered food allergies, to a means of regulating fats, salts and sugars in the diet; the currency given to expert knowledge and nutritional knowledge in making food choices, and how this positions people who do not use this knowledge; or even the tendency for food to increasingly be marketed by touting its health benefits, despite these benefits often being difficult to prove, or even unnecessary for many people. All of these discussions would not just have done valuable sociocultural work, but would have been directly related to content dealt with in other lessons of the unit.

In looking at why this opportunity is not used to explore questions that may have contributed to facilitating a sociocultural perspective, I consider the idea that Bec's comments and ideas work against a number of the major discourses of the unit and is thus dismissed by Debbie. The main clashes arise because Bec's comments are not those of a person who recognises her personal responsibilities to use medico-scientific knowledge, such as nutrition labels, to make 'good' food choices. As such we can see how her position is in direct contrast with the engagements offered through the discursive resources of medico-scientific knowledge and personal responsibility. In fact, she actively tries to show them up, as demonstrated through the phrase 'get real, when you measure cereal you just shove it into the bowl and you pour milk on it and you eat it.' What Debbie's position shows us as she responds to Bec's comments, is just how narrow and prescriptive 'good' behaviour in PDHPE can be. There is no acknowledgment that Bec is speaking from a different discursive position or that her ideas have any merit. Instead because she would not measure out a cup of cereal or compare ten different types of milk, she is positioned by Debbie as being lazy and 'spoilt.' Though it probably exceeds the space available here it is also important to acknowledge that the legitimacy of Bec's ideas are further brought into question because she has supposedly suffered from an eating disorder. Discursively eating disorders have frequently been seen, both in PDHPE and wider society, as an individual failing and a deviation from 'normal' behaviour. My own field notes and observations from in class, as well as Debbie's comments in the above quote, also raise the question of whether Bec's point of view was easier to dismiss because in a class where the 'normal' was to cooperate (and the data suggests be compliant), she was talkative, rarely did her work and at least in this example, was resistant to subject positions made available by the dominant discursive resources available within the context of the HPE classroom.

Though the question 'what happens when you introduce a unit of work planned with the aim of developing a sociocultural perspective into the HPE classroom?' will be taken up in detail in Chapter Eight, the results from St Anne's provide some preliminary indications of the discursive, material and structural barriers that worked to constrain a sociocultural perspective.

An understanding of social and cultural influences as ‘social determinants’, detracted from the potential to analyse the structural and material influences on health. In part this resulted from a social determinants understanding being tied to the population focus of epidemiology. Such a focus fails to capture the complexity of such influences on the material conditions of people’s lives, instead reinforcing discursive constructions that place self-management and personal responsibility as the solution to health problems. A further barrier was seen in the tension between the ‘certainties’ of medico-scientific knowledge and the reflexive and questioning engagement with knowledge that underpins a sociocultural perspective. The emphasis on learning the ‘right’ knowledge was closely tied to the assumption that healthy decision-making is underpinned by expert derived, factual knowledge. While such assumptions have been common place in HPE and particularly health education, for more than two decades, they represent a significant ideological and discursive constraint to sociocultural understandings.

CHAPTER SIX - INTRODUCING WATERSIDE HIGH

As was the case for the St Anne's results, the Waterside results are presented over two chapters. The first of these two chapters focuses on the meanings and understandings that the key participants brought to the research and the discourses they drew on in constituting these meanings. Such meanings and discursive resources are assumed to be an important starting point for understanding the way that the participants engage with and make sense of the unit of work. The second chapter is split into two sections, 'Planning' and 'The lessons.' The 'Planning' section is concerned with the process of developing and organising the eight lessons that comprised the Waterside unit. In examining this process the focus is placed on the discursive, structural and material elements, which worked to facilitate or constrain the development of a sociocultural perspective. The second part of Chapter Seven is titled 'The Lessons' and following on from the work begun in the planning section, examines the elements that constrained or facilitated a sociocultural perspective in enacting the 'Bodies in Society'¹¹ unit. Such a focus draws attention to the teacher's and students' engagement with the unit of work, the discursive resources they drew on in doing so and the effect this had on their development of a sociocultural perspective of health, food and bodies.

WATERSIDE HIGH SCHOOL - THE SCHOOL, THE TEACHER AND THE STUDENTS

THE SCHOOL

Waterside High School, which I will refer to as 'Waterside' is a public co-educational high school located in a coastal suburb not far from the city of Sydney. At the time of the research the school had a relatively small population, with approximately four hundred and fifty students enrolled. According to school promotional materials thirty nine percent of the school's students came from a non-English speaking background. The coastal area the school is located in could be broadly described as economically and geographically stable, with a high employment rate and relatively easy access to public services such as shops, hospitals, sporting fields and state transport such as trains and buses. The suburbs surrounding the school have traditionally had a considerable European migrant population. However, given that immigration in Australia peaked in the years following World War II, many of these migrant families had been residents of the area for over fifty years. A number of high schools were located in the local area and as such Waterside actively sought to recruit students from 'out of

¹¹ The unit was re-titled 'Bodies in Society' for the Waterside case, however, it retained the same content focus as the St Annes' unit.

area' in order to enlarge the student population.¹² School promotional materials suggested that Waterside, like many of its NSW public school contemporaries, positioned itself as a 'comprehensive' school. Promotional materials stated that the combination of 'academic excellence', diverse curriculum, extra-curricular activities and a 'nurturing' student welfare program, offered an environment in which the 'individual needs' of the student were catered for.

THE TEACHER

Personal Background

Mark Jones was thirty five years old at the time of the research and had been teaching at Waterside for five years. Though Mark and I had both gained our Bachelor of Education (Physical and Health Education) from the same tertiary institution and at roughly the same time, the three year difference between us (he graduated in 1999, while I graduated in 2001) meant that we had little recollection of each other except as slightly familiar faces. In my conversations with a small group of lecturers and peers who had known or taught Mark at university, they described him as talented, relaxed and easy to get along with. Though Mark and I never spoke directly about it, he had evidently been recognised by the NSW DET as a highly promising teacher and had been selected as a 'targeted graduate'¹³. As such, Waterside was his first placement after completing his university degree. Mark enrolled at university as a mature-aged student, having been a full-time carpenter for twelve years. He recalled in his first interview that while he had always been in the top classes during his schooling, he had 'never even thought about going to uni.' When he was offered the opportunity to become an indentured apprentice with a family friend during the second half of Year Ten, he partially discontinued full-time schooling (though he was able to sit for his School Certificate at the end of Year Ten) and began working as a carpenter. An impression of Mark that I formed during his first interview and which was subsequently strengthened throughout the research, was that he was a person that took pleasure in being challenged. This first became evident as he spoke about deciding to leave carpentry after twelve years, feeling that there was little chance to

¹² In NSW all students have the right to attend the public or state school that is nearest to their place of residence. Parents may, however, choose to send their child to a public school that is 'out of area.' At the time of the research Waterside had experienced two years of negative student population growth, and had begun to look at strategies to curb the falling enrolment numbers.

¹³ In NSW vacant classroom teaching positions are awarded on a combination of merit and seniority. Newly graduating PDHPE teachers have over the last fifteen years, only been able to secure immediate full-time employment in the public system by agreeing to be placed at 'less desirable' schools. The 'targeted graduate' program was designed to encourage future teachers to excel at the university level by offering a select number of 'more desirable' positions each year.

‘advance’ himself in the small town in which he had grown up. He was ‘frustrated’ with ‘doing some ordinary old jobs, getting under houses...all that real crap work,’ and had ‘a bit of a desire to see if (he) could do the academic stuff.’ The idea of challenging himself through learning also punctuated his recollection of university as he spoke about the ‘big challenge’ of earning Bronze medallions in ballroom dancing and new vogue, and progressing from ‘not being able to swim a lap’ to swimming four hundred metres in seven minutes. It was not until later in the research when I met his three young children that I realised that at least one, if not two had been born during his enrolment as a full-time university student.

Teaching philosophy

Mark’s teaching philosophy was closely aligned with his subjectivity and goals as a PDHPE teacher, as well as a number of prominent discourses related to PDHPE at the time of the research. Discursively, Mark drew on the idea of lifelong learning (Board of Studies, 2003, p.5) to constitute a philosophy that stressed the importance of participation in and enjoyment of physical activity, more than competition, performance or physical fitness (Tinning, 1997). He drew on his own experiences with physical activity as a young person to argue that sport should be played for enjoyment and for the social aspects, and that the health benefits would come naturally. Though himself the coach of a representative level schoolboys’ rugby league team, he argued that the highly ‘organised and coached’ nature of contemporary sport created an ‘elitist’ view of sport which alienated some young people because of pressure from parents, perceived lack of confidence and the inflexibility of training programs.

In articulating his teaching philosophy he twice referred to wanting to have students learn things that he himself had learnt in his schooling. The first time, as previously mentioned, was in reference to his experiences growing up where sport was played for the ‘social sense.’ The second marked a shift in his philosophy from primarily drawing on a lifelong physical activity discourse, to the integration of a more cognitively-based discourse underpinned by the ideas of critical inquiry and deep understanding. At the time of his interview, such a discourse was expected to be a prominent part of the new NSW 7 – 10 PDHPE syllabus and was already widely seen to underpin the Stage 6 syllabus (Board of Studies, 1999). Mark stated that his time at university had shown him the value of such skills. He drew on the changes he had seen in himself in articulating his goals for the young people he taught:

But I’d like to be able to make kids and this is a thing I learnt. I hit uni and this critical inquiry type of learning, this questioning things and looking at them from different angles and having a desire to scratch the surface and understand, not just accept things. I

definitely was one of those people who didn't have any of that. I just took things as they were and I love the fact that it really did open up the way I think about things, although when I go home to my own town now I find it a bit frustrating with my old mates, who of course still have those old values that they just accept blindly. But to learn to think, yeah to learn to have those sort of inquiry skills and look at things from a different perspective... (Teacher interview one).

While the mobilisation of a discourse featuring critical inquiry demonstrates a level of commitment to one of the basic tenets that underpins a sociocultural perspective, it is important to acknowledge that Mark was, relatively speaking, still a beginning teacher and as he himself said, 'I chop and change my philosophy a lot and what I'm trying to get out of it.' While this chopping and changing was not particularly evident in our interviews, a number of tensions which existed between competing philosophical imperatives certainly were. The first tension arose as Mark's ideas about teaching lifelong enjoyment of physical activity intersected with his more 'traditional values' such as the 'teaching (of) skills' and having students involve themselves 'even when (they're) not in the mood.' The tension that this created was not lost on Mark. He commented that a lot had changed in the way students were taught (and in how they *expected* to be taught) in the twenty years since he had been in high school, and that he was still attempting to 'marry' different elements of his philosophy. However, the tension that was perhaps more relevant to the Waterside unit was that which existed between his desire to improve his classroom management and discipline, and his commitment to critical inquiry, questioning and deep understanding. While there is little space to consider the incongruity between the two imperatives here, such a tension was to later become a prominent feature of the Waterside unit and had important implications for the development of a sociocultural perspective.

The PDHPE KLA and staff at Waterside

As previously noted, Waterside School was relatively small by NSW high school standards with roughly four hundred students spread across the six years from 7 – 12. The size of the school had several effects on the PDHPE KLA at Waterside. Firstly, there was no Head Teacher of PDHPE, with the KLA falling under the jurisdiction of the Head Teacher of Technological and Applied Studies (TAS¹⁴). In addition to this, the PDHPE staff was comprised of only three teachers, one of which was a part-time staff member who only worked two days of each week. A third effect was that parts of the PDHPE syllabus were taught by TAS teachers, rather than by PDHPE teachers. More than merely providing a background to

¹⁴ The TAS KLA is comprised of subject areas such as design and technology, hospitality, food technology, metals and engineering, and computer studies.

the research at Waterside, this information became an important means through which to understand the nature of Mark's work as a teacher at the school.

According to Mark, the PDHPE staffing situation at the school impacted on both the quality of the PDHPE programme and the opportunities for programme renewal. In his view the programme has become 'stagnant' at Waterside because of a number of organisational features: the lack of a PDHPE specialist Head Teacher; having two fellow staff members who were nearing the end of their careers and somewhat resistant to change; and having nineteen periods per week (almost half a full-time teaching load) being taught 'out of faculty' by TAS teachers. Further complicating the situation was the fact that these same staffing conditions also worked to prevent the PDHPE programme from being easily updated. In particular, Mark noted that the lack of a specialist Head Teacher to orchestrate and implement change had resulted in PDHPE as an academic subject at Waterside being generally undervalued and at times, marginalised, by the school community. This finding is consistent with Sparkes' work (1991), in which he noted that while teachers on the whole are 'prone to status concerns' (p.28) physical educators in particular believe that their subject is seen by other staff and the broader community as 'marginal to the broader aims of the school' (p.29). It also echoes Paechter's (2000) analysis of the status of 'marginal' school subjects. She suggests that while subjects such as PE often provide a 'public face' for the school, their focus on physicality rather than the transmission of knowledge limit their status in comparison to subjects such as mathematics and sciences.

As noted earlier, these details are an important part of understanding the type of teacher Mark was and the nature of his work at Waterside. In his first year out of university Mark was given the responsibility of taking a Year 12 class through to their HSC exams and in the four years following that had concurrently taught Year 11 and 12 each year¹⁵. The year before the research took place he had proposed, designed and begun teaching a Year 9 and 10 elective, which was the only elective offered by the PDHPE KLA. This meant that in the year that the research took place he was taking the initial intake of the two year elective into Year 10 and as such had to design the program as he progressed through it. As mentioned previously, he was the coach of a representative schoolboys' rugby league team and additionally had just signed on as the Year Advisor (sometimes called Form Patron) for the incoming Year 7 students. Early in the research Mark also temporarily took on the position of Head Teacher Administration, one of

¹⁵ While it is not unheard of for first year graduates to teach Year 12, this responsibility more frequently falls on established members of staff. Similarly, the responsibility of taking both Year 11 and Year 12 concurrently and over a prolonged duration, is often thought of as a taxing one because of the preparatory work required in teaching the Senior (Stage 6) PDHPE course.

the responsibilities of which was to contact casual teachers before school each morning (6am – 7am) to replace those teachers who were on excursions, or had phoned in to say they were too ill to teach that day. Finally, he was also responsible (with minor technical assistance from another staff member) for creating the school timetable, a time-intensive task which although generally completed just prior to a school year beginning, often flows into first term as enrolments and staffing change. These responsibilities are part of what Connell (1985, p.86) has termed the ‘labour processes’ of teaching, which he asserts ‘can expand almost without limit’. It should be made clear that despite the structural conditions present at the school, Mark largely volunteered for these responsibilities, the reasons for which he explains in the following quote:

I’ve looked to try and get into different responsibilities bar the formal curriculum. I’ve done that for a couple of reasons, one because *I sort of like to try out some new things* and probably to my own detriment at times because I could have focussed on my teaching like some new teachers I’ve noticed do and try and avoid any other jobs, I’ve sort of gone away from that. I guess it’s *also a case of needing to a little bit*, um, in our Faculty I would say without sounding like I’m being critical of it, it’s fairly stagnant, it hasn’t progressed. We don’t have a Head Teacher as such, we have an acting head who has never looked at a word I’ve written or the others, so it’s pretty much open slather. We have only two (full-time teachers), we’re understaffed; we have nineteen periods which are out of faculty and now over the timetable so we are heavily understaffed and it means a lot of our stuff gets farmed out and it also means that it’s easy not to update. *So maybe to my detriment I’ve done other things but I like those and I also envisage moving on to Head Teaching at some point, so I certainly need to get the experience of some other things* (Teacher interview one).

Though I have gone to some lengths to explain Mark’s tendency to take on new responsibilities both as a result of his own personality and as a result of the structure of the institution, perhaps the most illustrative example of his attitude towards involving himself in the school, were his comments at the completion of the research. Though I do not wish to pre-empt the results of the Waterside case, given the amount of time I have spent explaining Mark’s responsibilities it has probably already become clear that they became an issue during the course of the research. Despite this, his comments after the completion of the research were typical of his attitude. To summarise, he argued that programming change, curriculum innovation and the introduction of new syllabus materials needed to start somewhere and that part of his responsibility at Waterside was to be a leader in this area, whether he had the time or not.

A sociocultural perspective

Mark’s attitude towards a sociocultural perspective was consistent with his general disposition towards curriculum change and innovation, in that he perceived it to be of value to his students,

but also as a challenge to understand and implement from a teaching perspective. Again drawing on a personal narrative, Mark spoke about his familiarity with the concept of a sociocultural perspective from his time at university. Like his previous comments concerning critical inquiry and deep understanding, Mark associated a sociocultural perspective with his time at university. He stated that this was a time when he learnt to question the organisation of society, commenting that it was 'another thing that before I came to uni I would have never looked at and never thought about and it's something that really opened my eyes to the world and to the way we do things.' Given that his notion of a sociocultural perspective was predicated on personal experience, it was unsurprising to hear that the individual person, their beliefs and their place in society was central to his definition of the concept:

I understand it as each person's position within society and the effect of their socio-economic status and their race and their religion and all those things and how that affects them in that whole broad banner of their health concepts and the personal development that they've undertaken and the type of activities and the involvement in activities and what that means to them...it's the circumstances of your whole social situation, your whole cultural situation I suppose, yeah it's people based (Teacher interview one).

The above definition is illustrative of the differences between Mark's and Debbie's understandings of a sociocultural perspective. Debbie's definition more clearly foregrounded social and cultural determinants as they are understood from an epidemiological perspective. Such a perspective concentrates on understanding the influence of aspects such as education or ethnicity at a *population* level. In contrast to this, Mark's understanding of the concept placed a greater emphasis on understanding the individual circumstances of peoples' lives. He noted that a sociocultural perspective can be used to understand people's situation, values and decisions. This idea became clearer later in the same interview, as he employed notions of class, gender and ethnicity to speak about the deconstructive and critical component of a sociocultural perspective and the way in which it may be employed in relation to popular stereotypes:

The very essence of what you want to achieve is being able to peel that back and show kids that this is what sociocultural, this is what the sociocultural perspective is, can you see that's why? Instead of calling that kid a fat kid or a lazy kid or the Asian girls never do sport and they're always trying to hide; you know there's all these factors and if kids can see themselves.

And shortly after:

From a person that comes from that sort of white male background you know of being that dominant social class that make the decisions and that. Yeah it's important that you can break those down and give them the opportunity to see things from a different perspective and as you say de-construct those stereotypes and all that.

In the above quotes phrases such as ‘peel back’ and ‘break down’ in association with ‘different perspective’ provides suggests a more socially critical reading than that which Debbie articulated. Such an interpretation introduces the idea that Mark wishes the young people in his class to understand a sociocultural perspective as more than a set of social ‘markers’ through which we can ‘read’ a person and their choices.

As previously noted, Mark expected a sociocultural perspective to be a challenge to implement at the school, primarily because he expected it to be a difficult concept for his students to understand. In justifying this assertion he explained his view that students of their age (14 – 15), were often ‘self-focused’ and as such understanding the lives and situations of others ‘doesn’t matter too much to them.’ He also explained that he expected part of the challenge to result from the socially and culturally acquired values of the students. Though this will be developed further in the ‘Waterside and the students’ section, one of the points he made was the need to take into account ‘that the values and attitudes you are trying to teach are the reverse of the attitudes and sometimes the values that kids have about those issues’ (Teacher interview one).

Waterside and the students

The broader Waterside area was a coastal community with high employment and a stable population. Its geographic proximity to the centre of a major capital city meant that residents had access to a wide range of public facilities, as well as diverse options in relation to government and non-government schooling, vocational training and employment possibilities. In Mark’s words, the young people of this area were ‘living the good part of it (life), if you like.’ However, according to Mark this status led to its own set of problems. In his opinion, the locality of the school and the socioeconomic circumstances of many families in the area were linked with students adopting an overly-relaxed attitude to schooling and to its contribution to their futures. In the following quote he responds to a question I asked about the typical Waterside student:

A student from a middle class area, in a fairly fortunate situation in terms of geographic location, in terms of financial sort of status; a person that is fairly well off in those terms; not rich but certainly well off; fairly comfortable lifestyle. A person that hasn’t had to push hard to get things. Typically our kids here at Waterside High, I think, find things fairly easy; we do have a small cream at the top end that are hard workers. Generally they are cruise kids that cruise along, things have come fairly easy. Often they are second or third generation migrant kids. In some cases the parents have worked hard to put themselves in a position of affluence and I don’t think the kids necessarily have those

same work ethics because it's all come to them fairly easy. I have a frustration with the kids that are happy just to cruise along and not work and that includes a lot of the top kids...These kids have access to all the types of sporting and health type things that they want and therefore they are not particularly passionate or caring about it and are hard to get motivated to work

And later:

I know a lot of the kids say "it doesn't matter, once I finish I'm just going to work in dad's such and such a business" and it is dead true and there's not a lot of drive to complete things as a result, you know, or to work at the top level (Teacher interview three, post-unit).

The most notable aspect of these quotes is the contribution they make towards constituting the 'good' student and the 'bad' student in terms of their work ethic and vision for the future. Mark's juxtaposition of the hard-working migrant parents who have carved out a better future for themselves, with the 'cruisey,' 'well-off' students who have had everything 'come to them fairly easy,' creates an image of young people who lack the drive and application of previous generations. For Mark, the result was that many Waterside students (including 'a lot of the top kids') did not apply themselves to their school work. Given Mark's description of the problem, it was not surprising to hear him articulate the wider goals of the school as a response to this set of concerns:

Ken: So what would the school overall be looking to develop in their students?

Mark: I think we want to develop more independence, more self-starting type kids; kids that are self-motivated, that strive a little bit hard to reach what they want, that things aren't necessarily always just going to come to them. 'Passion' you would talk about in sporting terms. You want to see a bit more passion or a bit more desire in the kids. I believe that it's just all coming a bit too easy and it's all fairly cruising (Teacher interview three).

In each of the two previous quotes Mark's comments about the characteristics of good students reflect those made by HPE teachers in both Lupton's (1999) and O'Flynn's (2004) work. A male secondary teacher in Lupton's (1999) work noted that a 'good student' needs to be 'engaged so that they've got to be focused' and 'they've got to be keen and motivated,' while a female secondary teacher asserted that '(good students) are those who want to learn, the enthusiastic ones' (p.293). Private school teachers in O'Flynn's (2004) research spoke about students developing 'perseverance', 'commitment' and 'initiative' through PDHPE and sport (p.181).

More broadly, Mark's concerns can be read against a wider backdrop of literature on schooling, subjectivity and citizenship within the contemporary political climate (Apple, 2001, 2005; Ball, 2003a, 2006; McLeod, 2000; McLeod & Yates, 2006). From this position his comments draw on neoliberal discourses of citizenship to constitute the good student as one who is 'self-motivated' and understands the need to 'strive' in life, rather than hope success is 'just going to come to them.' Such a view is consistent with Gordon's (1991, p.42) assertion that neoliberal discourses make possible subjectivities through which 'the whole ensemble of individual life is to be structured as the pursuit of a range of enterprises'. Within this discursive frame 'good' citizens should be 'active and individualistic, rather than passive and dependent' (Miller & Rose, 1993, p.98).

Mark's perception of the students' socioeconomic and class status was also prominent in his construction of them in relation to health and decision-making. He argued that the students' material circumstances meant that they had a variety of options available to them in terms of making health-affirming food and lifestyle choices:

So I guess our kids come reasonably well informed. Most of them, you know we don't have a real low socioeconomic group of kids from Waterside High because of the area we are in. They come reasonably well informed, or if they come in ignorant they come in blissfully ignorant because they don't want for much. They pretty much have a pretty good lifestyle. Most of them do the things they want in terms of sport and activities and don't want for food; they don't have two dollars of chips and sandwiches for tea which is rubbish because they have no other choice. They might choose the wrong foods or they might choose the wrong things but they have a variety of choice in regard to those sorts of things. So I guess they come in with not a lot of interest because things are fairly easy for them and probably a more old-fashioned stereotype view of health (Teacher interview one).

By contrasting the Waterside students with the low socioeconomic 'other' students, Marks creates an image of young people who have a great deal of agency in terms of their health decisions. Most notably this is because the students' relatively affluent existence ('they don't want for much. They pretty much have a good lifestyle'), means that healthy decisions are easily available to them. In demonstrating his point Mark juxtaposes the Waterside students' situation with the image of young people from low socioeconomic backgrounds who consume poor diets such as 'two dollars of chips and sandwiches' for their evening meal. The work this does is to argue that while unhealthy decisions may be forced upon some individuals because their socioeconomic status reduces the choices available to them, this is not the situation that Waterside students face. The phrase 'they might choose the wrong things but they have a variety of choice in regard to those sorts of things' is clear in its argument that the students'

socioeconomic status enables them to make good decisions. In terms of the bad or ‘wrong’ choices that Waterside students make, such a position asserts that these are thus an individual failing, rather than a product of the young people’s material circumstances.

Health, food and PDHPE

In constituting his own notion of health, Mark drew on a range of discursive resources which have become prominent in recent HPE syllabus documents in Australia and elsewhere. Though not explicit in the quote presented below, Mark drew in part on a model of health commonly referred to in NSW syllabus documents as a ‘holistic’ model (Board of Studies, 1999, p.19). Such a model is often seen to incorporate the different ‘dimensions of health’: physical, social, emotional, mental and spiritual (Board of Studies, 1999, p.19) and asserts that optimal health is obtained when a balance is struck between these dimensions. Rather than drawing solely on these notions, however, Mark’s idea of health was premised around health as an enabling quality, that is, through a healthy mind and a healthy body the individual is able to perform certain tasks that potentially improve his/her quality of life. He explained this view of health through the following quote:

If I sum it up, this is simplistic, I think what healthy means is having a body and a mind that is capable of getting the most out of your days and your life and fulfilling your potential, be it wherever you want to get to but enjoying life. The overriding thing is enjoying life. We get to do it but once and you know you can be all of everything but if you don’t enjoy it I don’t see it as being fruitful. For some people that might be achieving materialistic and high goal oriented things and for other people it’s the social side of having good family and friend networks and I think health is if you can do those things and your body and your mind are in the condition to do them and you get your fulfilment and enjoyment of life (Teacher interview one).

While a cursory read of Mark’s definition might assert that the repetition of the word ‘enjoying’ or ‘enjoyment,’ demonstrates that this is the central concept in his notion of health, such a reading ignores the presence of the idea of ‘fulfilling your potential’ and ‘getting the most out of your days and your life’. When read against the backdrop of Mark’s goals for the students of Waterside which were discussed earlier, the idea of ‘fulfilling your potential’ can be seen as discursively linking health with neoliberal discourses stressing productivity, self-improvement and responsibility for one’s future (Lupton, 1999; McLeod, 2000; McLeod & Yates, 2006; Petersen & Lupton, 1996). But rather than limiting the results of the fulfilment of potential to ‘materialistic and high goal oriented things,’ Mark mobilised a discourse which argues that health is a ‘relative’ concept (Board of Studies, 1999, p.19), to include ‘having good family and friend networks’ as a marker for a ‘fruitful’ life. While the above quote points to a

selection of the discursive resources available in NSW PDHPE classrooms to make sense of 'health,' perhaps just as importantly it begins to demonstrate the complexity of both the relationship between these discourses and the task of teaching young people about health.

For Mark, one of the major roles of PDHPE was to provide students with the knowledge base and set of values and attitudes which would allow them to make health-affirming decisions in the future. As such, he spoke about students learning about the 'main issues': 'a responsible and fairly in-depth understanding of drugs, of nutrition, and of...drinking.' Central to his talk about PDHPE was the assertion that while the KLA may not have the time required to teach students all of the knowledge, values and attitudes required for them to make 'good' decisions in a variety of situations, what it could do was plant the seed which would hopefully develop into something in the future:

I guess what we do more, because time restrains us from being able to really develop a lot of those ideas fully, is just to open kids ideas to where they fit into that picture, what their options are and what options they might like to take. And often I think with kids because I know with teaching and watching the kids is that they don't take on board the best ideas or the best options all the time, but if you can sow the seed of all those things and get them thinking as they mature or as they are put in situations, they might start to develop better ideas as they go (Teacher interview one).

The idea that PDHPE plays an important role in producing good (future) citizens is one which underpins the previous quote. The use of the phrase 'what their options are and what options they might like to take' shows that such work is concerned with health based decision-making and ensuring that the decisions young people make are health-affirming ones. One of the long-standing assumptions that underpins health education is the assertion that knowledge (especially that delivered via the formalised KLA) contributes to behaviour change in individuals. Through their individual interviews both Mark and Debbie showed that while they were sceptical of such assumptions in relation to immediate behaviour change, they saw PDHPE contributing more to the long-term project of producing good (future) citizens. Such an idea is clearest in the above quote through Mark's comments that 'if you can sow the seed...as they mature or as they are put in situations, they might start to develop better ideas as they go.' By constituting PDHPE in this way both Mark and Debbie demonstrated that one of the core missions of PDHPE teachers is teaching individuals to (eventually) take up information, attitudes and values that contribute to making 'good' and 'healthy' decisions. Neither of the two teachers, however, seemed to explicitly acknowledge or address questions of how a 'good' decision was defined, whose voice might or might not have currency in arriving at these definitions, or how such work might be political in nature.

PDHPE and food

During his first interview Mark explained that one of the main reasons he wished to be involved in the research project was because it focused on food and drew on the new 7 – 10 syllabus in doing so. In listening to him explain this interest, I was again reminded of Mark's desire to progressively improve the PDHPE program at Waterside. This was particularly evident as he explained that food' and nutrition units at Waterside had long been part of the teaching done in the Science and TAS KLAs and that when he was appointed to Waterside, there were no food or nutrition units in the PDHPE program for Years 7 – 10. Furthermore, the units of work that students had studied through the Science and TAS KLAs had been underpinned by a combination of a medico-scientific and health promotion focus, rather than a sociocultural focus. So as Mark explained it, students examined 'how many kilojoules in different types of the different foods and the food pyramids and what is healthy eating,' but there was little focus on the cultural significance of food, societal influence on food choice, or contemporary food issues. Therefore a further part of Mark's interest in being involved in the research, was because it aimed to examine food from a sociocultural perspective. Mark saw this as both a response to the more traditional medico-scientifically underpinned 'nutrition' units which were entrenched in the Science and TAS KLA programs at Waterside and as one of the first steps in preparing for the new 7-10 PDHPE syllabus:

I like the fact that there's a focus away from "this is the pyramid, these are the seven different types of nutrients," to get away from that and look at that sociocultural. I think it's a chance to peel back what sociocultural means and help the kids get an understanding of that because it affects you in all ways of your life and if you are going to have tolerance and all that too and understanding and respect for different cultures and different groups of people and genders and all that, you need to do that. So that will allow us to do that with food as the focus. I'd like them to gain an understanding of those sociocultural perspectives and perhaps gain a sympathy or an empathy as to why people might be obese or overweight or why people may not have the best of health in certain situations or in other countries and things like that (Teacher interview one).

As Mark explains it in the above quote, a sociocultural perspective of food could be a broad idea that takes in issues of social justice, empathy and developing an understanding of the influence of people's circumstances on their health. By constituting a sociocultural perspective in this way Mark also offers the possibility that the KLA could breakdown deterministic understandings of ill-health which are premised on individual blame.

THE STUDENTS

As was the case with the St Anne's case (see Chapter Four – The students), in this section I address the research question 'What meanings and understandings do students bring to the curriculum and how do the discursive resources they draw on in constituting these meanings and understandings co-exist with a sociocultural perspective?' I address this question through an analysis of data collected from two focus group interviews, each of which were conducted in the lunchtime just prior to the formal lessons beginning and with Mark present. Time with both groups was limited to thirty minutes to minimise any disruptions to other classes and to the students' lunch break. The first group was comprised of five young women: Charlotte, Sonya, Krystal, Loren and Jolie; and the second three young men: Sam, Dean and James, and two young women: Clarissa and Hannah. The students interviewed were selected by Mark from those who volunteered to be part of the focus group interviews. The ratio of young women to young men was, according to Mark, largely a product of more females than males volunteering. Some readers will also notice that there are more quotes from females than males in the following section. While part of this is a reflection of the fact that there were a total of seven female speakers in comparison to only three male, it is also consistent with Wright, O'Flynn and Macdonald's (2006, p.710) findings from their longitudinal study of young people's meanings in relation to health and physical activity. They found that the young men were 'apparently less interested in talking about bodies, their's or others,' and seemed to have a 'much narrower discursive repertoire to do so'. In contrast, they assert that 'such talk came easily' to many of the young women, who drew on a wider discursive repertoire to speak about bodies and health in detail.

Being healthy and the healthy person

As was the case with the young women of St Anne's, the students at Waterside moved beyond definitions of health that focused on the absence of disease, instead constructing 'being healthy' as a multifaceted concept. Also like the St Anne's students, the Waterside students drew heavily on a discourse of balance and moderation in understanding health. In addition to this however, a number of Waterside students spoke about being healthy as something that was, as Dean and Loren phrased it, obtained 'by doing the right things.' Like young people in recent research by Burrows & Wright (2004), Wright, Burrows and Jungerson (2002), Wright & Burrows (2004) and Wright, O'Flynn and Macdonald (2006), 'exercising regularly' and 'eating right', or 'eating healthy foods' were the most prominent behaviours described, by the students, as contributing to a person being healthy (Charlotte: 'Eating healthy foods and exercising regularly which is something I'm not [doing] but anyway'). Over the course of the two focus group interviews, seven students out of ten specifically described eating healthy food as part of

being healthy and eight of ten asserted that exercising regularly was an important part of being healthy. Such understandings have been linked with the healthism discourse by Wright, O'Flynn and Macdonald (2006). In their work on young men and women's construction of health and fitness, they argued that many of the young women, in particular, took up notions of health which depicted it as a physical state and as a personal responsibility.

Though behaviours such as eating right and exercising enough formed the foundation of the majority of student responses, a number of students added mental and emotional health dimensions to their notions of being healthy. Mental health was described as an important aspect of an individual's health, not only because 'feeling good' enhanced a person's health but also because poor mental health was linked with depression. References to mental health included Clarissa's statement: 'if you are all depressed then nothing good will happen and you'll feel bad; it sort of wrecks your system,' and Krystal's suggestion that part of being healthy was 'being mentally healthy' and that 'you've got to express yourself regularly so it's not all bottled up.' Other students noted the importance of 'feeling good' about oneself, with Jolie specifically stating that young people needed to be 'happy at school.'

Physical health was a prominent part of the students' understanding of health, not only through the idea that healthy eating and regular exercise impacted on an individual's health, but also through the notion that the well-functioning body had the capacity and capability to perform certain tasks which were a sign of a person's health. Drawing on a combination of bodily performance (Tinning, 1997) and healthism (Crawford, 1980, 1986; Kirk & Colquhoun, 1989) discourses, a number of students argued that sports people were likely to be healthy people both because of their behaviours and their ability to apply their health knowledge to their own lives. This argument was articulated by Sonya who said that sports people were healthy people because 'they exercise all the time and they eat right and the people who do sport, they know what to eat so that they can continue doing sport and stuff.' Of all the students, James was the one who most notably drew on discourses of bodily performance to speak about health as the capability and capacity to do certain physical work. However, his suggestion that a healthy person could be almost solely defined by their physical capabilities such as 'running a few kilometres each day,' was met with resistance from two of the female members in his focus group. Hannah argued that there was more to being healthy than physical conditioning by saying, 'James, being healthy isn't always just about exercising.' Similarly, Clarissa argued that there was a difference between being healthy and being fit. In response to James' idea that a healthy grandparent was one that could 'run one kilometre' a day, she stated '(t)hat's not healthy. You're talking about fit.' James responded by arguing that 'if they weren't healthy

they wouldn't be able to run ten kilometres a day.' According to Wright, O'Flynn and Macdonald (2006), the young men in their research also talked much more about fitness than health and valued the 'capability of bodies, whether this was in relation to sport, particular kinds of work, or everyday physical demands' (p. 709).

While much less prominent than the idea that being healthy involved 'doing the right things,' several students also asserted that a healthy person was one who made the choice to abstain from certain behaviours and who did not suffer from certain afflictions. Hannah noted that a healthy person was one who was 'not always eating McDonalds,' and 'who doesn't always get sick.' Loren was the only student to specifically include mention of drug use in explaining her idea of a healthy person, simply stating that being healthy meant 'doing the right things...like sport and not taking drugs.'

In mapping the discursive resources that the students drew on in understanding health and the healthy person, my attention is drawn to the recurring assertion that health is achieved 'by doing the right things.' Through the students' comments, 'the right things' are understood to be certain behaviours and practices, such as exercising and eating healthily, which when regularly practised ensure that an individual becomes and remains healthy. The students frequently linked these practices with words such as 'should,' 'have to,' and 'can only', phrases which suggest that individuals *must* take up and mobilise these practices in order to be healthy. As such these bodily practices become health imperatives, examples of which were commonly seen in the young people's talk:

Jolie: I'm trying to eat more healthy food but I don't eat as much *as I should*.

Krystal: Yeah like if you have a lot of bad foods like McDonalds like every single day then you *have to* exercise more

Clarissa: If you eat too much like vegetables that's bad because then you are not getting enough iron and steak and all that and that's not even good for you. So yeah I think you *have to* have a variety of,

Dean: You *have to* take notice if someone is overweight and they don't stop eating compared to someone who is underweight, like anorexic, who doesn't eat as much.

The reconstitution of practices of the self as health imperatives illustrates the prominent place of the healthism discourse as a resource for the young people's understandings of health. Because the healthism discourse is underpinned by an 'ideology of individualism', it works to conceal the range of influences which contribute to ill-health and in the process persuade people that health is an individual responsibility (Kirk & Colquhoun, 1989, p.426). As such, the 'choice' to be healthy becomes an individual one (Nettleton, 1997), with those who fail to take

up and mobilise various ‘practices of the self’ seen to be morally lax (Crawford, 1980; Kirk & Colquhoun, 1989; Wright & Burrows, 2004). This overly-simplified understanding of health fails to adequately problematise individuals’ agency in relation to health and health decisions, setting up a situation in which ill-health can primarily be understood in terms of what the individual *chose* to do or not do.

Differences in the meaning of health

When asked whether they believed that everyone thought about and understood health in the same ways that they did, the majority of students across both of the focus groups asserted that there were likely to be differences in people’s meanings of health. The students explained that differences in understandings of health were the result of differences between people, such as their cultural background and upbringing, disabilities and level of education. Looking more closely at the differences in responses, Clarissa from group one explained that a person’s religion would shape how they thought about health because it influences ‘what they believe is right and wrong.’ Loren stated that ‘how well educated you are’ was likely to influence your attitude and behaviour providing the example of a PDHPE teacher applying his/her technical knowledge to their own lives: ‘Well say Mr. Jones he would know a lot about health so he would know how to keep himself healthy or whatever.’ Both Hannah and Jolie argued that individual differences in the (presumably physical) things that people could and could not do were likely to result in them having different understandings of health. Hannah stated that ‘its got to be different because some people can’t do things,’ and later Jolie concurred as she said ‘it depends on what people can do, like some people with disabilities and stuff can’t do certain things. They have to do different things to keep healthy.’ This idea that physical capability shaped understanding of health was also echoed in the second group as Clarissa stated, ‘if it’s like an eighty year old and they are probably having tablets every day or something, they probably couldn’t do some things that we can and so they have to be healthy in some other ways.’

Responses from the second group drew on the same set of resources, with students taking a similar position to those in the first focus group, albeit with slightly different examples. The students were clear in their assertion that health is ‘different for different people,’ with Dean giving the example of ‘different things mak(ing) different people feel good and healthy about themselves.’ Whereas Clarissa in the first group cited religion as part of a person’s background that shaped health beliefs, Dean broadened this in the second group’s discussion by arguing that the differences in the environments that people are ‘brought up in’ shaped their understanding of health. Mental illness was used both as an example of differences in the way

people understand health and cited as a cause for these differences. This is discussed in the following exchange:

Hannah: Some people just don't like themselves, just the way they are.

Ken: So they are not content with,

Hannah: Some people want to be really skinny and they end up being anorexic.

Ken: But do you think their idea of health is the same as your idea of health?

Hannah: No.

Dean: They think they're healthy if they are going to be anorexic and skinny but someone else will think that just being average is what makes you healthy. (Focus group two)

Hannah and Dean's comments demonstrate an understanding of the impact of individual circumstances on images of the healthy ideal. Through this example the students position mental illness alongside disability (and to a lesser extent old age), as examples of individual circumstances and conditions which alter a person's meanings of health. This line of argument led to considerable discussion in the second group about how disease and illness are accounted for in understandings of health, especially when living with a disease becomes a person's 'normal' state. This discussion is depicted below:

Hannah: ... But you can't always control if you are healthy you know; if you are born with a disease or something you can't control being healthy, like some people

Clarissa: But if they are controlling their disease they are healthy to them because they are not dying from the symptoms.

Ken: Yeah so there are different kinds of health?

Clarissa: Yeah.

Loren: What if they've got a critical disease?

Clarissa: If they had I don't know some disease and they had held it off for like ten years they would be healthy.

Hannah: Healthy isn't always what is on the outside, it's on the inside as well.

Clarissa: Just because they've got a disease doesn't mean that,

Hannah: You can also be unhealthy by having a disease like cancer but still run healthy like,

Clarissa: Yeah that's what I mean,

Loren: Not run healthy like your body can run,

Hannah: Yeah like if you're sick and you are getting better you are still healthy, but sick (Focus group two).

Hannah and Clarissa's comments in the above quote provide an interesting picture of the difficulty of accounting for illness and disease in understandings of health, especially where these afflictions are treatable and the individual is able to enjoy a long life. However, it is also

important to note that the previous quote begins to show how the young people recognised social and cultural elements as structural factors that shaped people's lives. Such understandings suggest that the young people themselves were able to move beyond the often highly-agentic understanding of individuals that has become prominent in health promotion and HPE.

Health, food and bodies

In discussing the relationship between health and food, students in both of the Waterside focus groups primarily drew on a combination of medico-scientific knowledge and risk discourse (Castel, 1991; Leahy & Harrison, 2004; Petersen & Lupton, 1996) in their initial answers, before later introducing a discourse which focused on balance and moderation in food consumption (Lupton, 1996). Though the students had earlier spoken about the central position of 'eating healthy foods' in discussing their notions of being healthy, they were invited later in the interview to expand on this in more detail. Students in focus group one began by mobilising risk discourse to argue that regular consumption of foods containing fat, salt and sugar presented a range of health risks for individuals. Students argued that 'eating junk food all the time' leaves a person 'really run down and tired' and leads to 'get(ting) fat and obese.' Similarly, foods with 'high salt levels' were linked with the onset of 'heart disease.' There was a notable tension in students' comments from both groups however, between the lifestyle risk presented by the consumption of carbohydrates, sugar and salt and the medico-scientific knowledge that these are essential to the physiological functioning of the body. While some students such as Clarissa and Sam in group two argued along functional lines stating that 'energy and carbohydrates' are important because they 'help your body run,' Loren and Jolie in group one seemed more aware of the potential tension between the two imperatives:

Loren: But you need sugar because sugar gives you energy.

Jolie: Yeah you need,

Charlotte: You don't need a large amount of it.

Jolie: Yeah you only need a certain amount of sugar.

And later:

Jolie: Yeah it's how much you eat of it, like sugar is not bad for you but you can only have a certain amount of it, but you still need sugar. Natural sugar (Focus group two).

In response to the tension between lifestyle risk and physiological functioning, students across both groups employed medico-scientific knowledge in the form of the energy in and energy out

equation (Gard & Wright, 2005). Using this they asserted that the risk of weight gain and obesity was only a problem where the individual did not exercise sufficiently to utilise the energy. Hannah explained this idea by stating, 'if you eat heaps of junk food and just sit there all day you are going to be unhealthy because you are not working off all the fat that the food puts in you.' Sonya held a similar view stating 'if you eat the wrong food you've got to exercise more otherwise you are gonna get lazy and not want to do anything.' Balancing energy in and energy out was also prominent in both Krystal and Hannah's ideas about the relationship between food and health, as demonstrated in the following two statements:

Krystal: If you have a lot of bad foods like McDonalds like every single day then you have to exercise more. But if you have healthy food like fruit and stuff then you don't have to exercise as much because you don't have as much fat (Focus group one).

Hannah: But you can still keep healthy if you don't do exercise, if you just eat fruit and vegetables and good stuff and sit at home you can still be healthy, but if you want the junky stuff you've got to do sport otherwise you are not going to be healthy (Focus group two).

The students were also asked about whether 'good' and 'bad' foods existed and if so, how they knew which were which. While students in both groups initially responded by claiming that foods could be categorised into 'good' and 'bad' and identifying a number of markers which could be used in this process, they later problematised this by first identifying foods that were difficult to categorise and later by mobilising a balance and moderation discourse. For the first group two markers used to categorise 'bad' foods were fat/oil content and the type of food preparation used (for example, frying). Using these markers students' contrasted oily take-away foods such as 'McDonalds' with 'healthy' natural foods such as fruit. The amount and type of food preparation used was also a major marker utilised by the second group, who combined it with the physical appearance of food to position take-away food as something near abhorrent, as demonstrated in the following quote:

Clarissa: ...you can tell like when you pick up a McDonalds burger it's all like gross and greasy and you can tell it's fatty.

Hannah: Yeah and you can see through the paper it's wrapped in.

Clarissa: Yeah because it's so oily and that's just wrong, I don't eat at McDonald's anymore.

Hannah: You also know yourself that healthy foods is like having carrots and that compared to chips (Focus group two).

Also in the second group, James specifically linked the consumption of foods that were high in fat and sugar with the risk of weight gain, which he suggested marked them as ‘bad’ foods:

Ken: Okay James we’ll just go back for a second and just explain what you were saying a minute ago about how a food might be a good food depending on what it’s got in it.

James: Oh yeah that, the fat, the amount of fat and the sugar and like kilojoules and stuff like that.

Ken: So why does that make it like a good food or a bad food?

James: Because if you eat too much of it then you’ll blow up.

Ken: That must be a really bad food if you blow up.

James: No if you keep eating like pizza and stuff.

Hannah: Yeah then like your heart blows up and then it (Focus group two).

As is evident in James’ argument, students progressively moved from identifying particular foods as ‘bad’ foods, to asserting that health risks related to food consumption were largely a matter of ‘eat(ing) too much’ of particular foods. To facilitate this students again drew on a discourse of balance and moderation (Lupton, 1996), which positioned the classification of foods based on the binaries of ‘good’ and ‘bad’ as overly simplistic. Within the balance and moderation discourse the responsibility for choosing foods becomes a matter of acquiring knowledge about which foods one should eat less often and which to eat more often, and then monitoring consumption to ensure compliance. Jolie’s comments were perhaps the best illustration of the use of such a discourse:

Jolie: What is it, good and bad foods? There probably are some foods that are not necessarily good or bad but some you should have more and some you should have less.

Ken: So you can’t just say that it’s necessarily bad for you but maybe it’s how much you eat?

Jolie: Yeah it’s how much you eat of it...(Focus group one).

That the Waterside students drew on a discursive framework consisting of medico-scientific knowledge and risk (Lupton & Petersen, 1996; Petersen, 1997) and obesity discourses (Evans, Rich & Davies, 2004; Gard, 2004b; Gard & Wright, 2001; Wright & Gard, 2005) to talk about food, is not surprising given the prominence of these discourses in contemporary Western societies. Nevertheless, it is important to consider how these discourses were taken up and negotiated by the young people. The technical and risk-oriented understandings, such as the energy in and energy out equation and the arguments around the lifestyle risk posed by fat, demonstrated the continued currency of knowledge derived from medico-scientific (Macdonald & Hunter, 2005) and New Public Health fields (Lupton, 1996) in PDHPE. At a school level this was supported by Waterside’s nutrition units being historically grounded in a combination of

technical understandings and health promotion guidelines according to Mark. Notably, these discourses were mobilised by the young people to constitute a range of imperatives, practices and guidelines which they used to speak about the relationship between health and food. Imperatives related to what an individual should or should not eat (and in what quantities), inferences to practices such as monitoring and calculating, and talk of the impending risk posed by fat (both in terms of body shape and functioning), were all linked by the young people with health and being healthy.

What makes a healthy body & what influences this view

In discussing 'healthy bodies' the students in the focus groups drew on three main sets of ideas: culturally idealised physical traits; medico-scientific knowledge in the form of body types and physiological functioning; and healthy bodies as the product of certain behaviours. The young people from both focus groups initially answered the question 'how can you pick a healthy body, what makes them healthy?' by identifying cultural idealised traits related to physical appearance. Like children in Burrows and Wright's (2004) New Zealand study and in contrast to teenagers from Wright, O'Flynn and Macdonald's (2006) work, both male and female young people identified 'muscles' as a sign of a healthy body. However, the understandings of how muscles contributed to a healthy body remained a gendered one. For the males, Dean and James, a muscular body was a sign that an individual was capable of doing certain physical work such as 'working out' or 'running ten ks (kilometres)'. In contrast, the young women who mentioned muscles referred to them more in relation to physical appearance. For Charlotte, a healthy body was one that was proportioned appropriately for the person's body type ('I reckon it's healthy like if you are like a big person naturally like you have big bones and big muscles and if you are a really skinny person with no muscles, I suppose it's healthy in comparison like with your body'). According to Loren, who was a representative surf lifesaver, large muscle bulk could be misinterpreted as fat by some people: 'Like muscle you need, some people are long and thin, yeah like poles and others have like more shape because their muscles are toned but their muscles might be big so people might interpret them as fat.' Skin complexion was another culturally-idealised trait which was linked with the healthy body. According to Sam from focus group two: 'with pimples and all that it's like you know they are healthy when they don't have any pimples, even though sometimes you can't control that.' Skin complexion and particularly pimples, were also identified by members of the first focus group. However, Sonya's argument that pale skin marked by pimples might be a sign that a person is unhealthy was questioned by Jolie who answered: 'but that could also be hereditary by their skin colour.'

The physiological functioning of the body was also part of what the students understood to be healthy, albeit in ways that drew heavily on performance discourses. James, who had earlier debated the difference between 'healthy' and 'fit' with Hannah and Clarissa, again drew on performance discourses to argue that a healthy body was one that was conditioned to perform the running required in sports such as football. Clarissa again rejected the assumption that fit and healthy were interchangeable concepts by saying 'Yeah but some people aren't healthy just because they can run fast and do athletics and stuff (that) doesn't mean they are always healthy, like they could be unhealthy but they can just run fast.'

The role of fat, body weight and body shape in constituting the healthy body were highly contentious, with students employing a combination of obesity (Evans et al., 2003; Evans et al., 2004a; Gard, 2004a; Gard & Wright, 2005) and risk discourses (Leahy & Harrison, 2004; Lupton, 2004; Petersen, 1997), as well as medico-scientific knowledge related to body types, to present a range of arguments. Charlotte began by explaining that body weight is frequently used as a visual marker of healthiness (Bordo, 1990, 2003; Shilling, 2005) saying 'you just go wow she's unhealthy because she's big and then you go wow she's healthy because she's skinny.' But later she complicated this by introducing the idea of body types and thus bringing into question the reliability of equating body weight with health: 'Well it also depends on their build like my friend she's big but she's not fat she's just big built and then you come across other people like Jolie who is really healthy and skinny.' Clarissa utilised knowledge grounded in the idea of body types in a similar way arguing against the assumption that a skinny body can be assumed to be a healthy one: 'I've got some of my friends who eat continuous junk food like all the time but they are still like as thin as, really really thin. It's not always that.' Dean, who had earlier commented on the unhealthiness of sufferers of anorexia nervosa, employed the balance and moderation discourse which was frequently used in describing food intake, to argue for a middle ground. For example he alluded to a healthy body having become a precarious balance between 'just having enough fat levels, (and) not being overweight or underweight or anything.'

However, even with the knowledge (discussed previously) that fat is a necessary part of physiological functioning, that body weight does not equate easily with health, that body types influence physical appearance, and that lack of body weight can be linked with serious illness, the appearance of body fat was still considered at the very least, unsightly. In the following quote Loren, an athlete herself, argues that both body type and muscle bulk render evaluations of health based on physical appearance problematic. In response Sonya, Jolie and Charlotte

assert that body fat has its own unique appearance, with words like ‘rolls’ and ‘jiggles’ creating an image of something that greatly detracts from sexual attractiveness:

Loren: Like muscle you need, some people are long and thin, yeah like poles and others have like more shape because their muscles are toned but their muscles might be big so people might interpret them as fat.

Sonya: But normally fat you can see like see, the rolls.

Jolie: Like it jiggles.

Charlotte: There’s a difference between fat and just, a little larger (Focus group one).

As James noted in an earlier section, the consumption of fat and excess energy was closely tied with the risk of ‘blow(ing) up,’ or becoming obese. In the above comments the young women use the same obesity discourse to suggest that excess body weight is a highly visible and immediately identifiable sign of healthiness, or lack thereof (Evans et al., 2004a). Though the visible risk posed by excess body weight to sexual attractiveness was more commonly discussed in the focus group interviews, the idea that fat might impair physiological functioning and create ‘inside’ risks, was also evident. In response to my question about the effects of all the ‘junk food’ she claimed her friends ate, she replied: ‘It depends like if they’ve got too much fat in their system I guess they wouldn’t be that healthy. But they just don’t show it, it must be something in the inside.’

Consistent with the students’ previous assertions that being healthy was about ‘doing the right things,’ Sam from group two argued that healthy bodies were not necessarily visually identifiable, but rather it was the behaviours or ‘habits’ of a person which indicated that they led a healthy life and in turn, possessed a healthy body. Based on this Sam argued that someone’s level of health could not be summed up at a glance because such evaluations failed to account for internal markers of health such as physiological functioning, and mental and emotional health:

Ken: Sam what do you reckon? We’re talking about bodies and what makes them healthy.

Sam: I don’t think you can really just tell from looking at them, you’ve got to know the person to know whether or not they’re healthy. How they feel and if their body runs efficiently. You’ve got to know their habits rather than just visually seeing them (Focus group two).

Before concluding the discussion about healthy bodies, I asked students about the range of influences which shaped their understandings of the healthy body. Parents, media outlets such as magazines, television and movies, and friends were all mentioned by the students as

important influences. Though none of the students elaborated on how parents influenced their understanding, both the media and friends were explained in terms of their ability to promote conformity to culturally idealised ways of thinking and looking. In explaining popular media's role in this, Krystal stated, 'they're always displaying images of the perfect body and skinny chicks with big tits.' Such comments seem to draw on a discourse which is critical of the media's role in promoting idealised and often unobtainable images of the body, seeking instead to resist what Oliver and Lalik describe as 'oppressive enculturation' (2001, p.315). Of the brief responses students gave in response to the question about what influenced their understandings of the healthy body, the role of friends was discussed in the most detail. While Krystal's previous comments (see quote above) suggested that she was critical of the media in promoting conformity, many of the students seemed more resigned to the idea of conforming to the views of the peer group, as demonstrated in the following two quotes:

Ken: Okay can we think of anything else that makes you think the way you think about bodies or influences the way you think about bodies?

Jolie: Friends, peer pressure.

Krystal: What everyone else thinks.

Jolie: Yeah, to fit in you do what other people are doing or you think what other people are thinking (Focus group one).

James: I'd say your parents and stuff. Maybe your friends.

Ken: How would your friends influence?

James: If they're all skinny and they're like playing football and stuff like that but if you're big then you wouldn't be able to join in with them and then you might want to become thinner, so then you can play football with them, tackle and stuff.

Ken: Yeah so what kind of activities they are into maybe?

James: Yeah so you can join in (Focus group two).

While Krystal and Jolie's comments about peer conformity do not specifically identify the benefits of adopting the peer group's view of the healthy body, James' comments suggest that he understands that not having a certain body may lead to an individual being excluded in some situations. As was the case with his earlier descriptions of health and being healthy, James' response equates health with capability. In the above quote the capability that he speaks of privileges a body that enables an individual to involve themselves in competitive sports. What is particularly interesting about James' statement however, is that the 'big' that he refers to is not the 'muscled' body that was referred to as healthy earlier (and incidentally would be regarded as helpful in playing the Rugby League brand of football James refers to), but instead 'big' is used as a euphemism for being overweight or obese. What James suggests here is that being overweight or obese may lead to social exclusion from the sport or physical activities of

the peer group. This seems to be quite different from traditional understandings of peer pressure and from research focusing on young women, both of which talk about the desirability of a slim body in terms of sexual attractiveness and *looking* healthy (Garrett, 2004; Wright et al., 2006). James' comments are, however, consistent with some aspects of Paechter's (2003) analysis of the enactment of masculinity and femininity in PE classes. She suggests that within the PE setting 'the body is used very explicitly as a reified marker of insider/outsider status with regard to dominant communities of masculinity practices' (p.142). Read in this way, James' comments depict the body as a means of entrance into, or exclusion from, membership of a sporting community.

Influences on food choices

In contrast to the relatively small range of things that were identified by students as influencing their notions of what constitutes a healthy body, students named a wide variety of influences on what they ate. In discussing these influences students spoke about social and geographical influences, but made little reference to cultural influences. Taste, food advertisements and special diets because of disease or illness were the three influences consistent to both groups' responses. Food advertisements were primarily mentioned in association with fast food such as McDonalds and Burger King and in ways that suggested that they had persuasive qualities which might convince a person to consume new products. While a number of students responded by saying that taste was the primary factor which influenced their food choices, taste was also repeatedly linked to the perceived health value of a food. For Hannah, eating food which tasted 'wrong' was not her preference, but rather something that was necessary because of its health value, as she explains in the following statement, 'I like eating yummy food not like vegetables and stuff because they just taste wrong. I still eat them because you've got to keep healthy but I guess I'd choose something yummier.' Similarly, Charlotte and Dean linked pleasurable tasting food with fat content as shown in the following quotes:

Charlotte: I eat what I want whether it be fatty or not; anything I eat it as long as I like it (Focus group one).

Dean: Taste is the biggest issue because like I have donuts, those Krispy Kream donuts, they have heaps and heaps of fat in them, except I still eat four of them a day or something.

Ken: Because they taste good?

Dean: Yeah (Focus group two).

While both Charlotte and Dean talk about taste as more important than nutritional quality (and I would argue in doing so position themselves as somewhat cavalier in the face of the 'risk' posed by fat), perhaps a more important aspect of these statements is the students' alluding to self-surveillance and monitoring. Though they do not seem to feel the need to alter their behaviour, their comments are underpinned by an imperative for individuals to monitor their food consumption, given the 'risks' posed by fat.

Some students interpreted the question differently and spoke about what influenced people in general, rather than about what influenced them as individuals. The students who commented on disease, illness and special diets appeared in the most part to fall into this category. Food allergies, liver problems and coeliac disease were all mentioned as special conditions which influenced the type of foods that a person should consume. Notably, the students primarily understood these as limiting factors which reduced the range of foods that a person could consume compared to 'other' people. 'Other' people were also a focus of an exchange in group two, however here the student's central idea was that people from other cultural and ethnic backgrounds consumed a reduced range of foods compared to the students themselves:

James: ... When you go to your friend's house it's what they eat because my friend is Indian and we always have curry.

Ken: Yeah so they have a lot of curry at their place. If he came to your house though would he say that you had a particular food sort of often?

James: I eat anything but my mum would probably make a curry too because he is used to having curry every night.

Ken: Every night?

James: Every Saturday; the only days he doesn't have it is Friday and Monday; every other night he has it (Focus group one).

As previously noted, the students displayed limited awareness of the influence of culture on the kinds of foods that a person consumed. In the above exchange James contrasts the recurring part curry plays in the diet of his Indian friend, with the diversity of his own household where no particular style of food dominates and instead he 'eat(s) anything.' The recognition of culture's role in shaping food preferences and consumption is certainly one which is consistent with a sociocultural perspective. However, both the lack of acknowledgement of the work Australian culture, or an Anglo Saxon background might do to food selection and the reductionist idea that 'Other' people were limited by their cultures, shows that the students' understanding was still a developing one. In reference to the specific effects that living in Australia might have on a person's food choices, the only mention that the students made was that rural living or 'living in the country' may influence the availability of foods.

Given the broad range of influences identified by the students it was interesting to note that when asked how they themselves specifically *choose* foods, students provided only brief answers. A small number of students spoke about availability and convenience, explaining that while taste, smell and physical appearance were important, it was foods that were immediately available in the home that they largely ate. The preparation of foods for ‘snacks’ was spoken of in ways that suggested that it was too time consuming and that pre-prepared or packaged snack foods were often preferred because of their convenience (Krystal: ‘Or if it’s going to take a long time to cook or whether you can just eat it. Like if it’s two minute noodles you’ve got to wait there for two minutes’). Where foods were not provided by parents, students spoke about taking into account price and more specifically of not being able to afford certain products. (Hannah: ‘...if you don’t have much money that’s another thing that helps you in your decision, if you can’t afford to buy what you want to eat’).

A number of references were also made to the influence of nutritional quality of foods and to the physical feelings that were associated with their consumption. While only one student spoke about choosing a food based on whether ‘it fills you up,’ two students spoke about choosing foods because of their emotional state, that is whether they were ‘stressed’ or needed ‘comfort food.’ One student, Dean, also noted that ‘knowing that you are going to feel good after eating (a food)’ might influence a person to choose it. There was only a single exchange in which students spoke about choosing a food based on an analysis of the nutritional information included on its packaging:

Ken: So what about if it’s on the supermarket shelf or something like that. Would you guys actually pick it up and actually read what’s in it or would you look at the picture?

Krystal: Not if it’s something I buy all the time like regularly buy but if it’s something I’ve seen and I thought is that good, then I’ll look at it and read it and see if it’s good and see if I want to buy it.

Jolie: I don’t read I just look and if I like it then I’ll eat it.

The fact that few students spoke of reading nutritional information when choosing foods potentially contradicted a common assumption in HPE. Based on the health-based decision-making model, the assumption is that more knowledge equates with ‘better’ choices (Wright & Burrows, 2004). In the case of food, the assumption is that if young people are given the knowledge and skills to interpret nutritional information, they will then apply this to their food-related decisions. Given Mark’s comments earlier about the Science and TAS KLAs focusing on technical nutrition-based content such as food composition, food pyramids and guidelines, it

is reasonable to assume that students had some experience with nutritional information. Yet based on Krystal and Jolie's comments in the above quote and the absence of any other talk around using nutritional information, these young people were not using technical information to choose food. Instead they based their choices on availability, cost, visual evaluations and knowledge of what they knew to be 'good' and 'bad' foods.

Surveillance and monitoring

Like the St Anne's students, young people in the Waterside focus groups spoke about food and bodies in ways that demonstrated that they employed practices of the self (Foucault, 1988) in the form of self-surveillance and monitoring. However, the Waterside students primarily spoke about surveillance and monitoring of 'other' people, that is, surveillance that is linked with moral judgements about individuals based on their weight and the types of food they consumed (Evans et al., 2004a). This is demonstrated in the following comments from Charlotte and Dean:

Charlotte: If they're eating like real unhealthy stuff like they're yucky and oily and greasy, you sort of go 'why do you eat that?'

Ken: So you would notice that do you think?

Charlotte: I would. If they had excessive amounts I would say 'have you ever tried eating something healthy for lunch?' (Focus group one)

And later:

Dean: You have to take notice if someone is overweight and they don't stop eating compared to someone who is underweight like anorexic who doesn't eat as much (Focus group two).

Both Charlotte and Dean's comments demonstrate surveillance and monitoring of others is employed to make judgements about their healthiness, morality and citizenship (Lupton, 1999). Underpinning Charlotte's assertion that she would intervene to attempt to correct the person's behaviour ('I would say have you ever tried eating something healthy for lunch?') is the mobilisation of personal responsibility discourse. In effect this discursive resource allows Charlotte to 'blame the individual' and their poor decisions for their (perceived) poor health status (Baum, 2002). As demonstrated through the phrase 'they don't stop eating,' the same personal responsibility discourse underpins the moral judgements that Dean makes in his statements, however, it is entwined with a balance and moderation discourse. In examining Dean's comments the message seems to be that his surveillance and monitoring largely extends to those who fail to regulate themselves in a balanced and 'normal' way, such as overweight individuals and sufferers of anorexia nervosa.

Surveillance and monitoring was also described by the students as they spoke about the differences between themselves, their family and especially their parents. The male students in particular used the eating habits of their parents as one way of differentiating themselves and their food-based decisions from adults. When asked whether they took note of what other people ate, more students initially answered no (four) than yes (three). In explaining their responses however, a number of the students who claimed not to pay attention to what others ate provided answers which illustrated that they were clearly quite aware of the dietary habits of those around them. Both Sam and James, whose responses are included below, asserted that they did not watch what those around them ate:

Ken: What do you reckon Sam, do you take much notice of what people eat?

Sam: Not really like my dad is constantly on a diet, all the time he eats all this awful like tofu and crackers and I never go near any of it and he eats all this chicken and noodles and stuff (Focus group two).

James: It doesn't affect me.

Ken: No, you don't pay any attention?

James: No because my mum is really weird and she has this thing, she has to be on this diet and she eats these crappy boiled vegetables and that and it makes me sick and my dad like he doesn't cut the fat off his bacon he just eats the bacon like that.

Ken: But doesn't that mean you do notice?

Hannah: It still makes you more aware of what you are eating.

James: No it doesn't (Focus group two).

While it is immediately apparent from the young men's responses that they did know what their respective parents ate, the distinction they seem to make is that knowing what their parents eat does not make them alter their own dietary habits. This suggests that they interpreted the question about surveillance of others in terms of whether it directly shaped their own dietary habits. What is important in these examples then, seems to be that the young men used information gained from surveillance and monitoring to position themselves and their diet as vastly different from that of their parents. This is illustrated by Sam's use of the word 'awful' and the phrase 'I never go near any of it' and James' assertion that his mum is 'weird' for eating boiled vegetables which make him 'sick.' Throughout the focus group interviews at Waterside there was a sense that planned diets and making 'healthy' food choices was something that adults, rather than young people did. At least part of this was connected to the assertion that the 'risk' of weight gain was a risk that they were somewhat immune to because they were 'young' people. In the following quote Hannah equates eating healthy foods with a

fear of weight gain and argues that young people are less concerned about monitoring what they eat because the 'energy in and energy out' equation works in their favour:

Hannah: Parents know, like they are smart, they like to eat healthy food whereas we eat what we feel like. They're more worried about their weight at their age because they are getting older and if they eat heaps of bad stuff they'll put on heaps of weight, whereas we actually do sport and that (Focus group two).

Despite the work Hannah does to differentiate young people's food behaviours from that of their parents, her use of the words 'know' and 'smart' gives the impression that she positions adults as better at applying their food related knowledge. In particular, her comments about the relationship between weight gain and exercise suggest that this knowledge is medico-scientific in nature and involves the evaluation of food in terms of its energy value.

There was only one exchange in which the students explicitly spoke about using monitoring and surveillance as a means of assessing their own health. In contrast to the comments made by James, Dean and Hannah in which they differentiated themselves and their food choices from the adults in their life, Clarissa's surveillance and monitoring was directed towards evaluating whether she 'measured up' in comparison to those around her:

Ken: Okay so do you take much notice of what other people eat like do you take much notice of what people eat at home or what your friends might eat here at school? Do you want to start for us Clarissa?

Clarissa: Okay so if someone in your family is skinny and you sort of take more notice of what they're eating because like you think you are doing it wrong or something (Focus group one).

Clarissa's comments closely reflect the findings from recent research (O'Flynn, 2004; Wright et al., 2006) which found that young women employed practices such as monitoring and surveillance as a means of assessing their own health. The use of the phrase 'doing it wrong or something' provides evidence that Clarissa is mostly likely speaking about taking note of certain behaviours that those around her are employing. Notably, the person she is watching 'is skinny' and as such their practices are seen to be working.

The meanings and understandings that the Waterside students brought to the research share many similarities with those of the St Anne's students and in some regards are consistent with the findings of research concerning young people's understandings of health, food and bodies. Like the St Anne's students they understood health as a multi-faceted concept and spoke about

the importance of ‘balance’ in attaining/maintaining health. Perhaps even more than the St Anne’s students, the Waterside students spoke of a range of practices and behaviours, which they spoke of as ‘doing the right things’. These behaviours, such as eating particular foods and exercising, were typically framed as health imperatives and aligned with the healthism discourse. Students drew extensively on both medico-scientific knowledge and risk discourse in their understandings of food and alluded to a tenuous relationship existing between the physiological necessity and corporeal danger of fat. Importantly, interviews with the Waterside students showed that (at times) they understood social and cultural elements as structural influences on individuals’ lives and health. Such an understanding is consistent with a sociocultural perspective in that it facilitates examination of influences at an individual level. As previously noted, interpreting social and cultural influences as social determinants constrains the development of such an individual, or personal understanding, because in the main it is drawn from epidemiology and is focus on populations. Neoliberal imperatives related to personal responsibility and self-regulation were highly visible in the young people’s interviews, as were they in Mark’s. However, in contrast to Debbie, Mark placed an emphasis on students learning to question assumptions and developing a critical orientation to health and health problems. While it will be explored in greater detail in the following chapter, Mark’s interviews also drew attention to structural barriers that may constrain a sociocultural perspective.

CHAPTER SEVEN PART I - THE PLANNING PROCESS AT WATERSIDE HIGH

This chapter examines the process of planning and implementing an eight lesson PDHPE unit on food and bodies. As was the case at St Annes' the unit was collaboratively planned and aimed to develop a sociocultural perspective. The chapter is split into two parts. Part I focuses on planning the 'Bodies in Society' unit and considers: the investments and discursive resources that were drawn upon in developing the unit; how the teacher and researcher engaged with the planning process; and the tensions that became apparent during the process. Drawing on formal planning meeting transcripts, interviews, observations and field notes, and textual analysis the body of Part I is directed at answering the question of how Mark and I engaged with the unit of work in attempting to develop a sociocultural perspective. Particular attention is given to the personal face of the planning process through the consideration of the values, attitudes and goals that Mark and I brought to the process and how these shaped our pedagogical decisions (Evans & Davies, 1988; Sparkes, 1991a, 1991b). A further aspect of the analysis involves considering how regulatory frameworks such as the new 7-10 syllabus (Board of Studies, 2003) and the contemporary subject imperatives that are embedded in it, acted to shape the unit of work. Such a focus allows for the identification and analysis of the tensions and issues that arose during the planning process and how these worked to facilitate or constrain the development of a sociocultural perspective in planning the Waterside unit. An analysis of these tensions and issues also provides important cues for understanding and interpreting the events of the second part of this chapter, titled 'The Lessons.'

Part II of this chapter, 'The Lessons,' explores the implementation of the eight lesson unit with a class of male and female Year Nine students. Building on the analysis in the planning section, the focus of this section is on understanding the space and possibilities for a sociocultural perspective as the unit is enacted. 'The Lessons' begins with descriptions of the sequence of each of the eight lessons and the adjustments which were made to the lessons as they were put into practice. The main body of the results, however, is dedicated to an analysis of the discursive, structural and material elements that worked to facilitate or constrain the development of a sociocultural perspective as the students and their teacher engaged with the unit of work. Major events in each of the eight lessons are analysed with data taken from in-class discussions, observations, work samples and interviews used to provide a detailed account of the complex process of attempting to develop a sociocultural perspective in PDHPE.

PART I – PLANNING AT WATERSIDE HIGH

In the first part of Chapter Seven the Waterside planning process is examined through four sections. ‘The planning process’ provides a broad overview of planning at the school and in particular details the similarities and differences between the Waterside and St Anne’s processes. ‘Positioning the key players’ briefly reintroduces the values, attitudes and discursive resources which Mark and I brought to the planning process. ‘The negotiation’ examines the collaborative construction of the unit as a text and introduces a range of key decisions made during the three planning meetings. Finalising Part I is the ‘Tensions and Issues’ section which examines the three most important issues in the Waterside planning process: the DET research approval process; the tension between pedagogy, student understanding and behaviour; and decision-making and personal responsibility.

THE PLANNING PROCESS

The process of planning the eight lessons that collectively made up the Waterside unit titled ‘Bodies in Society’ was distinctly different from that in the St Anne’s case (Chapter Five – Part I). Though there were a number of specific differences, two of these in particular characterised the planning process and shaped the lesson plans. The first difference in the process was the amount of planning conducted prior to the unit beginning. At St Anne’s, Debbie and I met for two formal planning meetings prior to the first lesson, by the end of which we had planned the first four lessons of the unit. In reality these four lessons actually took six lessons to teach and so two thirds of the unit had been planned in advance of the unit beginning. Though there were alterations to the lesson plans as the unit progressed, there were no further formal planning meetings, nor were there any particularly lengthy conversations about the progression of the unit. Alterations were usually made as a result of post lesson conversations and facilitated via email correspondence, with a new lesson plan emailed through prior to the next lesson. In short, the St Anne’s unit was a unit planned ‘in advance’ and with a kind of certainty that the planned lessons would facilitate the development of a sociocultural perspective.

In contrast to the planning process at St Anne’s, the Waterside unit was planned in a ‘progressive’ manner, with the next lesson frequently developed in response to issues encountered in the previous one. While there was actually one more formal planning meeting than at St Anne’s, the meetings were spread across the unit rather than at the beginning, taking place in two and four lesson intervals respectively (before lesson one, before lesson three and before lesson seven). Although there was no single reason for taking a ‘progressive’ approach to planning, a major contributing reason was a lack of certainty that what we were planning

was ‘right’ and would ‘work.’ In this regard, the Waterside planning process was notably different from the St Anne’s process. When planning with Debbie there was always a sense that the lessons *would* lead to the development of a sociocultural perspective and that this was somehow an inevitable product of the combination of teacher expertise, following syllabus prescriptions and having able students. In contrast to this and as noted in Chapter Six, Mark openly admitted to having limited experience with a sociocultural perspective outside of his teacher preparation studies at university and to being unfamiliar with the new syllabus. Further uncertainty was created because following the St Anne’s case, I had become less sure of my own view of a sociocultural perspective in PDHPE. However, in attempting to maintain the timeline of my PhD study, I pushed ahead with the Waterside unit less than three months after the St Anne’s unit. In the time between the two units I had only been able to conduct a preliminary analysis of data, which itself had left me unsure about how best to proceed at Waterside.

Perhaps because of this uncertainty, at Waterside Mark and I planned the first lesson and outlined the second in the initial planning meeting, but were reluctant to further plan until we could evaluate the first two lessons. As will be discussed in this chapter, far from leaving us with a feeling that what we had planned and implemented was ‘right’, our evaluations of these first two lessons left us concerned that we were not assisting students to develop an understanding of the purpose of the unit, or of the key concepts. It also revealed a number of potential school-based constraints to developing a sociocultural perspective. From this point onwards planning at Waterside was marked by processes of ongoing reflection, evaluation, adjustment and finally (re)planning as we attempted to develop a sociocultural perspective.

The second major difference between the planning processes in the two cases was that Waterside was a Government school and therefore permission to conduct research in the school was subject to gaining approval from the NSW Department of Education and Training (DET). While this will be discussed further in ‘Tensions and Issues,’ this process involved submitting the Draft Unit Plan for evaluation by DET PDHPE Curriculum Officers, who made a series of recommendations designed to align the Draft Unit with the ‘main messages’ of the new syllabus and the DET vision for its implementation in schools. So while both the Waterside lesson plans and the St Anne’s lesson plans were closely based on aspects of the Draft Unit, an important difference was that the Draft unit which we were given permission to use at Waterside had been altered in order to gain approval to conduct the research. While the most obvious effect of this was that the activities which were available to us to use had been

altered¹⁶, the experience also shaped what Mark and I thought was and was not possible in terms of lesson planning and activity design.

While the previously mentioned two issues were perhaps the most influential in differentiating the planning processes at each of the respective schools, there were a range of both differences and similarities between the two cases which had important bearing on the development of the lessons. Both the St Anne's and Waterside units focused on similar content (health, food and bodies) and as such Outcomes 5.6, 5.7 and 5.8 were consistent to both units. However, in complying with the DET ethics process the Waterside unit evolved to take an even greater focus on decision-making, specifically incorporated decision-making into both the Outcomes (5.12 – *adapts and applies decision-making processes and justifies their choices in increasingly demanding contexts*) and even in to the Unit Description (appendix H). Both units were designed for what is known in NSW schools as Stage 5 (15 and 16 year olds). However, while the St Anne's unit was conducted with female students who had nearly completed Year 10 (mainly 16 years old), the Waterside unit was co-educational and involved students who had just begun Year 9 (mainly 14 years old). Both units were comprised of eight lessons, however the lessons themselves varied in duration with the St Anne's timetable based on forty minutes periods and Waterside on fifty two minute periods. The scheduling of the unit was also notably different between the two schools. The organisation of the PDHPE KLA at St Anne's allowed for the unit to be conducted over four weeks (two lesson per week, four weeks in total). In contrast to this, the Waterside unit was conducted over a period of ten weeks (one lesson per week, including two weeks school holidays).

POSITIONING THE KEY PLAYERS: WHAT MARK AND I BROUGHT TO THE PLANNING PROCESS

What Mark and I brought to the planning process in terms of experiences, goals, attitudes, values, discursive resources and individual subjectivities all worked to shape the planning of the eight lessons (Goodson, 1988; Macdonald & Glover, 1997; Paechter, 2003). Though important biographical details have previously been detailed for both Mark and I (Chapter Six and Chapter One), here I focus briefly on reintroducing those aspects which are most important in understanding the Waterside planning process and the type of lessons which were developed

¹⁶ While the DET were unlikely to enter the classroom in which the research was being conducted and direct us not use a certain activity, the purpose of the research had always been to base the unit of work on the new syllabus and to try to work within this framework to develop a sociocultural perspective. As such disobeying the DET and implementing activities which they had indicated should be removed seemed to work against this goal.

as a result of it. Firstly, as a teacher Mark was far less experienced than Debbie and importantly, understood himself as someone who still had a great deal to learn as a teacher. He made no claims to expertise and would frequently defer to me when we attempted to make decisions about the content of the unit. This was particularly evident as we discussed issues related to the development of a sociocultural perspective and how this was aligned with the content and learning experiences prescribed by the syllabus. He regularly joked about his lack of both time and organisation and the possibility that the juggling act he was performing to keep up with all his responsibilities could fall apart at any moment.

The nature of Mark's work as a teacher at Waterside and the demands on his time were also important to the planning process because they meant that the three formal planning meetings needed to construct the unit, were conducted outside of school hours to minimise disruptions from other school commitments and staff. Disruptions from other staff were especially problematic because the main in-school space available to us to discuss or fine tune a lesson prior to its implementation was the teachers' common room. While it was conveniently located, being immediately adjacent to the PDHPE staffroom, Mark seemed well liked within the school and most of the teachers walking in and out of the room would stop and converse with him. The nature of his work and the range of commitments he had taken on also worked to limit his ability to provide feedback on a lesson prior to its implementation. While we had a number of post-lesson conversations and at times commuted together after lessons, when it came to reviewing the lesson plans that I drafted out of these conversations, Mark often admitted to only having paid the lesson a passing glance. One such example was in the first planning meeting when he said 'I haven't done much more than sort of read it, pay it a bit of a cursory glance in terms of what we might do.' This was something that he worked to improve as the unit progressed, however it remained difficult because of time constraints.

As a teacher Mark was less centrally positioned in relation to the dominant discourses of PDHPE than Debbie. At least part of this can be attributed to aspects of his personal biography (as described in Chapter Six) and his less than traditional path to becoming a PDHPE teacher, including his rural upbringing, exit from formal schooling in Year 10 and his previous vocation as a carpenter. While Debbie spoke about the students of St Anne's learning to be less critical of those who were less informed than themselves, Mark wanted his students to learn to question simplistic explanations of social problems such as obesity, so that they could move beyond the 'blame the victim' mentality common to health education (Lupton, 1999; Petersen & Lupton, 1996). The healthism discourse and the investments around food and the slim body that Debbie brought to her teaching, were much less apparent in Mark's talk. There were few

references in his talk to students monitoring or regulating their eating or learning to choose the 'right' foods. Instead he drew on a lifelong learning discourse as he spoke in detail about young people learning to enjoy the social aspects of physical activity, arguing that if they did this, health benefits would also follow. He did, however, trust in 'the good' of PDHPE in young people's lives and spoke about them developing both knowledge and responsible attitudes towards issues such as 'nutrition' and 'drugs and alcohol.'

Mark brought a set of investments to the planning process in relation to how students' should behave and perform in the classroom. These investments were closely tied to his notion of expert practice and drew on aspects of the performativity discourse (Ball, 1998, 2000, 2003b, 2004, 2006). Though Mark spoke only briefly about the link himself, his classroom practices and his interviews demonstrated that his image of the expert teacher was one who exerted a degree of control of his/her students, compelling them to engage in the work if they could or would not otherwise do so. In his first interview he spoke about needing to 'marry up' his goal of 'promoting enjoyment of physical activity' with what he described as more 'traditional values' and expectations around classroom discipline, effort and engagement. Though he never expanded on these values in any detail, my own observations in the first lessons indicated that he expected students to be quiet and attentive when he spoke, actively engage with any questions he posed and cease any work or conversation quickly when he asked them to. When students failed to comply with these expectations, Mark clearly communicated his displeasure, as demonstrated in the following quotes taken from the first five minutes of lesson one:

Those people that can't work quietly, I'm simply going to remove you from the room because I don't want to have to ask you again.

And shortly after:

Alright Year 9 listen in. I've tried to speak reasonably and obviously that's not going to work. You've come in from lunch and I don't know if you think it's still lunchtime but it's not. And I don't know how you expected to be treated in here but the way you're acting means that you have to be treated like little kids because you can't do a simple task, that doesn't need explanation. I've asked you to make that heading, I've asked you to write that question down. I don't see why any person is still talking (Lesson one field notes).

While such expectations in relation to classroom behaviour did not appear to shape his decisions in the first planning meeting, the progressive nature of the planning process at Waterside meant that Mark's perception of the students' behaviour in the first two lessons became a prominent influence on decisions made in the second planning meeting. Mark's

expectations around classroom behaviour can be more broadly understood in relation to performativity and particularly aspects of control. Because my impressions of Mark had led me to characterise him as a relaxed teacher, who placed great value on his interpersonal relationships with students, I was interested to note the emphasis he placed on student behaviour and teacher control.

Mark also brought related investments to the research based on student disengagement and the effect this had on learning. During the planning process he commented that in his experience, the Year Nine class taking part in the research was one that was difficult to get to engage with classroom work. According to Mark, the students' disengagement had been particularly evident in the past as he had attempted to facilitate class discussions with limited success. At the beginning of the first planning meeting, when asked about the kind of learning strategy he would prefer to use in part of the first lesson, Mark commented:

I like the one that gives them something to do, as opposed to, well I like the idea of that more as opposed to say discussion. I know that the kids here probably won't offer much in a discussion. I mean they probably won't offer much writing, I'm trying to think if they'd produce much. I might be underestimating them (Planning meeting one)

Near the end of the unit he expanded on his feelings about using discussion with the class:

...that's one of the things that I found the hardest and I'm yet to work out whether it's my inexperience, though I've been teaching for five years, but still relative inexperience. Or whether it is the clientele, as every teacher calls them. Whether it is a bit endemic at our school. I find it very difficult and I know that other teachers do because I'll often go and ask around. I find it's one thing in our area (PDHPE) because a lot of stuff in our area, it's not maths, it's not four times four equalling, it is a bit of discussion, seeing other people's values and that. Very, very difficult. So I still don't know what opinion to draw on that. I've tried a lot of different things and all with only limited success (Planning meeting three).

Mark's comments in the previous quote demonstrate his desire to have students actively engaged in his lessons and the complications that disengagement presented for him. The conversations with other teachers that he refers to, the reflections in relation to the students' attitudes and the fact that he claimed to have 'tried a lot of different things,' all indicate that he placed great value on engagement as a sign of learning.

Investments in student behaviour and engagement can be understood as aspects of Mark's notion of expert practice. If students are disengaged or disruptive, then the potential for the classroom to be a productive learning environment diminishes. Following this Mark, like Debbie, constituted expert practice (at least partially) through performativity discourses. In this

case, performativity discourse provided Mark with the resources to understand teacher expertise in relation to the teacher's ability to engage students and keep them engaged. Earlier in this chapter I argued that Mark was critical of students' adopting a 'cruisey' attitude to their schooling and in the process, squandering the opportunities that their social class had afforded them. However, through these investments it is apparent that Mark understood the teacher and their direction of and control over the classroom as an integral part of expert practice. The effect of these investments on the planning process will be explored in the 'Tensions and Issues' section of this chapter.

In terms of investments, it is also important to understand that what I brought to the planning process had altered considerably between the St Anne's unit and the Waterside unit. After having had the experience of the St Anne's unit, I wanted the Waterside unit to more explicitly focus on developing a sociocultural perspective and yet I was even less certain as to how this might be achieved. Part of this was a response to my feeling that despite our (and the students) best efforts, the St Anne's unit had done little to extend on the student's existing knowledge of a sociocultural perspective. I also felt that making a compliant reading (Cranny-Francis, 1992) of the Outcomes, Learn About and Learn To statements prescribed by the New 7 – 10 syllabus (Board of Studies, 2003) may not be enough to develop a sociocultural perspective. As such, I had come to believe that such a goal would need to be specifically integrated into the planning process and steps taken to make it explicit within the lessons. This was contrary to Debbie's position that a sociocultural perspective was almost a natural result of the combination of teacher expertise and the new syllabus document. The 'Tensions and Issues' section further explores the task of developing a sociocultural perspective while complying with syllabus prescriptions and also begins to consider how wider subject imperatives, such as personal responsibility and decision-making, came into tension with a sociocultural perspective during the planning process.

THE NEGOTIATION

As previously argued, the collaborative development of a unit of work in PDHPE can be understood as a type of negotiated text. This text takes form and is imbued with meaning as the collaborators make decisions about content and pedagogy and work to define the goals and imperatives which underpin the unit. Because a school subject is a social and cultural practice, the negotiation involves not only the teacher and in this case the researcher, but also government and community interests as represented through syllabus documents, subject imperatives and the subject's discursive history. While these latter influences will be discussed further in the 'Tensions and Issues' section, I focus here on the collaborative process of

constructing the Waterside lessons. In particular, I argue the decisions made in developing the lesson plans were inextricably linked to the potential for the development of a sociocultural perspective in the lessons themselves.

The process of negotiating the unit of work at Waterside was largely devoid of the interpersonal tension that marked the collaborative design of the St Anne's unit. At St Anne's the tension between Debbie and me was the result of differences in our interpretation of a sociocultural perspective and an 'integrated' syllabus. As such, there tended to be conflict as we attempted to negotiate broad issues such as the goals of the unit, how the unit was aligned with the syllabus and how a sociocultural perspective might be developed. One of the results of this was that as planning progressed, we avoided discussing the broad issues and focused instead on technical aspects such as the internal organisation and progression of specific activities. In contrast to this, Mark and I rarely took opposing positions during the Waterside lesson planning and readily discussed broad questions such as what a sociocultural perspective might mean within a high school PDHPE context, how the new syllabus might facilitate such a perspective, and later in the unit, why we could not seem to develop pedagogy through which students could understand a sociocultural perspective. It is also important to note that such conversations were rarely sustained even at Waterside and instead frequently became negotiations about the specifics of an individual activity as Mark and I attempted to translate the idea of a sociocultural perspective into classroom practice and learning experiences.

While our collaborative partnership was generally one that I would characterise as productive, one area of difficulty in the negotiated planning process was deciding on the specific details and progression of an activity during our face to face meetings. As had been the case at St Anne's, planning at Waterside was initially very dependent on the Draft Unit Plan which I had designed. The first planning meeting began with Mark and I reading through the Draft Unit Plan and considering the suitability of the activities for the Waterside context. In discussing the potentially different versions of the first activity, Mark recommended against the use of a discussion to begin the lesson, favouring instead to have students do some writing 'because it's a bit settling and can be a good a management tool.' However, other than these details our discussion never moved to finalising the organisation of the activity, instead it remained focused on what we *might* do. Such a collaborative style can be understood as a means of incorporating our individual working styles into the planning process. According to Mark he is 'an ideas person. Plenty of ideas but I don't finalise anything.' As such, his talk in the initial planning meetings was focused on generating or reviewing ideas and considering their potential for his specific class. In my case, much of my work as a PhD student was done individually and

similarly my experiences of planning as a teacher had largely been individual. One of the results of this was that I was content to talk about the broad details with Mark in our meetings and then finalise the lesson plans by myself and email them to Mark. As previously noted, Mark frequently found it difficult to review the lesson plans prior to the class and as such found himself unfamiliar with the details that I had worked out following our meeting. The most illustrative example of this impacting on the lessons themselves is taken from the first lesson. Just prior to the scheduled start of class Mark and I stood in the classroom reading over the lesson plan. Upon seeing that I had included a whole class activity, Mark restated his comments from the first planning meeting that this strategy might not be very successful with the class because of their inability to keep on task in large group situations. The lesson plan was quickly altered to begin with students copying down a written definition of a sociocultural perspective and then working in groups of two and three rather than as a class. Though this is merely one example, it begins to illustrate the idea that our negotiated planning was influenced by the various investments we brought to the process and by the wider conditions in which the lesson plans were produced.

TENSIONS AND ISSUES

The planning process was complicated by three main issues: gaining DET approval to conduct research in NSW Public schools; selecting and organising learning activities in response to classroom behaviour; and attempting to develop a sociocultural perspective within a personal responsibility and health-based decision-making framework. In the following section I will explore each of these issues, providing examples from the planning process which illustrate their impact in terms of the development of the unit of work and particularly in relation to a sociocultural perspective.

DET RESEARCH APPROVAL PROCESS

The process of gaining approval from the NSW DET to conduct research in NSW Public schools complicated the planning of the unit. In particular, the process of review led to the DET providing me with feedback that mandated changes be made to the content and activities of the Draft Unit. These changes had a number of effects including: the removal of research-based activities designed to develop critical inquiry from the unit; the production of a discourse which asserted that there was a 'right' way to read the syllabus; and creating an environment in which we self-regulated our planning to maintain alignment with DET preferred readings of the syllabus.

In order to conduct research in NSW Public schools, it is necessary to gain approval from the NSW DET. According to the DET home page ‘no research can be conducted in NSW government schools by an external agency, without formal approval’ in accordance with the State Education Research Approvals Process (SERAP) guidelines (DET, 2006)¹⁷. SERAP guidelines and the DET process for approving research extends beyond ethical approval according to Habgood (2005), who writes ‘(t)he SERAP process fulfils a gate keeping role in relation to access to DET schools and students and as such applications are assessed against a broader set of criteria than ethical standards alone’ (p.1). At least some of the criteria allow the DET to make judgements about the quality of the proposed research including details of the methodology and the value of the research in terms of Public Education (Department of Education and Training, 2006).

Though much of my SERAP application was approved upon first submission, the Draft Unit Plan proved to be a point of contention. It was forwarded to DET PDHPE Curriculum Support Officers who were asked to review the suitability of the unit. While the unit was approved upon being submitted for the third time, the Curriculum Support Officers made a range of recommendations during the process and mandated that these changes be made to the Draft Unit Plan before I would receive SERAP approval. They labelled a number of activities within the unit as ‘busy work’ and stated that these activities should ‘be more specifically linked to the content and Outcomes being covered in the unit of work’ (Personal correspondence, 2004). One of the general statements made was that:

Teaching, learning and assessment ideas do not link directly to the syllabus content or syllabus outcomes. These links need to be explicit to ensure that students are provided with opportunities to work towards the achievement of syllabus outcomes (Personal correspondence, 2004).

The Curriculum Support Officers specifically identified four activities and stated they did ‘not directly link to the content and outcomes being covered in the unit of work’ (Personal correspondence, 2004). One of the activities identified was titled ‘The food and health survey’ and is recreated below:

¹⁷ Though the ethics approval for the Waterside research was granted under an earlier version of SERAP, the approval process itself was essential the same.

Survey.

The food and health survey. A comprehensive survey conducted by each student with one older person (a parent, grandparent, aunt, uncle, neighbour or friend) and one younger person (friend, brother, sister, neighbour). Main questioning themes could include the relationship between health and food, influences on food choices (advertising, cost availability, parents, friends, taste etc), nutrition information and food packaging and how this influences food selection.

My expectation in relation to the survey activity was that students would go outside of the classroom to collect research data about other people's views about food and health. This data would be processed in the classroom and depending upon the questions students decided upon, could form a foundation for addressing Outcome 5.6 *Analyses attitudes, behaviours and consequences related to health issues affecting young people – healthy food habits*. For me, the survey was an attempt at developing the critical inquiry process through engaging students in research and data collection and potentially, the construction of new knowledge.

As previously stated, the SERAP process had a number of inter-related effects on the planning process. The overall SERAP process and in particular, the written feedback which mandated changes to the Draft Unit plan, had the effect of producing a discourse which asserted that there was a 'right' or 'official' way to read the syllabus. When mobilised, such a discourse works to regulate teachers' interpretations of the syllabus and persuade them to take up official or DET preferred readings. Such a finding is important given that much of the research on the social construction of curriculum and curriculum change, asserts that teachers will inevitably make their own reading of curriculum documents (Macdonald & Glover, 1997; Macdonald et al., 2002; Penney & Evans, 1999). Based on my experiences, it seems that there is little room within the NSW PDHPE document for teachers to make their own reading. In addition to this, any flexibility that does exist does not seem to extend to the relationship between activities and the Outcomes, Learn About and Learn To statements which they purport to work towards. In the case of Waterside planning, this led to the exclusion of the survey activity and in the process, to the exclusion of a potential opportunity for students to engage in critical inquiry.

The SERAP process and the 'official' reading discourse also had a broader regulatory effect on the planning process itself, in that it made us more concerned with aligning ourselves with the syllabus (Reid, 1999). Although the SERAP process was long finished and there was no one observing us to ensure that we conformed, our planning discussion still involved questions about how closely our activities were aligned with the syllabus and whether specific activities

showed that we were reading the syllabus correctly. According to Webb, McCaughy and Macdonald (2004) Foucault's notion of surveillance as a technique of power understands surveillance as shaping people's 'behaviours, patterns of thinking and actions' as they attempt to conform to established norms (p.210). They argue that the real potency of surveillance as a technique of power comes from 'the internalization of the gaze and regulation of one's own behaviour irrespective of the actuality of the gaze' (p.210). The following example, taken from a planning discussion immediately after the second lesson, demonstrates that Mark and I self-regulated even after the external surveillance via the SERAP process was removed:

Mark: ...Your balloons (activity) and that are trying to get them to look at their own health isn't it, so maybe before that we want to try to establish what's the advantage of this sociocultural view of health, this social view of health. So examine where there are some inequalities with a group of people, whatever group of people, give them some literature to read, they can cope with that and then establish some of those factors and some of the things that cause inequalities, but um, we're just going to get them to identify those. I sort of like to imagine moving a step further and addressing some of those issues, gaining some sort of hypothetical or role play thing, a task where you are the local government of the area, or you are a health worker for this area, you're in a position to try to overcome some of these problems. Looking at it in steps, first you need to identify the problems and then the barriers, the things that caused these and then when they get to the end of that we can talk about that. 'Were we able to overcome them theoretically successfully? Well, yeah. What sort of things did we do?' Then when we talk to them we can say 'well, you've just worked your way through now is you've just used a social view of health, you've just taken a sociocultural perspective on health and rather than saying 'well Aboriginals have these poor levels of health and they seem to just keep replicating,' which is an old way of looking at it, it's their fault kind of thing. But you just took this new perspective and if we can take this new perspective it helps us at least understand differences and hopefully overcome them and I'm waffling on now.

Ken: No, no. My issue is (laughter), I don't think we're actually allowed to do it.

Mark: Yeah, that's hmmm. See we keep coming back to this thing and I reckon the way the kids are going to understand it is if you go 'ok, you're the health worker, you're the cop, you're the local government, you're the dad on single income pension with three kids because the wife shot of with another bloke, you're these positions.' That's the best way to try to step them out of their own shoes and look at things from a different perspective.

And later

Ken: It's possible, but again it's a point where the DET could say, you didn't do what you said you would do, or that doesn't relate to the Outcomes that you say it will, which is a pain that it has gotten to that point. The thing is, according to them, for it to fit into what we're doing it can be about physical activity or food, that's it (Planning meeting three).

The previous example demonstrates how the SERAP process can be understood as an example of governmental regulation in late modern times. While the process itself imposed certain regulations, much of the work it did involved Mark and particularly myself, self-regulating. According to Lupton and Petersen (1996) power works 'most effectively when subjects actively participate in the process of governance' (p.11). This is important because although it is easily argued that the DET does not exert the same level of direct regulation over the work of classroom teachers that it does on researchers, my point is that teachers may perform this regulatory work on themselves and their activities. This 'governing at a distance' is part of the regulatory work that exemplifies modern forms of governance (Rose & Miller, 1992, p.173) and illustrates the operation of power through a diverse and diffuse range of sites (Lupton & Petersen, 1996).

PEDAGOGY, UNDERSTANDING AND BEHAVIOUR

The second major issue to emerge during the planning process focuses on the pedagogical decisions Mark and I made in addressing classroom behaviour problems and concerns related to student understanding of the concept of a sociocultural perspective. In exploring this issue I focus on developing the argument that the type of pedagogy we selected fulfilled some of our technocratic goals for curriculum planning and classroom management, but concurrently worked against the development of a sociocultural perspective. The reasons for making these decisions can be divided into two broad categories. The first category largely consists of examples of classroom interaction that demonstrate that we did not always *know* what a sociocultural perspective looked like, or how to achieve it through classroom practice. The second category consists of occasions where we made pedagogical decisions in order to address Mark's investments in teacher control and classroom management and my investments in terms of efficiency and the smooth running of the unit.

Particularly in the early stages of planning the unit, Mark and I made several pedagogical choices which potentially constrained the development of a sociocultural perspective. These selections were primarily made in response to our observations during and after the first two lessons, that students did not seem to understand what a sociocultural perspective was or how it might be utilised. Though much discussion was devoted to considering this problem, our primary solutions involved making a sociocultural perspective more relevant to the students' lives through scenario activities and continuing to establish the link between sociocultural factors and decision-making through the use of a decision-making proforma. These 'solutions' however, predominantly replicated the work that we had already undertaken in lessons one and two and which had, by our own assessments, largely failed to produce the kind of

understanding that we hoped for (instead producing many blank looks). The following quote, taken from the second planning meeting, offers a number of explanations as to why we continued to persevere with such activities:

Ken: ... So I guess we've got to work out is do we go with what we can do in a fairly concrete way, which normally I don't, but in this case I'm starting to think that maybe we have to. I'm thinking it's more concrete to go, 'there are these twenty factors and when you go to make a decision about a, b or c, a certain number of these factors will impact on this decision.

Mark: Yeah.

Ken: 'Here's the story of this Aboriginal family, which of these factors are impacting and how are they impacting?' I mean, it's really concrete and I don't know whether it's too concrete, or too boring.

Mark: I know what you mean, you want to make it a little simplistic because you want to get a certain level of understanding as opposed to broad and looking at it in the big picture and having a real vague sense of understanding at best...As you said, it's a difficult concept and it challenges a lot of your beliefs, especially those who are in a position where it is good and it works. 'This makes sense to me' sort of thing. 'What are you talking about, why can't they see it the way I see it?' It's not easy to be challenged out of that comfort zone is it?

Ken: That's right and that's where you have to bring it to their attention that there are people and that it isn't easy for them and whatever, I just don't know if they're quite, I don't want to undersell them, I just don't know if they are quite,

Mark: Yeah, better perhaps to have a more simplistic notion of it and fairly concrete, but then as they grow you hope they build on it and the questions starts to come and they ask, 'well, why is this?' Rather than having a very vague overall understanding that just fades very quickly and leaves them with nothing.

Ken: So what do you think?

Mark: I think we need to be a little bit concrete, yeah.

Ken: So look at the decision-making thing?

Mark: Yeah, where they can come out with something concrete from it and then maybe we can broaden a fraction (Planning meeting two).

The previous quote offers a series of explanations as to why Mark and I selected activities, which in hindsight seemed to work against our goals for a sociocultural perspective. My reference in the first line to 'the syllabus' demonstrates our desire to meet technocratic planning goals, such as aligning our unit and activities with the syllabus' focus on decision-making. Given that research aimed to work within the framework provided by the New 7-10 syllabus, such alignment carried considerable importance in terms of pedagogy. The second point of interest is the idea that the solution to our perception of limited student understanding was to create a more 'concrete' or 'simplistic' sociocultural understanding as opposed to one which was 'broad' and focused on the 'big picture.' As such we looked to implement learning activities which worked to scaffold students towards such an understanding by introducing a

sociocultural perspective as a series of ‘factors’ which influence health-based decisions and by employing ‘scenarios’ as a way of making the factors relevant and ‘real life.’ This pedagogy and its effects will be examined more closely in the second part of Chapter Seven. The final point is that there is a sense in the discussion of not quite knowing what a sociocultural perspective is, or can be, within a PDHPE classroom, nor of how it might fit with syllabus content and imperatives. When placed against the backdrop of my previous comments that the Waterside process was not marked by the same certainty that was a feature of the St Anne’s process, it becomes clear that such trialling of pedagogy was directed towards developing a sociocultural perspective, while balancing a range of competing imperatives.

The second pedagogical issue was created as Mark and I began selecting learning activities and structuring classroom interactions in response to investments in teacher control of classroom behaviour and efficient running of research. As noted earlier, Mark explained in his initial interview that he brought to his teaching certain expectations about classroom behaviour. These concerns were particularly obvious in the first lessons of the unit and were heightened by our joint desire to ensure that the research progressed smoothly. Mark was concerned (in particular) with the students’ behaviour jeopardising both the learning experiences of the lesson and the progression of the research. The students’ behaviour in lesson one was clearly on Mark’s mind as we drove home together after the first lesson: ‘I probably would have kicked out, well, if it was normally I probably would have pulled them up and drilled a few of them and removed them from groups. So if that doesn’t bother you?’ However, instead of removing students from class we agreed to impose a class seating plan in lesson two. This seemed to somewhat reduce class interruptions in lesson two. However, relatively poor group work interactions and perceived high levels of off-task talk across each of the first two lessons combined with our perceptions of limited student understanding to create a sense of urgency in planning for lesson three and four. One of the suggestions that I raised as a response to these problems was for the first part of lesson four to be conducted individually and under exam conditions:

Ken: What if you and I had them coming into a room, I don’t know, almost test situation, giving each person the same scenario. Tell them they are basically doing it in silence kind of thing, three instructions of the board: one: read the scenario, two: circle the

Mark: Yeah, run it in exam conditions. ‘We’re a little concerned that we haven’t established what we wanted, so we going to see just what you know. This is going to be done in exam conditions’ (Planning meeting two).

The outcomes of lesson three can be read in the second part of this chapter. My focus here is on the incompatibility between the development of a sociocultural perspective, which I have

previously linked with indepth analysis and the recognition and weighing up of a range of perspectives, and the use of an exam style pedagogy which reduces classroom interaction and provides little space for research, analysis or diversity of opinion. Though improved classroom behaviour would, in all likelihood, improve the possibility of productive work within the classroom, the question is ‘at what cost?’ I suggest later in this chapter that while our classroom behaviour goals may have been met, our pedagogical choices contributed little to our broader goal of developing a sociocultural perspective.

DECISION-MAKING AND PERSONAL RESPONSIBILITY

One of the products of going into the planning process uncertain of what a sociocultural perspective could mean within the NSW PDHPE context, was that Mark and I spoke much more about the broad idea of a sociocultural perspective than Debbie and I did in the St Anne’s case. Though time pressures frequently limited such conversations, following the first lesson Mark and I spoke in some detail about how a sociocultural perspective might be used to break down individual blame and disrupt discourses of personal responsibility and the notion of the ‘right decision.’ Despite conversations such as this one, tension was created in the planning process as we attempted to marry such a notion of a sociocultural perspective with the discourses and imperatives of the new NSW 7-10 syllabus. We found that the explicit linking of social and cultural influences with decision-making processes in the syllabus had a coercive effect on planning, encouraging an individualised, social determinants-based approach to social and cultural influences. This effect was compounded by the prominence of discourses of personal responsibility for health which have increasingly become the dominant discourses through which health can be understood in Australia and elsewhere (Evans et al., 2004b; George & Kirk, 1988; Macdonald & Hunter, 2005; Nettleton, 1997). Together these discourses contributed to an environment in which it was difficult to plan activities that promoted a deep understanding of social and cultural influences.

Before considering how such discourses constrained the potential to develop a sociocultural perspective, I will first briefly revisit the prominence of decision-making and personal responsibility within the NSW 7 – 10 syllabus and how the two are discursively linked. Discourses which promote the individualisation of responsibility for health are both widespread and highly influential within contemporary Western societies (Fullagar, 2001; Lupton, 1996, 1999; Nettleton, 1997; Wright & Burrows, 2004). At least part of this can be attributed to the shift to ‘government at a distance’ which has become a feature of modern forms of government (Dean, 1999; Rose, 1999; Rose & Miller, 1992). Though modern governmentality, or

‘government at a distance’, is a shift away from more direct forms of governmental control, it nevertheless seeks to shape the conduct, aspirations, needs and desires of individuals and align them with broader government imperatives. Such work requires that subjects be taught to make decisions and personal choices (about health and a myriad of other aspects) which are consistent with these imperatives. In the case of PDHPE, the governmental imperatives and thus the decisions that individuals are taught to make, are those around producing the healthy citizen (Lupton, 1995). Within the NSW PDHPE context, decision-making is interwoven into the content and instructional statements of the syllabus and as such becomes part of the official discourse of the subject. Such integration is depicted in Figure 2, which shows Outcome 5.7 and the related Learn About and Learn To statements from the New 7-10 PDHPE syllabus document (Board of Studies, 2003, p.38).

Figure 2 - Outcome 5.7 from the NSW PDHPE syllabus (2003).

While a document analysis of the New 7-10 syllabus shows that Outcome 5.7 (above) is clearly one of the more explicit emergences of decision-making within the syllabus, the imperative to teach students about the processes of health-based decision-making can be seen throughout the PDHPE KLA. Through learning about PDHPE in the Kindergarten (4-5 years old) to Year Six (11-12 years old) syllabus, students are expected to ‘Make informed decisions related to health and physical activity (Board of Studies, 2007, p.5). In years 7 and 8 (12-14 years old) students ‘assess risk and social influences and reflect on personal experience to make informed decisions’ (Board of Studies, 2003, p.13). Most notably, decision-making is one of the six ‘skills that enhance learning in PDHPE’ from K – 12 (Board of Studies, 2003, p.16). According to the NSW 7 – 10 syllabus, practicing the skill of decision-making in PDHPE classes assists in preparing young people ‘to respond appropriately when confronted with decision-making situations involving significant social pressures’ (Board of Studies, 2003, p.16).

The primary effect of the explicit linking of social and cultural influences with decision-making was to make it difficult (at least for me) to think about and plan activities that examined social and cultural influences outside of a health-based decision-making framework and outside of discourses of personal responsibility. There are a number of contributing issues that assist in explaining this tension. Outcome 5.7 (Figure 2) was one of only two occasions (the other being Outcome 5.6) that ‘sociocultural’ influences or for that matter the word ‘cultural,’ is specifically mentioned within the content statements of the NSW 7-10 syllabus (Board of Studies, 2003, p.37-38). Given that the central focus of the Outcome is ‘health decision-making,’ the syllabus placed significant boundaries on the context in which social and cultural influences were to be examined. As such, we primarily planned to study these influences through learning activities, such as scenarios, which specifically tied them to decision-making process. As I will argue in Chapter Seven part II, one of the results of this was that social and cultural influences were treated, at times, as social determinants which required little depth of study. This can also be attributed to the manner in which health based decision-making models tend to focus on personal responsibility, often at the expense of an analysis of influences which the individual has considerably less agency over (e.g. geographical location, religion, cultural background).

The issues noted above did not preclude a broader understanding of social and cultural influences. For example, there is space within the wording of Outcome 5.7 for the possibility that social and cultural influences could be studied in detail and *then*, once students were familiar with their intricacies, related to decision-making. Such scaffolding work would take significant time however, especially in light of the fact that a compliant reading (Cranny-Francis, 1992) of the syllabus might argue that a *deep* understanding of social and cultural factors is not necessary in order for students to achieve Outcome 5.7. Given the impact of performativity (Ball, 1998, 2000, 2003b, 2004, 2006) on teachers’ work, it is difficult to imagine many teachers allocating the necessary class time in this situation. A final issue contributing to the tension was the prospect that we were reading the syllabus ‘incorrectly.’ This concern was especially influential given that the DET ethical approval process had done little to reassure me that I was reading the syllabus legitimately. This concern was touched on in our second planning meeting as I spoke about the tension that I was feeling between my reading of the syllabus and the broader perspective that I wanted to take up:

We kind of have two things happening. One is that the syllabus tells us that sociocultural factors are things that influence decisions. But in our heads, not even in our heads, when we talk about it a lot of the time we talk about sociocultural factors above and beyond that. (Planning meeting two).

Despite acknowledging the tension that existed in our planning discussions there was little elaboration on it, or its effects on the activities we were planning, at least until the lessons were put into practice.

At the completion of the Waterside planning section, it is possible to begin to answer aspects of the research questions: ‘What happens when you introduce a unit of work planned with the aim of developing a sociocultural perspective into the HPE classroom?’ and ‘How do teachers engage with the process of developing a unit of work underpinned by a sociocultural perspective and what are the tensions and issues involved in developing this unit?’ Firstly, there were a number of differences in the way Mark and I engaged with the planning process at Waterside in comparison to Debbie and I at St Anne’s. When compared to the St Anne’s case, the Waterside planning process facilitated greater discussion about the notion of a sociocultural perspective; what it might mean within a PDHPE classroom context and why it might be difficult to develop. One of the reasons for this was that Mark and I were still in the process of shaping our own ideas about a sociocultural perspective and such discussions contributed to the work of forming these ideas. Going into the planning process ‘uncertain’ about what a sociocultural perspective meant also opened space within the planning discussions to ask (some) questions that moved beyond technocratic planning and the influence of the performativity discourse. While it could be argued that these discussions never managed to deliver a clear understanding of the notion, they did facilitate a more reflective approach to the concept and the issues encountered when attempting to incorporate a sociocultural perspective in PDHPE. This unit was also different from the St Anne’s unit in that we took a more progressive approach to the planning of the lessons and activities at Waterside. While the St Anne’s unit was prepared largely in advance of the lessons beginning, at Waterside we planned much more gradually and in response to our perceptions of the previous lesson. While this contributed to a reflective approach to planning and teaching, it also meant that activities were, at times, selected more in response to classroom behaviour issues than because of their appropriateness for developing a sociocultural perspective. Perhaps the most illustrative examples of this came from lessons two and three and took the form of seating plans, Mark’s classroom talk around behaviour, and pedagogy that mimicked formal exam conditions.

The Waterside planning process also provided evidence that the negotiated planning process was shaped by regulatory influences, such as the SERAP review, and through prominent health discourses embedded in the KLA and syllabus materials. The regulatory influence of the SERAP review was particularly evident through what I have argued was the closing down of

critical-inquiry opportunities via the exclusion of research-based activities. This altered both the immediate form of the Draft Unit, but more importantly produced the idea that there was a 'right' reading of the syllabus and linked this with the performativity discourse. As a form of 'government at a distance' this regulative effect echoed throughout the planning process as Mark and I self-regulated our planning, attempting to remain aligned with the DET preferred reading of the syllabus. Similarly, the prominence of discourses of personal responsibility for health and the integration of the health-based decision-making process within the syllabus document created tensions as they intersected with our understandings of a sociocultural perspective. While these discourses did not close off entirely the possibilities for a broader understanding of a sociocultural perspective, they did make it difficult to think about and plan activities outside of these discourses. An example of this is the reinterpretation of social and cultural influences as social determinants in order to fit with the health-based decision-making framework that underpins the syllabus.

In response to the question of how teachers engage in planning the unit of work, both the Waterside and St Anne's planning data clearly shows that the investments the teachers bring to the process have important effects. While this will be taken up in greater detail in the discussion, the Waterside planning process showed Mark's investments around control and behaviour management influencing the activities we selected as part of the lesson planning. Though the influence of these investments becomes clearer in Chapter Eight, even in the planning process it was evident that a tension existed for Mark between planning for control, management and efficiency, and planning for a sociocultural perspective. Similarly, my investments influenced the process. While my focus was on developing a sociocultural perspective, I was also concerned with ensuring that we worked within the framework provided by the New 7-10 syllabus. As such a tension existed for me between designing activities which were aligned with the DET preferred reading and designing activities which were less closely aligned with Outcomes, but (in my opinion) more likely to contribute to developing a sociocultural perspective.

CHAPTER SEVEN PART II – THE WATERSIDE LESSONS

This is the final part of the Waterside results and like the analysis of the St Anne's lessons, begins with a recount of the structure and flow of each of the eight lessons is recounted and their contents explained. Following this, empirical examples are used to examine how teachers and students engaged with unit of work and the discursive, structural and material constraints to the development of a sociocultural perspective.

SECTION I – RECOUNTING THE LESSONS

The purpose of this first section is to provide a brief overview of the flow of the eight lessons of the Waterside unit. In particular I recount the Outcomes, Learn About and Learn To statements being addressed in each lesson and link this with the learning strategies being utilised and the transitions between content. Alterations made during the course of implementing the lessons are included to give a sense of the dynamic nature of lesson planning. In addition to these summaries, original lesson plans can be found in the appendix (appendices N - S).

Lesson One

The first lesson was entitled 'Introduction to factors that influence health decisions and a sociocultural perspective' and addressed Outcome 5.6: *a student analyses attitudes, behaviours and consequences related to health issues affecting young people* (Board of Studies, 2003, p.37). The lesson was broken into three stages: an introduction, a whole class activity and a class discussion. Mark began by introducing the unit as 'Bodies in Society' and then posed the question 'what is a socio-cultural perspective?' on the board. After some brief student responses a pre-prepared definition was written on the board and the class were asked to copy it into their books.

The body of the lesson was an activity in which twenty students were given a small piece of cardboard with one of the twenty 'influences' (eg. media, peers, religion, family, genetics) outlined by the syllabus (Board of Studies, 2003, p.38) written on it. Grouped in sets of four, students were given a short amount of time to consider the factors they had been given before being asked to go to the board and categorise the factor under the four broad headings provided by the syllabus: sociocultural, individual, political or environmental. Mark then led a discussion in which he asked a number of students to explain their factor and why they had categorised it

the way they had. He also provided examples during the discussion of how the factor may influence a person's health or health decisions. Students then recorded the factors and their categorisation onto a worksheet. It had been planned that the lesson would finish with a ten minute whole class discussion based on the question of why it might be important to consider the factors that influence our health decisions. Because of time this discussion was limited to two or three minutes, in which Mark posed several questions about a sociocultural perspective and its role in PDHPE.

Lesson Two

The second lesson focused on 'Identifying influences and describing their impact on our health decision-making,' and addressed *Outcomes 5.6: a student analyses attitudes, behaviours and consequences related to health issues affecting young people*, and *5.7 a student analyses influences on health decision-making and develops strategies to promote health and safe behaviours* (Board of Studies, 2003, p.37-38). The lesson began with Mark speaking to the students about a 'critical incident' that had just taken place involving a senior student being injured by a truck outside the school. Following this he placed the students in a seating plan that he had prepared between lessons one and two, before instructing them to work individually to answer the question 'What is a sociocultural perspective and why is it important?' After a brief discussion of student answers, Mark introduced the main activity of the lesson. In this activity students worked in groups of two or three to identify, label and categorise 'factors' in a pre-prepared scenario. To assist in this process Mark wrote the 'factors' onto the board under the headings the class had decided on in lesson one and also took the students through an example scenario. The lesson had originally been planned to consist of two main activities, however, after the critical incident and the seating plan, the activity focusing on decision-making was shifted to lesson three.

Lesson Three

Lesson three revisited the Outcomes (5.6 and 5.7) and content of lesson two. However, it had a more defined focus on decision-making due to the addition of the incomplete activity from lesson two. The lesson was broken into two sections, sociocultural factors and decision-making incorporating sociocultural influences. In the first section students worked individually under test conditions to label and categorise 'factors' within a prepared scenario, much as they had in lesson two. Bridging the first and second activities was a brief discussion in which Mark spoke to the students about decision-making in relation to health. The second activity focused specifically on the decision-making process and began with Mark taking the students through an example on the board, before the class again worked under test conditions. In this task

students were asked to read a pre-prepared scenario, and identify the central problem. Following this the students used a decision-making proforma to note down three possible choices that could be made in an attempt to address the problem, the consequences of each of the choices, and the decision they thought the character would make. To conclude the lesson the students' work was collected and Mark posed the question 'how might taking a sociocultural perspective help us to make decisions?' as a homework task.

Lesson Four

Lesson four was titled 'Factors that influence food choices and sociocultural influences on health in the news.' Due to a mistake in reading the fortnightly timetable I was unable to attend the lesson, nevertheless Mark continued on with the planned content. The opening introduction combined the homework question from lesson three which focused on a sociocultural perspective and decision-making, with a question Mark posed that asked students 'What sort of things influence our food choices?' After briefly discussing these questions and having some of the students share their responses to the homework, Mark moved on to an activity that had originally been part of lesson two. Shifted out of lesson two because of time, the worksheet featured a number of balloons inside which students were asked to write down a 'factor' that influences what people eat. For three of these factors students were also asked to expand on their answer by explaining exactly how they saw this factor influencing what people eat.

The lesson plan then called for the class to move on to a critical literacy task focused on health and health issues in the media. However, a number of students expressed concerns about issues such as the focus of the unit, how the topic was preparing them for their half yearly exam, and the consequences for my research if they did not understand the topic. Mark took the opportunity to address these issues rather than move on, and as such the critical literacy activity was moved to lesson five.

Lesson Five

The fifth lesson was the first to specifically address Outcome 5.8 *a student critically analyses health information, products and services to promote health* (Board of Studies, 2003, p.39). The lesson focused on critical literacy through the study of sociocultural influences on health in the news media. Mark began the lesson by introducing the idea of critical literacy as being about 'not accepting newspaper articles as the truth,' and then proceeded to write a definition on the board. After some discussion of the definition and the newspaper analysis activity that formed the body of the lesson, students were broken into groups of three based on proximity. In the critical literacy activity students were supplied with five different articles and an

accompanying set of questions for each of the articles. The articles reported on a number of contemporary health issues that were affected by sociocultural factors, some examples of which included: television and violence; and celebrity and body image. Students were asked to work in their groups to read the articles and answer the accompanying questions. With limited time remaining in the period, Mark and I decided to continue the activity in lesson six and also to delay the discussion of student answers to these questions until lesson six.

Lesson Six

Lesson Six targeted both Outcomes 5.6 *a student analyses attitudes, behaviours and consequences related to health issues affecting young people* and 5.8 *a student critically analyses health information, products and services to promote health*. Mark was unable to teach this lesson because of a prior commitment as the year advisor for the incoming year seven. Students had been asked in lesson five as to whether they would be in attendance on the last day of school (our next scheduled lesson) and the majority of students replied that they would not. Mark was reticent to move another lesson into the next school term because of the need to keep the class aligned with the remainder of the year, and as such the decision was made for me to teach in his absence.

The lesson was made up of two sections, each of which examined print media as a source of health information or health messages. In the first part of the lesson students were given time to complete the critical literacy activity from the previous lesson, before Mark led students in a discussion of their answers. Following this the body of work for this lesson was introduced as an examination of idealised bodies, the media and advertising. In order to bridge the two activities a short discussion was conducted focusing on the question ‘Why might it be important to look at media stories and images critically?’ In part one of the activity titled ‘magazine analysis,’ students were instructed to examine a magazine and by looking specifically at the images, list the physical characteristics that were focused upon for each gender. Because of time, part two of this activity was shifted into lesson seven.

Lesson Seven

The seventh lesson was conducted following a two week holiday between school terms. Outcomes 5.6 and 5.8 were again the focus of the lesson, with the content of lesson six revisited before moving onto part two of the ‘idealised bodies, the media and advertising’ activity. Mark posed the question ‘What is critical literacy?’ to begin the lesson and a brief discussion followed. Students then moved into groups of three and began part two of the activity, which was titled ‘advertising analysis.’ Each group of three students were given two

advertisements and a set of questions focusing on the way the advertisement used images, such as idealised bodies, to market and sell their product. This activity was prepared to address the Learn To statement titled *students learn to explore the relationship between body image and gender, and the impact of the media on ideal male and female body types* (Board of Studies, 2003, p.37).

The second half of this lesson was scheduled as time to be used for an activity focusing on Outcome 5.8 and particularly the Learn To statement titled *students learn to develop and apply criteria to assess the claims made by a range of health products and services* (Board of Studies, 2003, p.39). In this activity students were to design criteria to assess the claims of health products and then use the criteria to assess the claims made in one of the advertisements they had looked at earlier in the lesson. Few students were able to begin this activity within the time provided.

Lesson Eight

The final lesson was designed to draw all of the Outcomes of the unit together, both as a means of revising content and to provide further written evidence of student learning. After considerable discussion it was decided that the lesson would take the form of a game show to be based on a combination of the 'Jeopardy' and 'Trivia' formats. Students were split into six groups, with each group issued a sheet of A3 paper to record their group responses to the questions. Sixteen question cards were placed on the blackboard and allocated numerical values depending on their level of difficulty. Each team took it in turn to select a question card from the blackboard and while all teams were required to answer the questions the teacher read aloud from the card, should the team who originally selected that card receive the highest score, they were awarded double points. In order to assess the detailed answers provided by the students, the answer sheets were collected and marked after class had finished. At the conclusion of the quiz Mark spoke to the students briefly about the unit and what would happen next in terms of the unit as a piece of research. I thanked them for their assistance and reminded the students involved in focus group interviews when and where these would be taking place.

SECTION II – THE LESSONS IN DETAIL

In the following section I take a more detailed look at the progression of the eight lessons and the learning strategies, discussions and decisions that made up the Waterside unit. Following analysis begun in the planning section of this chapter, I examine how possibilities and space for a sociocultural perspective were facilitated or constrained through the events of the lessons. My

analysis is directed at the teacher and students' engagement with the unit of work, the discursive resources they drew on in doing so, and the implications this had for how they came to understand the content of the 'Bodies in Society' unit. This section progressively moves from lesson one to lesson eight.

Over the course of analysing the eight lessons that made up the Waterside unit, four themes became particularly prominent. The first three of these themes: medico-scientific knowledge, personal responsibility and decision-making, and pedagogy, are already familiar from the St Anne's lessons presented in Chapter Five, however, their recurrence as major themes in the Waterside unit provides further opportunity to consider the implications each presents for a sociocultural perspective. The fourth theme, which I have labelled 'school architecture' is largely new to the Waterside unit, having only been mentioned briefly in the St Anne's case. Before moving to an analysis of the lessons in detail, I will briefly explain each of these four themes.

As discussed in Chapter Two, medico-scientific knowledge has underpinned much of the content of physical education for nearly half a century, a trend which has only been furthered through the positioning of physical education teacher preparation programs as part of human movement science or biomedical science within Australian universities (Kirk & Macdonald, 2001b). At both Waterside and St Anne's it was the influence of epidemiology that was particularly apparent, however, with sociocultural influences narrowly interpreted as 'social factors' or 'social determinants.' The second theme is personal responsibility and decision-making. As was the case in the St Anne's lessons the effect of this discourse is to individualise health and health choices and limit the focus of learning to teaching young people to make the 'right' decisions using the 'right' information. In taking this individualised focus, attention is drawn away from understanding the complexities of societal influences on health and placed instead on transmitting the importance of resisting social determinants such as 'peer influence' and 'media.' The third theme, pedagogy, focuses attention on the practices of teaching and learning within the classroom. Of particular interest in the Waterside unit was the way that both the teacher/student interaction style and the selection of learning strategies were closely related to the recurring behaviour management issues experienced during the unit. At least part of the effect of this was to limit the pedagogical possibilities of the unit, especially in terms of classroom discussion and research-style activities. The Waterside unit also drew attention to the way that pedagogical approaches aligned with the personal responsibility discourse such as health-based decision-making and real-life scenarios, both of which were common in the St Anne's unit, worked to limit the possibilities for a sociocultural perspective.

The final theme, school architecture, is a multifaceted theme which was not explored in detail in the St Anne's unit, but which made an important contribution at Waterside. As a theme, school architecture refers to much more than the bricks and mortar of the school buildings (though this is one part of it). I have used the label 'school architecture' predominantly as a metaphor for the organisation of the school and schooling itself and to provide a lens through which the effects of a range of structural issues related to school organisation can be considered. An element of the school architecture theme which played an important role in constraining the development of a sociocultural perspective was the organisation of the PDHPE timetable and more particularly, the separation of health and personal development (H/PD) classes from classes timetabled as physical education (PE) classes. A second issue related to the organisation of schooling which shaped the possibilities for a sociocultural perspective at Waterside, was the uniformity of learning experiences required for all students in a certain year within an outcomes-based environment. Such an issue has particular relevance as teachers and students engage with a curriculum innovation that exists outside of the 'regular' curriculum and in addition to the work of their colleagues and peers. A further aspect of school architecture that worked to constrain the possibilities for a sociocultural perspective in the Waterside case was the nature of teachers' work (Connell, 1985) in contemporary schooling. This aspect of the school architecture theme focuses on the complexity of attempting to integrate time intensive activities, such as curriculum interpretation, and design, with the range of competing responsibilities and imperatives that exists in teachers working lives.

LESSON ONE

In lesson one a particular aspect of school architecture, that is the nature of teachers' work (Connell, 1985), made a marked impact. While the nature of teachers' work will be explored in more detail throughout the unit, lesson one provides an important illustrative example of its impact on the lessons. Mark's involvement in the everyday running of the school, organisation of his classes and participation in extracurricular activities such as coaching and year advising, provided a structural constraint to the task of curriculum interpretation and design. In illustrating this finding I recount the ten minutes immediately prior to the first lesson, as Mark and I read over the lesson plan.

Ten minutes before our first class is scheduled to start, Mark and I stand in the classroom going over the lesson plan. I get the impression that Mark hadn't had much of a chance to think about the lesson, an impression which was confirmed several times during the morning when Mark would say things like 'I probably should have had a bit of a read over this.' This was further confirmed when reading over the first activity (which the entire lesson was based around) Mark said 'So, you want to have them all on the floor in

one big discussion? Hmm, not sure how that'll go with these guys.' He explains that he thinks it will turn into one student on task and twenty eight off, but says it's 'no worries' and 'we'll see how it goes.' I reply that maybe if we put our heads together we can rethink the activity and change it up. Mark says 'Isn't it a bit late?' We put our heads together and Mark suggests that maybe they could do the same activity but in small groups before quickly rethinking and saying that that won't work because we only have one set of factor cards. I suggest that we write the factors on the board and then the students can work in groups to classify them, with a whole group discussion after ten minutes. Mark agrees and then moves onto the introduction. He talks about extending the introduction a little and including a basic or working definition of a sociocultural perspective, supporting his decision by saying 'That'll help these kids to get into and focus on what we're trying to do' (Field notes lesson one).

Throughout the unit school architecture issues frequently worked in association with one of the other major themes: medico-scientific knowledge, personal responsibility and decision-making, or pedagogy. Because of this, its influence was masked or made to seem less obvious. In the example above the most obvious issue is the alteration of the planned learning strategy primarily because of the perception that there would be behaviour management issues. In this case the lesson plan had called for the process of explaining and classifying the twenty factors (media, genetics, values and attitudes, geographic location) to be an interactive process with a whole class discussion as the central learning strategy. Because of Mark's concern that too many students would take this as an opportunity to be 'off task,' this strategy was changed to become a small group activity where students were given a number of factors to categorise by placing them on the white board under the correct heading. Changes were also made to the initial introduction to the class and while this centred around working on a class definition, as will be discussed below, one of the primary results of this alteration was that students spend a greater amount of time working individually and quietly in their books. While the focus in analysing this example has been placed on the issue of behaviour management, it is also important to note the influence of school architecture. In this case the demands placed on Mark at Waterside (for example: timetabling co-ordination, relieving head teacher of administration and his 'normal' teaching load) limited his ability to engage with the lesson planning in meaningful ways in advance of the lesson.

The second major event, which shaped the running of the entire unit, was also part of the school architecture theme and requires a short explanation. The subject PDHPE is an amalgam of Personal Development/Health and Physical Education and as such has frequently been treated as two largely separate components. PD/Health has traditionally been seen as a 'theory' subject, meaning that students bring their workbooks for a lesson to be conducted inside the classroom and focusing on issues such as nutrition, drugs, or puberty. PE has been the 'practical' subject where students are expected to bring their sports uniform and engage in

activities such as field games, dance, swimming and gymnastics. At Waterside the PDHPE teachers had made the decision to alter their usual Year Nine allocation of two PE periods and two Health periods, to three PE periods and one Health period. Given that Waterside ran on a fortnightly timetable¹⁸ the result was that students would effectively have one Health lesson per fortnight. Because my research required eight lessons, Mark had decided to 'take back' some of the lessons that had been allocated to PE and once again deem them Health periods. One of the effects of this was that over the course of the eight lessons, there was not one period when all the students arrived at the right room, with their books and on time. These events, and the frustration they caused Mark, the students and I will be further explored later in the chapter, but in terms of the first lesson, ten male students and six female students (out of twenty eight) arrived at class between five and ten minutes late and in their PE uniforms. Like the nature of teachers' work illustrated in the previous example, the timetabling of PE lessons also existed slightly outside the teaching and learning events of the classroom, but nevertheless played an important role in shaping the possibilities for a sociocultural perspective.

In introducing the unit focus in the first lesson, the differences between Debbie and Mark were immediately apparent. At St Anne's the assumption was always that a sociocultural perspective was nothing new to Debbie or to her students. As such her introduction recalled a unit of work the students had completed earlier in the year and reminded students that as previously established in this unit, sociocultural factors were factors that influence health decisions or choices. Mark's introduction differed markedly in that he positioned a sociocultural perspective as something that was new to the students, rather than something that they were familiar with or should be able to recall (in conversations with me he frequently admitted that it was also largely new to him, at least outside of his experiences in a tertiary setting). In his introduction to the unit in lesson one he said:

The unit focuses on a different way of looking at health, certainly not a different way for people who have done study on it, but for you guys it will probably be slightly different to the traditional ways that we've often examined health. Health affects all your choices and the focus of what we'll look at is your choices in terms of food. We'll look at a whole range of things that impact on your health choices and the choices that you make (Lesson one).

¹⁸ Classes at Waterside School were organised around a ten day or fortnightly timetable, rather than the traditional five day timetable. Under the fortnightly system the first five days are designated 'A' week and the second five 'B' week. As a result, the classes a student attends on Monday of week A, will be different from Monday of week B.

The difference between the two teachers' introductions reveals much about their approach to the task of developing a socioculturally informed unit of work. Debbie primarily drew on her own perceived expertise and position as a leader in the field, whereas Mark looked to supplement his own knowledge through discussions with me. However, the most telling point is that both teachers broke the unit down to being about 'factors' that affect 'choices.' Mark drew on medico-scientific discourses to break down sociocultural influences to epidemiologically-inspired discrete, identifiable social determinants and, like Debbie, tied these decision-making. The recurring impact of the discourses of medico-scientific knowledge and personal responsibility and decision-making on the development of a sociocultural perspective will be examined throughout the analysis of the eight lessons.

After introducing the unit and its focus on a sociocultural perspective, Mark instructed the students to take a moment to think about what a sociocultural perspective might mean. Students had difficulty defining the 'social' aspects of a sociocultural perspective, so Mark explained the social aspect as being about:

'people, all the different relationships between groups of people that we might be involved in. When you leave to go home, you're involved in a different social situation. You go to sport, to dance practice, music practice, sit at home on your own. All those things are social situations.'

When asked about the cultural aspect of a sociocultural perspective, the students said it related to the 'different ways of being brought up,' and also a person's religion. Mark also questioned a number of students about what a sociocultural view of health might entail. In response, the students stressed cultural aspects and particularly the idea that culture was a marker of difference, whether it be a different view of what health meant, or the differing level of health experienced by various cultural groups. For Chelsea a sociocultural view of health was about 'how people from different cultures have different ideas,' whereas Matthew stated that it was about 'looking at the health of people from every culture' and Rachel said that it acknowledged that there are 'different views of health according to a person's culture.' In summing up the students' comments and writing a prepared definition on the board, Mark said the following:

Alright, we're starting to get towards what we might look at. How different levels of health or different ideas about health, start to get formed according to our own social and cultural experiences ok. What we define as good health and ways of achieving that are influenced by a whole range of things, and different groups of people may not have the same views or the same chances or opportunities to get that type of health that other people do... So can you quickly write down 'recognition of health as a socially and culturally constructed idea that varies depending on the different beliefs and attitudes of

different groups of people. Health issues become community, rather than individual responsibilities.’ Ok so what we’re looking at is a recognition of health as a socially and culturally constructed idea that varies.

Following this discussion, Mark moved onto the body of the first lesson, which was made up of the activity that we had quickly revised just prior to the class beginning, in which students would work in groups of four to categorise a number of ‘factors’ (Board of Studies, 2003, p.38) and then place those factors in the correct category (sociocultural, political, individual or environmental) on the white board. Following this Mark briefly discussed with the students a number of the factors and why they had been categorised the way they had, before instructing the students to complete a worksheet that reproduced the categorisations on the board (appendix W). In describing the activity I noted a number of points in my field notes. Firstly the class categorised all but one of the factors in the same way that the syllabus had, only placing ‘committees and organisations’ in a different category (sociocultural rather than political). The explanations during the class discussion were also generally quite well thought out and reflected the class’ standing as the highest placed English class in Year Nine at Waterside¹⁹. One such exchange is presented below and shows Mark asking a number of students to explain how geographic location might affect a person’s health:

Mark: How can geographic location influence decisions Aaron, take a few moments to consider that. All of these are right incidently. How might geographic location affect your health choices and health decisions, or affect your health or the way you think about it. Clarissa?

Clarissa: If you’re in one of the poorer countries then you have rice and things like that but if you’re in America you have fast food.

Mark: Alright, a whole range of food choices could be influenced by geographic location. The types of food, how fresh the food is that you get. Good. James

James: If you live in a country town there might be no facilities for sport, but there might also be nowhere to go.

Mark: Excellent, so we can also talk about physical activity. We’ve already said there is more than one thing that makes up health isn’t there? We can talk about nutrition, we can talk about physical activity. Alisha?

Alisha: The weather of the area, like if you live in a really cold area then maybe you can’t go outside as much.

Mark: Excellent. James I hope you heard Alisha’s answer. The weather. In a really cold area perhaps we’re inclined to not be as physically activity or perhaps we’re inclined to have food choices that are different because of the temperature. All these things, whether we see them or not, are part of this sociocultural effect on our health.

¹⁹ PDHPE classes for students in Year 9 at Waterside were streamed according to ability in the English KLA. The group of students who took part in the research were part of 9.1, the highest ranked English class in Year 9.

Clarissa, James and Alisha's answers all illustrate sociocultural understandings as they speak about geographic location as something that potentially affects the material conditions of a person's life and how they live it. While each of the three provide only brief answers, the aspects they touch on, namely food, weather, and recreation and facilities, demonstrate a developing understanding of the complexities of sociocultural influences. The work Mark does, however, is clear in its intention to make the students answers relate back to health choices and decision-making. In replying to Clarissa he talks about geographic location affecting 'health choices' and 'health decisions,' (and also in replying to Alisha's comments about the weather and in particular, the cold).

While the answers in this discussion suggest that the students provided a number of markers for what might be seen as 'success' in the first lesson, such as categorising the factors 'correctly' and explaining some of their effects, in our post-lesson conversations Mark and I both noted that many of the students did little explanatory or categorising work in their groups, except when one of the two of us was there talking to them. One of the features of the first lesson at St Anne's had been the discussion and (albeit limited) debate as to how the influences should be categorised and, following the syllabus, how they affected a person's health decisions. Whether such debate had taken place at Waterside was obviously much more difficult to gauge because the work was largely done within the students' groups, rather than in discussion with Mark. Additionally we both felt that while most groups had at least one member who was able to guide the group to complete the categorisation, there was little sign of 'depth of understanding' in terms of the influences, or even in explaining the effects they might have on an individual's choice. In reflecting on this observation, I noted that at least part of the reason that I felt this way could be traced back to the pedagogical changes we made just prior to the class. By altering the learning strategies used, much of the opportunity for class discussion was removed, leaving Mark little option other than to move rapidly through the discussion. As such, the discussion itself had limited student-student interaction or idea sharing. Instead, Mark asked the students a question, one student replied and then Mark extended on this answer. The result was that any opportunities to further develop student knowledge were largely constrained by time and the interaction structure.

Though many of the points I have raised here in lesson one are part of the work of establishing the scene for the events of the next seven lessons, as was the case with the St Anne's unit, the first lesson at Waterside provides important cues for reading the unit as a whole. The emergence of the school architecture and pedagogy themes, and to a lesser degree the medico-scientifically informed notion of sociocultural 'factors,' begin to suggest a range of issues that

acted to constrain the development of a sociocultural perspective. Pedagogically the alterations to the lesson on the basis of behaviour management issues limited the potential for any detailed class discussion of sociocultural influences, shifting the emphasis instead to the small groups and within these it would seem, particular individuals. The impact of the medico-scientific knowledge theme will be explored further in lesson two and the personal responsibility and decision-making theme in lesson three.

LESSON TWO

While each of our lessons was scheduled as an individual fifty two minute period, lesson two provides an example of how class time was frequently consumed by activities other than the teaching and learning of content from the unit. In the case of lesson three (which incidentally took place on the final period of a Friday afternoon), there were three separate issues to address during the lesson. Two of these were limited largely to the first fifteen minutes of class, while a third was a recurring issue throughout the lesson. Just prior to the scheduled starting time Mark told me that a Year 11 student had been injured outside the school after being hit by a truck. As part of the school's 'critical incident' plan he was required to hand out notes informing students and parents, and also explain the process to students who might wish to see the school counsellor. Explaining the critical incident to the students, answering their questions with what little information he had, and reassuring them of the student's condition took up the first five minutes of the period. The second issue to arise before the class could even begin was the ongoing problem of students proceeding to the PE change rooms rather than to our timetabled classroom and subsequently arriving five minutes late to class. This issue had been discussed in detail in lesson one and Mark had gone to some effort to explain the reason for 'taking back' some of the PE periods. He had also reassured the students that any periods lost from PE would be replaced in the following school term, after the research was completed. It was thus a little surprising to see that ten students had mistakenly gone to the PE change rooms. Mark was clearly frustrated as these students came in late and then a number of the (mostly) males asked him 'When are we doing PE again?' and 'Why aren't we doing PE anymore?' Following this Mark spent a further five minutes explaining again the need to change some of the classes PE periods back to 'health' periods and then had the students take out their school diaries and record the next two periods that were to be used by the research, as well as the next lesson in which the students would need their PE uniform. The lesson had started at 2.23pm and it was now 2.38pm.

Earlier in the week Mark and I had spoken about our impressions of the first lesson and Mark had made it clear that he was unimpressed with the general behaviour of the group and felt they were out of the routine of 'Health' classes. In response to this he expressed his desire to develop a seating plan for the next lesson, which he would use to split up some combinations that he saw as unproductive. This became the third issue of the lesson that Mark was forced to address prior to beginning any teaching and given the time constraints of the unit. His displeasure at what he saw as a lack of cooperation by a usually strong class was clearly evident:

I know that it's last period of the week and I know that we're used to going to PE. The periods that you lose will be made up and we are going to move to doing two periods of PD and two periods of PE, so it may be that you are not losing much at the end of the day anyway. I particularly don't see you enough for any routine with the once a fortnight periods, and with disruptions I may see you two or three times a term and it is not enough. Now last week, sorry Monday, I was not happy at all with the level of response from a very good group in terms of listening and getting on with the task at hand. So I've decided that for the time being we will sit in a seating plan that I have arranged. There is no debate, there is no questioning where you sit because you're big enough people now that you can sit next to someone in this class and work with them for fifty minutes. So it's not open to debate, it should take us three minutes to allocate everyone to your seats.

And just after allocating the students their seats:

Ok, quiet now. Dean if that doesn't work, you can get out. You're one of the one's that talks too much and part of the reason that we've done this is because of those people who talked too much last time. So if this doesn't help you, then we can do without you.

After providing students with information about the critical incident, once again addressing the problem of timetable alterations and explaining and implementing his seating plan for the class, it was 2.45pm. While these issues, like a number raised in lesson one, may seem to exist somewhat outside of the teaching and learning of the unit, their intrusion had important implications for the facilitation of a sociocultural perspective. As noted earlier in the planning section of this chapter and as will be taken up in lessons three and six, the behaviour management issues in particular became a recurring and influential element that constrained pedagogical possibilities in the unit.

The first scheduled activity in lesson two was a brief revision of the concept of a sociocultural perspective. Mark had introduced the concept in lesson one through a teacher-directed

discussion and then offered a written definition²⁰ that the students were to copy into their books. In the following exchange he revisited and expanded upon the class's initial conversations, strongly framing a sociocultural perspective as a concept that was different from, and in some ways opposed to, other contemporary understandings of health. This is shown in the following quote:

Mark: Ok, take two minutes without talking. This is the question that I posed to you last week and I don't care that it's sixth period Friday, we're getting on with it. Sociocultural perspective, what is it and why do we think that it is important? We decided that we have come up with two major reasons. What is it, why do we think it is important? Don't speak, formulate an answer in your head. Let's review last lesson.

(Students writing).

Mark: Charlotte?

Charlotte: The culture, like the culture that you're from influences how you look at health

Mark: Good, so we're viewing health in different ways according to our sociocultural background and the different things that shape health. Why do we think that it's important? What were the two sorts of things that we came up with? Alisha?

Alisha: (Inaudible).

Mark: Ok good, so it means that there is more than one point of view to how we can achieve health and there is different factors that influence it. There's not a one description fits all, there's not one category that fits all. It's no good to say 'you need to go get thirty minutes of exercise a minimum of three times a week because that's good for you and you have to do it by going to the gym.' There are a whole range of factors that might impact on whether you can do that and whether you have the time, what your background is, the money you have and all those things. So if you look at health from that perspective, is health an individual responsibility or does it become more of a community type responsibility?

Students: Community.

Mark: It probably becomes something that groups have more power over. It's probably not just the individual, or not just up to the individual.

The above excerpt provides an example of a sociocultural perspective being employed as a counter discourse. Through the suggestion that social and cultural influences impact upon how an individual understands health, how they might go about being (or feeling) healthy, and what health possibilities are available to them, Mark is able to question the legitimacy of 'one description fits all' understandings. Similarly, the idea of health as a community or group

²⁰ The definition Mark used was taken from one that I had written as part of the package I distributed to Mark prior to the unit beginning. It read as follows: 'The recognition of health as a socially and culturally constructed idea that varies depending on the different beliefs and attitudes of different groups of people. From a sociocultural perspective health issues become community rather than individual responsibilities.'

responsibility offers alternatives to prominent individualised discourses of health, which focus almost solely on personal responsibility. Though much of what makes this exchange ‘sociocultural’ comes from Mark, both Charlotte and (presumably) Alisha make important contributions.

The activity that formed the body of lesson two used scenarios to examine the influences of social and cultural factors on health decisions. This activity built on introductory work students did on social influences in lesson one, by presenting them with a scenario in which a fictional character’s situation was outlined. Embedded in the written descriptions of each of the situations were a range of social factors, taken from those outlined by the syllabus (Board of Studies, 2003, p.38). The scenarios were written to partially address both Outcome 5.6 and 5.7 and specifically the Learn About statements *Sociocultural influences on food choices* and *Influences on health decision-making and risk*. The students’ main tasks were to identify the factors using their worksheets from lesson one to refer to, and categorise each factor as sociocultural, political, environmental or individual.

The students initially reacted to Mark’s instructions for the activity with confusion and uncertainty. One exchange between Mark and a student, Aaron, involved the teacher questioning the student three times as to the instructions and goals of the task before another student stepped in and provided her own explanation. After clarifying his instructions to the class, Mark and I began to circulate around the room. When the students were still uncertain of the task, Mark suggested that we place one of the scenarios on the overhead projector and do a worked example as a class group. The students’ answers during this worked example showed that they were able to identify and name the factors within a scenario. Most groups were then able to complete this part of the exercise using their own scenarios. During the course of the activity Mark and I made two observations: firstly, that a number of groups were still essentially only working when either Mark or I were present to collaborate with them, and secondly, that although many of the students were able to identify the factors and categorise them, any extension of this, such as the question ‘how do you see that factor affecting the character’s situation?’ was met with largely blank stares or statements such as ‘I don’t know.’ In response to these observations, Mark reminded the students that they needed ‘to thoroughly analyse it’ and in the process identify all the factors within the scenarios. After another few minutes he decided to extend his earlier instructions for the activity and specifically include the task of explaining *how* the factor was impacting on the character’s situation. In doing this, his instructions were as follows:

Guys don't be satisfied to find the particular areas that you think impacts on health, try to give us some examples of how that might impact on the situation. If you've found 'age,' talk about how that might impact in one sentence, be it positive or negative that doesn't matter because you're being hypothetical.

At the completion of the activity almost all groups were able to successfully complete the identification of the social and cultural factors within their scenario. Given this, there was some sense of accomplishment and the hope that we were developing a base from which to move further into the unit. Nevertheless, the transcripts from class and from our reflective discussions, as well as my own field notes, all present an overall feeling of frustration. Certainly part of this frustration resulted from school architecture issues such as timetabling, working in concert with behaviour management and one off events such as the critical incident, to create an environment of greatly reduced learning time. The frustration was not limited to the teacher and researcher. Late in the class, at a time when many of the students had been able to identify the factors embedded in the scenarios, but few had been able to extend this identification, Mark had the following exchange with one of the students:

Chelsea: I don't like this Sir, what are we doing next?

Mark: We're doing a unit on alcohol after the holidays.

Chelsea: Good, I know what to do in that.

With the benefit of hindsight, one of the primary constraints to students developing a deeper understanding of social and cultural influences was the lack of appropriate scaffolding. In the main part, students were able to identify the 'factors' within real-life scenarios and yet they provided few signs of understanding the effects these factors had. I argue that this limited understanding was a result of the pedagogical organisation of the task. In particular, the lack of appropriate scaffolding and the expectation that students would make the 'leap' from identification to detailed explanation almost by themselves. In lesson one students had been asked to do little more than categorise the factors as sociocultural, political, individual or environmental. There was, as previously noted, little discussion or negotiation of the shared or different meanings we held as a class in relation to these labels. Rather than consolidating this activity at the beginning of lesson two by taking the time to discuss what was meant by each of the factors, Mark and I looked to move to align ourselves more closely with the syllabus by focusing on decision-making.

Scaffolding (or lack of it) also contributed in a broad sense to the students' uncertainty and to the frustrations Mark and I felt, because our unit was not a 'normal' PDHPE unit, nor had it been incorporated into the regular PDHPE program sequence at the school. Comments such as

those made by Chelsea, which suggests that she did *not* ‘know what to do’, give support to the idea that because the unit was not a traditional ‘drugs’ or ‘growth and development’ unit, its very premise was unfamiliar and its messages unclear to students. To add to this problem, the unit was operating without the regular scaffolding that exists within high school subjects in Australia. Generally by year nine students would have dealt with a range of concepts and knowledges within a KLA, which then form a base for more complex work. I would argue that Mark’s comments about the history of ‘traditional’ nutrition units at Waterside, as well as the fact that a sociocultural perspective and even a social view of health is relative new to PDHPE, lend weight to the assertion that the students had experienced little (at least in PDHPE) to prepare them for an understanding of the effects of social and cultural influences on people’s lives. The uncertainty that marked early lessons will be explored in greater detail in lesson four, where the links between uncertainty and school architecture issues will become clearer.

LESSON THREE

The body of the lesson was made up of two tasks, the first focusing on consolidating previous work on identifying, naming and categorising ‘factors’ and the second on the alignment of social factors with the Learn To and Learn About statements used in the syllabus, which stated that sociocultural influences were largely to be understood within a decision-making framework. Much of the space available to analyse this lesson will be used to examine the implications that these activities had for facilitating or constraining a sociocultural perspective. However, prior to doing this I focus on the broader classroom context and the considerations and events related to school architecture that impacted on the organisation of the lesson. Because there are a number of key aspects that shaped teaching and learning in the third lesson, I have broken them down into two sets. The first set includes the timing of the lesson, the need to work within the assessment framework provided by the syllabus, and the behaviour management issues which permeated throughout the first two lessons. The second set was primarily composed of changes Mark and I wished to make as a result of our reflective discussions, and the need to align the lesson with the health-based decision-making imperatives of the syllabus.

To explain the first set of issues in more detail, the third lesson was conducted exactly two weeks after the second lesson. In part this was a result of the school’s decision to alter the allocation of Health and PE periods per fortnight, which was discussed in detail in lesson one. Because of the ‘three to one’ ratio of PE to Health, only one Health period had been scheduled for the two week space between lessons two and three and when Mark had been unable to attend on this day because of illness, the lesson had to be postponed. Mark had also made it

clear that he was disappointed with the students' behaviour in the first two lessons and spoken about a number of behaviour management initiatives as a result, including lesson two's 'seating plan' and the possibility of sending certain students out of the class if they showed no improvement. These concerns were made all the more relevant because, as was the case for lesson two, lesson three was scheduled for the final period of the day on a Friday, a time that we had previously found difficult to utilise effectively. Though it did not weight on us as much as the previous issues, Mark and I were also both aware that we needed to assess how the students were responding to the unit, through what the syllabus labelled an 'evidence of learning' task (Board of Studies, 2003, p.64). Such a task was depicted by the syllabus as means of informally assessing the progress of teaching and learning in a unit, in order to make adjustments.

As previously outlined, a second set of concerns also played a role in shaping the organisation of the third lesson. First there was the need to integrate the social 'factors' with work on decision-making, in order to move towards achieving Learn About and Learn To statements such as students learn to *investigate factors that affect food choices* and students learn about *influences on health decision-making and risk behaviours*. This was further complicated by our own reflections from the first two classes, which had led us to believe that the students were uncertain about the overall direction of the unit. In post lesson discussions we spoke about addressing this through what Mark labelled as 'making it relevant' to students and their lives. Mark summed up these ideas after the second lesson when he said:

They were very unsure about where they are travelling with this... I think the kids are a bit lost and thinking, 'Well, what's it got to do with me?' Or 'where does it fit in in the big scheme of things for me?' It's like when you get taught something and you go 'well, I'll do it, but I'm not going to try too hard to understand it.'

Maybe the other way is to look at them recognising it on a more individual level. Start to look at it and go 'what are the things that are confronting me?' An analysis of their nutrition perhaps, nutrition guidelines, a diary for three days?

Though any linking of the diverse range of issues discussed here with the eventual shape of lesson three is highly complex, perhaps the most productive form of analytical questioning is to ask: 'what kind of pedagogy did these considerations contribute to and how did this shape what was possible in terms of a sociocultural perspective?' While I will revisit the second part of the question later, the first part can be answered here. The outcome of these concerns was the idea that a decision-making exercise, using a 'real-life' scenario was an appropriate way to demonstrate that a sociocultural perspective had applicability to the everyday lives of young

people. Further, in addressing the behaviour management concerns it was decided that the activities would be conducted individually under test conditions and the work students completed used as 'evidence of learning' to gauge the impact of the first two lessons.

In practice the lesson was comprised of two distinct activities: a 'factor' identification activity and a decision-making activity. The first activity was titled 'recognising factors that impact on our decision-making' and involved students working individually to identify, name and categorise a series of social factors embedded within a short scenario. All the students were supplied with the same scenario, which read:

A group of students at Smith High School in inner Sydney have begun discussions about the limited variety of food available at the school canteen. Currently the canteen supplies meat pies, sausage rolls, pizzas and the standard chips, chocolates and ice cream. The school has a multicultural population and the students would like the food choices at the canteen to reflect this. A second group of students involved in the 'Health Promoting Schools' program has complained that the canteen is not acting in a health promoting way as required by the NSW schools canteen policy. A third group of students are opposed to changes in the canteen and are happy for the current foods to remain available. They like that the canteen always has the newest snacks that are advertised on TV. The P&C (Parents and Citizens) committee is skeptical about making changes as the canteen generates important revenue for the school. As chairperson of the 'students for a multicultural canteen,' how can you achieve your goal?

It is worth noting that while all students completed the task within the allocated ten minutes and most students were able to identify the majority of the factors, the activity initially met with concern by a number of students. These students were worried that the test conditions signalled that the task would be used as part of their Year Ten assessment and thus contribute to their School Certificate grade. In discussing this concern with me, Mark pointed out that classes at the school were graded according to the students standing in the English KLA and that this class was the top group. He thought that their unease was likely not related to their inability to complete the work, but to the perception that this work was more difficult than that being done by the other class and thus they felt disadvantaged. This issue will be taken up in further detail in the analysis of lesson four.

The second part of the lesson was a decision-making activity, in which students used a decision-making proforma (appendix X) to work through potential solutions to the 'canteen' scenario. This activity had a number of stages. Firstly, following our observations that during lessons one and two the instructions that we had supplied students with had often been confusing, unclear or inappropriate for the goals that we had for the activity, we made a conscious decision to more clearly state our expectations and as Mark said in our lesson three

planning meeting, 'we might need to be a bit more teacher-centred in that way.' In doing this we decided to have a second scenario, which was placed on the board and worked through as a class in order to introduce the second activity. The scenario we used was one that I had previously used at St Anne's, the main character of which was a fictional teenage girl who was concerned about her body image (appendix V). The decision-making proforma (appendix X) was made up of four sections. Working left to right across the page, students were first asked to identify the central problem outlined in the scenario, suggest three possible choices that the main character could make, outline a number of consequences they saw as potential results of those choices, and finally make a decision and supply a short written justification for it. In looking at the following quote, which is taken from Mark's explanation of the decision-making activity, I first analyse the scenario and the worked example the students were supplied with in terms of how they position young women. Following this I consider the recurring role that the personal responsibility and decision-making discourses played in shaping students' understanding of a sociocultural perspective.

Mark: Ok, the second component to what we are looking at with that, is starting to be able to make some decisions about those factors that impinge upon your health. To identify factors that you may need to address and then to go through a problem solving decision-making scenario and to come up with a possible alternative that we could use, considering again the impacts of the things that affect you. So what I'd like you to do firstly, if we go back to our first story, is to identify if we can, a problem that you believe is central to the scenario. One of the health issues or problems that you believe the girl Belinda is dealing with. Take a minute to read that and see if you can come up with that. So what is the issue or the problem central to what is going on here now?

Terri: She thinks that she's not as skinny as the other girls

Mark: And it's affecting her self-confidence. Good...The central issue that has been identified here is that Belinda is concerned about her weight, but mainly because of what other people are thinking, or what she perceives other people are thinking. So her concerns about health or being overweight aren't necessarily for good reasons. In this case it's her friends. A few of her friends are on a diet, so she's influenced by that and she's also thinking about exercising more often. So we've identified the major part of the problem and some of the issues surrounding that problem. We want you in your scenario to come up with the central issue of the problem and some of the factors that impinge on it, the main issues surrounding that problem. We then want you to identify three choices that she could make, realistic choices that she could make. For example, choice one, (reading) 'be happy with her body.' And then underneath, 'the way that she is thinking about her body is making her unhappy, she should try to think of things about her body that she is happy about.' So one of the choices that she could make is to try to focus on that. Number two, take up a diet. A realistic alternative to this problem. 'Take up a diet like the ones her friends are on. Pick up the latest issue of Cosmo and look at the diets.' You've got to remember that her knowledge about diets seems to be minimal and if she makes that choice she is likely to follow that knowledge that she has, or the factors that impact on her and her food choices, and follow her friends. And finally exercise. 'Start exercising more often in a recreational way maybe get involved in a local gym or try to get her friends to join her to do that.' So we've identified three choices... As well as

considering the consequences we'd like you to consider all of the alternatives. This isn't a feel good, once upon a time and happily ever after, but a realistic appraisal of this situation given the stuff that we know about this girl. The alternatives that are possible but also the consequences and they may be good or they may be bad and we've done that with all three. So, depending on what diet she takes up she may get the results that she wants, but she may also get sick, put the weight back on or see no result at all. So we've got to be realistic about the consequences that occur. And finally, on here we haven't made a choice. So do we want two kids to come up with a decision? We want you to make a decision, after looking at the consequences, that you think is realistic given the sociocultural factors, the individual, the environmental, the political, all those factors that might affect her. What are the choices that she is mostly likely to take and what might be the most realistic alternative. Yes, Alisha?

Alisha: She starts exercising at the local gym, so she's doing exercise. To watch her diet, but she (inaudible) and she has to ignore her friends.

Mark: So you're attempting to give me a multifaceted sort of an answer. What area do you think that she's mostly likely to address. If she was to sit down and do this herself, and maybe decide to come up with these three choices, given that there are a range of things that are impacting on her choices, what one do we think that she is going to choose? She is concerned about her weight but mainly because of her perception about what other people are thinking. She's got a vague idea about her diet, a vague idea about exercise. Is she likely to make this choice?

Student: No

Student: Yeah.

Mark: We don't know the answer but perhaps an instinct here may be that if she is influenced here by these things, that she is less concerned about her real health and more about body image and perception and other people, so this might be a difficult choice for her to come up with. Now I'm not here to say what's right, or what will happen because we're talking about feelings and people and there is no right or wrong, she may well do that. My instinct here would be that perhaps this one would possibly be a bit harder than one of the other two choices to make. So if we can get you to explain the idea, given the factors that are affecting the character, you might come up with one that, while you may not necessarily feel that's always the right one, this is probably the one that she might do because of her socioculturally constructed view of health. This is the essence of what we are trying to look at, sometimes people don't make their choices for the right reasons or the wrong reasons, but you look at the whole range of things that are affecting her... It's like I often say, it's not like maths where there is a right and wrong. We're trying to get an understanding of how you're viewing this and an understanding of what your understanding is, by you identifying those factors and choices and your thoughts and how you feel is showing us where you are in understanding this social view of health... I recognise that you're working very well guys for a Friday afternoon and I appreciate that.

Though I have previously spoken about the 'Belinda' scenario²¹ in some detail in reference to its use at St Anne's, it is worth considering again the position of young people in the scenario and the implications this has for a sociocultural perspective, where such a perspective

²¹ Some readers may recall that I was critical of the outcomes of the use of the Belinda scenario at St Anne's and wonder 'why use it again?' The abbreviated answer is that I had not had time to fully analyse data from St Anne's before moving into the Waterside case.

specifically aims to critique the tendency of health education to individualise health problems. The first point is that through a combination of psychologising Belinda's concerns and positioning them as issues of perception, the scenario works to constitute weight and image, as the individual's problem. This is highlighted through Mark's comments that the central issue is Belinda's perception of how other people view of her. Such comments suggest that her concerns about weight are primarily issues of self-esteem and self-confidence. Similarly the worked example, through statements such as 'the way that she is thinking about her body is making her unhappy,' provided little opportunity to understand the scenario as anything other than a psychological problem. Such a reading ignores structural influences such as education, and the pervasiveness of medical and media understandings, which frequently link health, sexual attractiveness and morality with slimness. Because of these shortcomings there is a failure to interrogate assumptions about young women's problematic engagement with food, exercise and body image.

In the second part of this analysis, I wish to highlight the 'slippery' nature of a sociocultural perspective, particularly where it begins to intersect with institutionalised health imperatives related to discourses of personal responsibility and making 'the right' decision. Though Mark repeatedly attempts to highlight the tenuousness of any relationship between social influences and the decisions people make through comments such as '(n)ow I'm not here to say what's right, or what will happen because we're talking about feelings and people and there is no right or wrong,' because the task is framed through decision-making imperatives, it is interpreted as being about negating 'negative' influences in order to make a healthy decision. This interpretation is highlighted by Alisha's assertion that the 'solution' is for Belinda to start exercising, 'watch her diet' and perhaps most importantly, 'she has to ignore her friends.' The other element is the ongoing tension between Mark's comments that there are no 'right or wrong' solutions, and the use of binaries such as those found in the phrases 'sometimes people don't make their choices for the right reasons or the wrong reasons,' and '(s)o her concerns about health or being overweight aren't necessarily for good reasons.' My criticism here is not necessarily directed at Mark's phrasing, but rather at the tendency for health-based decision-making exercises to intersect with personal responsibility imperatives in ways that create an environment where the focus is on making the 'right' choice. In the case of this exercise, such a focus worked in conjunction with an individualised view of health to constrain opportunities to look more broadly at social and cultural influences (in structural ways), as they constitute the environment in which 'choices' could be made. Based on this example I suggest that even where teachers and students recognise the influence of social environment on the choices an

individual can make, a sociocultural perspective may still be subverted by imperatives that occupy a more privileged position within the KLA.

LESSON FOUR

Lesson four was originally planned to consist of two distinct sections. The first activity was designed to consolidate previous work on the Learn About statement *students learn about sociocultural influences on food choices*. Given that this content had been constantly addressed over the first three lessons, this activity was designed to both assist students to recall previous work (there had been another one week break between lessons three and four) and to provide a scaffold into the critical literacy task that was to take up half of the total lesson time. The first activity was titled ‘balloons of influence,’ in which students were asked to answer the question ‘what influences what we choose to eat?’ by listing and explaining a number of sociocultural factors on a worksheet. Before this activity could be completed, Mark began to field a range of questions related to the purpose of the unit, how their work within the unit would impact on their school certificate grades and the research I was conducting. To further complicate these issues, a timetabling miscommunication had meant that I arrived at the school ready for a fifth period lesson, when the lesson had, in reality, been scheduled for period two. As such I missed the entire lesson. Given that I did not witness any of the events of the lesson first hand, I will use two data sources to provide a recollection of the lesson. The first source is a short interview with one of the students that I conducted roughly two hours after the class had finished. In this interview I asked Loren to tell me about the lesson and particularly the events leading up to the lesson stopping:

Ken: Mr Jones was just telling me that the class all stopped at one point, could you tell me about why?

Loren: Yeah because there were lots of questions being flung at him because we didn’t understand the whole the situation.

Ken: What do you think you didn’t understand? Was it just this activity or was it more than that?

Loren: We didn’t understand why we were doing it and then there was a dispute over ‘we won’t be learning anything for our half yearly report.’

Ken: Oh really?

Loren: But Mr Jones made us realise that this is helping us towards our half yearly.

Ken: So, what was the dispute?

Loren: I don’t know. I think the person next to us said that we weren’t doing what we were supposed to but Sir said that we had done it last year and also that this was leading up to it.

Ken: Ok, cool. So what was the discussion about then, like, did Mr Jones try to explain to you what was happening? Or why you were doing this?

Loren: Yeah, he explained that it was for research. Yeah, that's all I remember.

Ken: Ok. We were just talking, Mr Jones and myself, and just trying to work out whether people understood what were doing and why we were doing it. So, what about you and the people you sit with and talk to?

Loren: I thought, like at first it was a bit, I didn't know what to write, I didn't have a clue. But then when Mr Jones gave us some examples it was a lot easier.

Ken: So that was for this specific activity, what about for the lessons up till now like since I've started coming to class. Do you sort of have an idea what we've been doing or not so much?

Loren: Yeah, I understood the thing where we had to write political and media and environment and sociocultural. I understood that, but at first I didn't think I understood it.

Ken: Ok.

The second data source is an excerpt from a planning meeting where Mark and I spoke about the events of lesson four:

Mark: Because I know we just stopped and I thought 'you're not here now, I'm just going to run off the track.' That's when I said I'm not even sure that I should be doing it because it's a study but let's stop and talk and we did and we just ended up talking. It was probably good for me because I do get quite frustrated with them, but I do think they want to understand it and part of their 'off with the fairies' and a little bit of a lapse of concentration was to do with them finding it difficult. Kids like Sam and Alisha and them, kids that do try sort of to express that. So, I was curious to see if we had gotten any further along the track when you spoke to her (Loren).

Ken: I didn't get a lot of detail out of her in that regard and then I asked her about what happened when it stopped, what did you talk about? She said things like 'some people were concerned that we weren't learning anything for the half yearly,' and then she said 'Mr Jones sort of cleared that up and made us see,' those were her exact words, 'made us see' that everything we were doing was actually building on getting us ready.

Mark: Interesting she said that because I can't remember that being one of the questions but obviously for Loren, like those top kids, it's about where does this fit into a half yearly, where does this fit into an end grade? Which is a bit of a shame because our subject really shouldn't be based around that too much should it? There are enough subjects where that is the defining thing and we don't need that.

Ken: Yeah, I pictured maybe Sam, you can't remember him?

Mark: I do remember him expressing that in the time that you and I were there but in that time when we stopped, I don't remember anyone bringing it up. But as I said, if Loren mentioned it then obviously it was, I'm sure that's still the concern of some of the kids, 'alright he's saying that but he still has to assess us.' About four or five weeks into this term they do have to be assessed and I've got to think about how I'll do that. It is a shame that we assess in our subject, like, assess for a grade. They used to give a mark when I first got there, an actual mark, including PE and that. I talked them into grades but I still think it's a bit of a pain (sigh), once that becomes the focus. I suppose it's a bit of a double edged sword, it can sort of be a motivating tool but I think more often than not it's 'just tell me how this fits into how I get a mark.'

Ken: Well I guess that was sort of the attitude that I was taking from what Loren was saying, that there were a few people who were like 'other people are off learning and I'm not learning, that disadvantages me.' And B, what's this got to do with what I'm meant to be learning anyway?

Mark: Yeah, that's right.

Ken: And she was just saying that a few people were saying that they didn't really know what this was all about.

Mark: Yeah, that's the major bit that I remember being a problem (Planning meeting three).

The events of lesson four contribute further evidence in understanding the effects of school architecture in influencing the development of a sociocultural perspective. In particular my analysis considers the ties between student 'uncertainty' and scaffolding that I began in lesson two. In addition to this, the latter part of the analysis examines comments made by Loren in her recollection of the reasons for the lesson stoppage. She noted that some students were concerned that by taking part in the Food and Bodies unit, they were not 'learning anything for their half-yearly.' I assert that, for these students, taking part in the curriculum innovation placed their position as the 'top class' at risk.

Loren noted in her interview that one of the impetuses for the class stopping their planned work was that students were asking questions of Mark, because as she phrased it 'we didn't understand the whole the situation,' and 'we didn't understand why we were doing it.' I suggest that the difficulties which the students experienced in understanding the purpose of the unit, its messages and where it fitted into their schooling, were produced (at least in part) through the lack of scaffolding of concepts and background knowledge. As I noted previously in my analysis of lesson two, the tendency in NSW high schools is for KLAs to program units of work so that students progressively revisit content over the four years from Year 7 to Year 10. As such, there is a repetition of messages, content and purpose both within units of work and more broadly, within the KLA. However, while subject imperatives such as personal responsibility, decision-making and medico-scientific knowledge were prominent within the 'Bodies in Society' unit, it did not have the same structure, focused message, or knowledge set that a 'marijuana' unit or a 'growth and development' unit might have. Similarly, because this was a 'one-off' curriculum innovation rather than part of the regularly programmed sequence of units, students had not been progressively scaffolded through Years 7 and 8 to a Year 9 level. As such there was little assurance that, for example, concepts such as the social view of health, social justice principles or inequalities in health, were familiar to the students. While certain students may have been familiar with these concepts and be able to mobilise experiences and learning from outside of PDHPE, the unit largely operated without (formal) scaffolding. The uncertainty and for some, frustration, was associated with the difficulty of establishing where the 'Bodies in Society' unit 'fitted in' to PDHPE and what the 'right' answers might be.

The second issue raised by Loren and Mark's recollections is the concern about assessment and particularly about falling behind other students in Year Nine at Waterside. As previously noted the students were the top twenty eight students in Year Nine based on their abilities in the English KLA. From both Loren's and Mark's comments a picture can be formed of a group of high performing students who were concerned about maintaining their grades and their position in the top class, through studying 'the right' curriculum. As such, the students were concerned that the 'Bodies in Society' unit was doing little to assist them in achieving a high half-yearly grade and therefore placed them at risk of losing their position in the top class. Such a concern is well founded given the tendency for grades in Year Nine and Ten to be a product of 'common assessments,' which are standardised tasks completed by all students in the year. Given that only 9.1 were completing the 'Bodies in Society' unit, no content from this unit would be included in 'common' assessment tasks. Certainly the students themselves would have been aware of this situation and as such it is of little surprise to hear them question the ability of the unit to prepare them for their examinations.

LESSON FIVE

The importance of lesson five within this analysis of the unit lies in the fact that (in association with lesson six) it was the only lesson that was made up predominantly of a research-style activity. As such part of the analysis of lesson five looks at this shift in teaching strategy, especially in terms of how it fitted with previous work in the unit, how it was introduced to the students and their engagement with the task. Given that the results of the critical literacy task that is described here in lesson five are primarily explored in lesson six, this space focuses more on the processes involved in deploying the task and the contribution these processes made towards developing a sociocultural perspective, as this relates to a critical analysis of health issues in the media. An analysis of lesson five also contributes to the theme of pedagogy, particularly as it recalls the learning strategy and content decisions we made in attempting to move the unit towards developing the 'critical' element of a sociocultural perspective. Specifically it does this through considering the pedagogical background underpinning the shift towards a research-style task and also the students' engagement with the task in a sustained group work situation over the course of almost two periods.

Lessons five aimed to specifically address the Learn To statement *a student learns to analyse the range of influences that impact on an individual's ability to behave in healthy and safe ways in relation to food and physical activity* (Board of Studies, 2003, p.38), but in a way that

progressed the unit by combining it with the introduction of Outcome 5.8 *a student critically analyses health information, products and services to promote health* (Board of Studies, 2003, p.39) Outcome 5.8 was potentially important to the unit because it specifically provided space for learning directed at developing practices and capabilities related to a critical perspective. Such a critical perspective could make a valuable contribution to a sociocultural perspective because it fostered the questioning of taken for granted assumptions necessary in producing alternative or non-dominant ways of thinking.

As previously noted, Outcome 5.8 stated the need for students to *critically analyse health information, products and services to promote health*. To address this Outcome we selected newspaper reports as a form of health information, both because of their wide availability and because of their prominence as a source of health information for the general public. I was also interested in shifting the focus away from the decision-making and scenario work and towards a research style activity that might support the development of a critical sociocultural perspective. As such, the body of lesson five and later lesson six was a research-style task, specifically focusing on employing some critical literacy ideas in basic ways. As I use it here, critical literacy refers to repertoires of practices and capabilities directed at an interrogation of texts (O'Brien, 1998). Specifically the kind of critical literacy-based learning strategy that I was interested in attempting focused on critically analysing newspaper coverage of popular health issues. Such work, Luke and Freebody (1997) suggest, might involve examining multiple and conflicting texts and investigating how readers are positioned by the ideologies in texts. I was also interested in developing an activity which might allow teacher and student interaction to move away from IRE patterns which restrict students to answering questions based on the teacher's preferred reading of texts (Baker & Freebody, 1989).

The activity which developed out of these pedagogical considerations had groups of three to four students reading up to four articles at one of five different 'stations' around the room. Broadly speaking the activities at each station focused on newspaper articles which all reported on food and bodies and more specifically aspects such as body image and the media, government policy, young people and food preparation and obesity. After reading the series of articles at their assigned station, the students were asked to answer three to four questions, each of which was related to the articles available at the station. A class discussion of the five main topics (body image and the media, government policy, young people and food preparation and obesity) was planned to follow this, with questions focusing on how students understood sociocultural factors such as education, culture, government, and values and attitudes to be impacting on the protagonists or groups in the newspaper articles. In practice, the lesson plan

was altered so that students focused on a single article rather than a range of articles, a decision that was made largely because of time constraints. A secondary alteration was that the work was carried out over two periods (lessons five and six), rather than one.

While many of the classroom excerpts that have been analysed have focused on exchanges between Mark and the students, here I look instead at Mark's introduction to the lesson and the definition of critical literacy that he provided for the students. In focusing on this I am primarily concerned with drawing attention to the work Mark did in his introduction to align the task with a critical perspective and through association, critical elements of a sociocultural perspective. This alignment will become more important in my analysis of lesson six as I look at the students' engagement with the task and the type of perspective they adopted in doing so. The following is taken from a transcript of lesson five as Mark introduced the lesson focus:

We'll come back to where we are looking again and we're looking at nutrition and we're looking at health, but health in a broad way, and nutrition and food as the more specific areas. Critical literacy is an activity that we are going to use or a concept that we are going to use to examine these health issues relating to food and practices surrounding food. And it's examining and evaluating different types of written text or articles, something that you see in a magazine, something that you read in the paper, something that you get from the internet. But critical literacy is actually questioning the validity, the accuracy or the potential for bias within that article. Which means we're not just reading something and saying that because this was written in the newspaper this must be fact, or this person has had this published therefore it is correct. 'This is the right way, this is the only way, this is the correct way.' Often we read things and because they are in the paper or a magazine or an internet site we accept what is written often without questioning it. Critical literacy is when we start to examine something in a critical way. That's not to say a negative way, or looking for faults, but we look at something and we question the validity of what has been written. Validity means how accurate something might be. Or has the person writing it have a bias, for instance a person recommends or writes an article on fitness who is themselves a fitness instructor, and they talk about a certain group of gyms that they are actually tied to, maybe they could be perceived as having a bias towards selling that article in a positive way because they may have some vested interest. So critical literacy is not just accepting something as fact because it's written, but looking closely at these factors that we mention: how accurate is it, is there a bias, where does their information come from, what type of language are they using when they talk to you about the health issues that they do? Are they coming from a scientific slant, are they coming from a popular culture slant, is it socioculturally affected in some way that may cause us to get a certain perception of this issue? In other words are they influencing us to try to make us think in a certain way about it?

Following this introduction Mark had students copy this definition into their books before moving onto the body of the lesson.

‘Critical literacy – what is it? It is examining and evaluating different types of written (text) articles on health issues. It is questioning the validity, accuracy or if there is any bias in the way the article is presented. By examining something in a critical way you are not just accepting it as fact because it is written in a magazine or paper, but looking more closely at the factors mentioned above’ (Lesson five field notes).

In this introduction Mark aligns the upcoming media analysis activity with the idea of a ‘critical’ perspective. In doing this he primarily draws on notions of critical literacy as being concerned with adopting a questioning approach towards ‘fact’ and ‘truth, an idea that he conveys through the use of the phrase ‘it’s not just accepting something as fact because it’s written.’ This idea is developed as he encourages a sceptical approach to ‘truth’ through asking the students not to think that because something is written it presents ‘the right way’ or ‘the correct way,’ and to bear in mind the persuasive qualities of written text. These statements illustrate the emphasis Mark placed on students adopting a critical perspective throughout the media task. I draw attention to this because in lesson six I will argue that despite this introduction to the critical literacy exercise, many students adopted a compliant rather than critical reading position (Cranny-Francis, 1992; Luke & Freebody, 1997) and this, in combination with the alterations to the activity because of time, limited the contribution it was able to make to the development of critical sociocultural perspective.

The second point is that Mark’s introduction was (in association with the activity itself) a pedagogical response to the uncertainty and lack of direction that marked lesson four. Verbally Mark did this by anchoring the requirements of the task and his description of critical literacy to a combination of medico-scientific notions of assessment and a discourse of media critique. The medico-scientific notions of assessment can be seen in the use of terms such as ‘validity’ ‘evaluating’ and ‘bias,’ and seem to be an attempt to add certainty to the process of critique. Similarly the statement that the activity focuses on ‘food and nutrition,’ works to make the content familiar and defined. Finally, the introduction is underpinned by a message of scepticism towards the media which works to align it with a media critique discourse that through content on critical consumerism and body image, has become readily available in PDHPE and in the English KLA (Wright et al., 2006). Part of the work Mark’s introduction does is to attempt to present the critical aspects of a sociocultural perspective not only as nameable and identifiable, but as an extension of already familiar concepts.

Turning from the introduction to the activity itself, lesson five featured the most sustained group work of any of the lessons of the unit up until that point. As had been the case for a number of the group work activities that we planned, many groups seemed to wait for Mark

and I to come to their group before attempting to answer any of the questions. While it may be possible that they were uncertain of the requirements, almost without exception they were able to generate thoughtful answers once engaged in conversation with us. Though there were fewer groups exhibiting this approach in lesson five when compared with group work earlier in the unit, it remain a visible strategy which was used at times by numerous groups. In further considering this pattern I noted that the smaller group sizings used in lesson five were much more productive than the larger ones used earlier in the unit and generally the groups of three were more productive than the groups of four in terms of their work in lesson five.

Other than the pedagogical issues around the shift to a research-style activity, there are few aspects of lesson five that particularly stand out either in terms of their close relationship to the main themes of the unit, or indeed for their 'eventfulness.' However, perhaps the most important contribution lesson five made to the unit as a whole was a reminder of the importance of the issue of time. One of the reasons that lesson five could perhaps be seen as uneventful was because the body of work was a research-style task, the duration of which meant that it required both lessons five and six for most students to complete. Because the critical analysis activity required large amounts of reading, as well as the formulation of group of responses to questions, I would also argue that such an activity would have become even more time intensive had the class not had such a high level of literacy. Such a finding provides a reminder that time presents a significant barrier to the scheduling of research-style tasks, especially in subjects such as PDHPE where students may be timetabled into one to two periods per week. A second point relates to earlier comments about group dynamics and working style, and particularly the tendency for groups to either wait for Mark and I to assist them, or to develop an approach which left the greater percentage of the group unengaged. Such findings seem to demonstrate the need to provide further scaffolding activities which focus specifically on developing students' research and group work skills. However in an outcomes-based environment, where the acquisition of such skills is often seen as secondary to the task of developing content knowledge, they may be easily dismissed as too time intensive. Lastly, one of Luke and Freebody's (1997) key critical literacy points that I drew on in originally designing the activity, was the suggestion that working critically with texts might involve examining multiple and conflicting texts. Though the activity had originally involved students reading up to four different articles at each of the five stations, time constraints meant that this had to be reduced to one article per station. As such there was little opportunity to look at a range of opinions on each topic and to examine the points of conflict in these opinions.

LESSON SIX

The sixth lesson of the unit focused on the completion of the critical literacy media task outlined previously in lesson five. The latter part of the analysis of this lesson examines the students' responses to the task, particularly in terms of the development of a critical sociocultural perspective. Prior to this I examine a number of pedagogical and school architecture related issues that influenced the planning and teaching of lesson six. In terms of school architecture, I revisit the effects of timetabling on the continuity of the unit. While previously I have noted the students' concerns about whether they were being adequately prepared for their half yearly examination and other common assessments, here I turn to Mark expressing his need to realign the class with the other groups in the year. These issues also impacted on the pedagogical organisation and running of the unit: firstly, because time constraints meant that I was forced to teach lesson six in Mark's absence and secondly, through the tension that existed between our desire to achieve the goals of the unit, the time available to us, and our attempts at implementing behaviour management strategies.

In Chapter Six I described Mark as a teacher who readily took on extra responsibility both inside and outside of the regular school curriculum. Throughout the ten weeks of teaching the unit Mark mentioned a number of new responsibilities that he had accepted, each seemingly in competition for his attention. One such responsibility was that of Year Advisor for the Year Seven group enrolling at the school for the following school year. As part of this appointment Mark was required to travel to a number of Primary schools in the area on a 'recruitment drive' aimed at bolstering falling enrolment numbers at Waterside. One such recruitment outing coincided with lesson six. While my preference would have been to postpone our scheduled class for this day, delays throughout the unit (firstly because of DET ethics clearance and later because of timetabling and one postponement due to illness - lesson three) had meant that instead of finishing in the final week of the first school term, there were two days of school left in the term and we still had three lessons to complete. After surveying students as to whether they would be in attendance on the final day of term (only nine out of twenty eight said they would), Mark decided that he would ask the class's English teacher if he could again 'borrow' a period and he and I agreed that in Mark's absence I would teach the class. In reflecting upon the conversation Mark and I had in deciding on this course of action, the deciding element was Mark expressing his concern that with each delay the class moved further out of alignment with the remainder of year. This issue was particularly problematic in terms of the class's half yearly reports and the common assessment tasks that contributed to their half yearly grades. Such concerns were an explicit reminder that we were attempting to integrate the unit of work into

an already established curriculum and illustrates the role of school architecture in shaping the possibilities available to us for developing a sociocultural perspective.

The second issue that I will discuss was the result of a combination of school architecture and behaviour management issues and led to me introducing ‘contracts’ into lesson six. While I have previously noted some of Mark’s pedagogical responses to his concerns with the students’ behaviour, such as the alteration of the first activity of the unit and the introduction of a seating planning in lesson two, most of the behaviour management issues could be characterised as (relatively) minor disruptions and as such few have been detailed so far. However, following lesson five Mark expressed his concern that the disruptions were becoming too frequent and that, as he had done in lesson two, he would again need to implement a class-wide strategy for addressing them. Following the first lesson Mark had stated that usually when a class acted the like this one had, he would take time out of the next lesson to practice moving in and out of the classroom quietly, sitting quietly and raising a hand before speaking. He also added that he felt reluctant to do this because we were on such a tight schedule and such measures take time to implement. Additionally, he remarked that the students seemed almost aware that any threats he made were idle ones because he had no time to enforce them. In a discussion after lesson five Mark clearly articulated the tension he felt existed between behaviour management and time:

It’s tough because you want to pull them in a bit and get them back on track, but time is just so precious to us. Like in lesson two or three that seating plan took me a while to prepare but more than that, it took almost ten minutes of class time to implement it. So on the one hand we’re always trying to progress with the unit and minimise delays, but that’s difficult because of the behaviour in class.

In addition to Mark’s concerns, I saw lesson six as a significant departure of routine for the students, both because I would be taking the lesson instead of Mark and because the lesson was originally scheduled as an English lesson. As such I decided to use a ‘contract’ style of behaviour management strategy in an attempt to promote student engagement with the lesson content. The contract specified the work that was to be completed within the lesson and featured a space in which the students were required to have me sign and witness that they had completed each task. While I felt the students generally worked satisfactorily, one of the unplanned results was that some groups were placed under pressure to complete the task within the allowed time. On the following page I examine the answers the students submitted in response to the critical literacy questions and note that, in general, the responses lacked the kind of detail one might expect from highly ‘literate’ students who were given almost one hundred minutes to complete a task. While I will discuss a series of elements which contributed

to this, at least one of the effects of the behaviour management strategy that I put in place seemed to be that the students (like Mark and I) were working within an environment in which performativity (Ball, 1998, 2000, 2003b) and in particular, time, worked to constrain the kind of product that was able to be completed.

As previously noted, the analysis of lesson five primarily focused on the processes involved in preparing and employing the critical literacy task and the implications these processes had in terms of developing a sociocultural perspective, particularly where such an approach is underpinned by the critical analysis of health issues in the media. Following this, the remainder of the lesson six analysis is based on the students' answers to the questions that made up part of the critical literacy task. In examining the students' responses to these questions, I draw on evidence primarily taken from two sources, an in-class discussion in which I questioned the students about one of the newspaper articles they were provided with, and the written answers that each of the groups submitted at the completion of the lesson. In examining these two sources my focus is on both how student answers represent the development of a critical sociocultural perspective and also on the resources they were provided with to develop such a perspective. The following exchange is taken from approximately fifteen minutes into lesson six, as I questioned students on the article 'Growth of fat violent children linked to eating in front of the TV' (appendix Y):

Ken: Ok, we have a few groups who are moving quite quickly through that right now and a few groups who have certainly improved, so that's good to see. We're just starting to go through the first one, almost everyone should have done it. The story is entitled 'Growth of fat, violent children linked to eating in front of the TV?' Alright, Suami

Suami: Yep.

Ken: Question one. 'The story describes the results of two separate studies. What did the studies conclude and how does the writer attempt to link the separate studies?'

Suami: The first study concludes that children who eat their meals in front of the TV are more likely to end up obese and violent. The second concluded that older children watch more TV, the writer attempts to link them by saying older children will also become obese and violent.

Ken: Ok, how else did the writer try to link them?

Jaden: By saying that it's parents who let kids watch TV fault.

Ken: Ok, so he tries to link them by parent's role as well. So what's the end result, how does the story come out sounding, how does even the headline come out looking?

Student: If you watch TV and eat your meal, like, if you watch too much you get fat and violent.

Ken: So despite the fact that it is at least three different studies that they are reporting on, through the way that the author puts them together it comes out sounding as if it is one study and as if 100% of the kids they look at came out in these certain ways?

Student: Yes.

Student: No.

Ken: Every kid they looked at came out obese and violent?

Kim: No. Not every single student but maybe it was the majority.

Ken: So it has been constructed in a certain way. Next question, 'what factors are described in the article as influencing the increase in overweight and violent children?' Dean?

Dean: Factors included eating meals in front of the TV, parents that are less strict, parents that are high educated and families and high socioeconomic status, parents with higher educational attainment.

Ken: Ok Dean, who can help Dean turn some of those things into the factors that we used in the first lesson when we broke the board up into quarters and we had sociocultural, political, Emma?

Emma: Employment.

Ken: Employment, excellent. Which was an example of what type of factor?

Emma: Sociocultural.

Ken: Yes, sociocultural.

Tom: Socioeconomic.

Ken: Ok, explain.

Tom: How much money you earn.

Ken: Excellent, what else?

Emma: Education.

Ken: Education. Whose education was it in this case?

Emma: The parents and particularly mothers.

Ken: Ok, why?

Emma: Because they are more involved in caring for their children.

Tabitha: Yeah and the Dad is sitting there watching TV.

Ken: Well I'm not sure that they were particularly looking at it that way.

Tabitha: Well that's the average way.

In reflecting on my own teaching in the previous exchange, a number of missed opportunities stand out. The first missed opportunity comes as I expend much of the discussion on what was essentially a comprehension question ('The story describes the results of two separate studies. What did the studies conclude and how does the writer attempt to link the separate studies?'). The point I was trying to get to was the author's uncritical linking of the results of numerous different pieces of research in the article 'Fat, violent children' (appendix Y). While I will consider the importance of planning "'thoughtful" questions' (Wright, 2004, p.187) in a moment, the above exchange provides evidence to argue that comprehension questions alone do little to foster critical readings. A critical reading of the newspaper reports could also have been extended by further exploring the tone of certainty that is used throughout the article. Gard and Wright (2001) and Evans, Evans & Rich (2003) have noted that when research is reinterpreted through outlets such as government reports and media, any uncertainty that was present in the original research is often written out. Phrases such as '(l)et your children eat their

meals in front of the TV and they're likely to get fat and violent,' which in association with the article's headline suggest that almost all children who watch TV and eat dinner at the same time end up fat and violent can be seen as examples of the selective process of 'writing out' uncertainty. Here students could have been asked to consider the language that is used to persuade the reader that almost all children ended up this way. Another useful line of questioning may have involved asking, for example, how 'violence' was defined, why the article makes limited distinction between overweight and obese, or how many of the young people surveyed who ate dinner in front of the TV did not become overweight. Though I made an attempt to direct the discussion toward questioning such certainty ('Ken: Every kid they looked at came out obese and violent? Kim: No. Not every single student but maybe it was the majority'), none of the written questions addressed this issue, nor were students provided with original research reports, through which they may have been able to analyse the steps taken to write out uncertainty.

My second criticism of the resources offered to students to develop a critical sociocultural perspective in this discussion, is based on the interaction pattern in the exchange and the reduction of sociocultural influences to social determinants. Once again much of the problem lies in the fact that I asked a comprehension question ('what factors are described in the article'), which limited much of the interaction between myself and the students to an IRE pattern. Such a pattern is particularly prominent in the exchanges between Emma and I and Tom and I:

Ken: Employment, excellent. Which was an example of what type of factor?

Emma: Sociocultural.

Ken: Yes, sociocultural.

Tom: Socioeconomic.

Ken: Ok, explain.

Tom: How much money you earn.

Ken: Excellent, what else?

Patterns such as the one above limit the potential for students to develop and discuss their own critical perspectives by providing a narrow set of 'right' answers and in the process shutting down discussion space. More to the point, the questions students are asked provide little reason to think critically about the articles, nor their production. Similarly, the latter parts of the discussion (previous page), show me reshaping the students' answers into social determinants. Rather than encouraging students to think critically about the causal relationships that are asserted by the article's author, such work reinforces these relationships. As such, the

combination of an IRE exchange pattern and a reduction of social and cultural influences to deterministic ‘factors,’ failed to provide the resources and the type of questioning required to develop a more critical discussion and understanding of the article.

The written answers that each group of students submitted show that the development of a critical perspective was constrained through the organisation of the activity itself. The questions that were posed to the students were, for the most part, comprehension questions rather than questions about the (re)production of certain social meanings and values. Questions such as ‘According to the article what are the problems associated with young people not preparing their own meals?’ and ‘Describe in a sentence or two the concept behind this story’ provide examples of questions that were more about comprehension than about engaging critically with the issue at its centre. Not surprisingly, the students provided answers that demonstrated that they had strong comprehension skills and understood the messages of the article. For example, two groups provided responses after reading the article ‘Fat, violent children’. In response to the question ‘The story describes the results of at least two separate studies. What did the studies conclude and how did the writer attempt to link the separate studies?’, two groups wrote:

One study concluded that the older the child the more they watched TV. Another study concluded that teenagers who watched more than one hour of TV a day were much more likely to become violent. The link is that the older children get, the more they watch TV which increases their chance of becoming violent (Alisha, Krystal, Clarissa, Loren).

The first study concluded that children who eat in front of the TV are likely to gain dangerous amounts of weight and become obese. The second study concludes that children may become violent. The writer attempts by the heading (to link these) and it talks about the common factor children eating in front of the TV in general (Emma, Sari, Chris and Steve).

While each of the quotes shows that the students could identify and understand important arguments within the article, the resources that they were provided with to develop a critical perspective were largely inadequate. Wright (2004, p.187) notes that critical discourse and text analysis ‘generally involve a scaffolded process, using a framework of questions, to interrogate the social meanings constructed in the text’. In the case of the media analysis activity we devised, such scaffolding was not present and as such there was little opportunity for students to engage with the texts in interrogative ways.

In drawing together my analysis, there are several pedagogical and organisational aspects that limited the ‘critical’ possibilities of the task. The decision, made between planning and

implementation, to alter the activity from one in which students were to read several articles about a topic to reading just one, greatly limited the scope for critical inquiry style work. As I noted in the conclusion to lesson five, this change limited the possibility for students to examine multiple and conflicting texts and to recognise a range of points of view, both of which Luke and Freebody (1997) associate with the development of critical literacy skills. Similarly, a critical engagement with the articles required, in a number of cases, that the students have access to the original research reports. These reports would have been a valuable tool in tracing the changes in terms of the certainty with which authors made claims and also in studying the overall process of recontextualisation from a research report to a mainstream media report. Moreover, what was needed in this activity was an examination of how epidemiological knowledge and statistics are produced and what implications this has for how they can be interpreted. Attention needs to be drawn to the limitations inherent in epidemiological data collection (cf. Gard, 2004b), the assumptions that underpin epidemiology as a field (cf. Petersen & Lupton, 1996) and the problems that result when findings from large population groups are used to make recommendations about how individuals should behave. By failing to provide students with critical questions and resources such as these we limited their capacity to become 'active researchers in their worlds' (Wright, 2004, p.187). According to Wright (2004) critical media analysis, like other forms of critical inquiry, requires that students 'be involved in raising questions, collecting data (description), coming to conclusions on the basis of their data (interpretation) and explaining these in relation to other evidence of similar and different social and cultural patterns' (p.187-189).

While the activity Mark and I had planned measured up poorly in terms of a critical inquiry task, an issue that our work raises is the barrier that school architecture and especially time, presents to the critical inquiry process that Wright (2004) describes. The process of constructing meanings critically is one that requires a substantial time investment. Though, following Wright (2004), we can assume that students will themselves do much of the research (such as finding original research reports, relevant newspaper articles, contrasting reporting or writing, and gathering other original empirical data), this process needs to be a scaffolded one. Macdonald's (Macdonald, 2003; Macdonald & Glasby, 2004) Rich Task research suggests that this scaffolding process requires significant amounts of teachers' time, and certainly skill. As such, both the planning and the actual implementation of the activity require time and access to resources that may be beyond the reach of teachers and students given the constraints of current school architecture. One example of this can be seen through the timeline of the unit and the difficulty we faced in terms of lesson continuity. The one lesson per week structure would, in all likelihood, present a similar constraint to any attempts at developing a unit that was

underpinned by a sustained critical inquiry research process. Additionally, few NSW government schools are currently organised so as to allow for a class of students to work, in class time, in various locations outside of the timetabled classroom (for example, for some students to be in the library, some to be analysing and entering data, and others to be in conference with a knowledgeable community member).

LESSON SEVEN

The body of lesson seven was made up of a two part media and advertising analysis task designed to address Outcome 5.8 and particularly the Learn About entitled *Health Consumerism* and the Learn To statement *explore the relationship between body image and gender, and the impact of the media on ideal male and female body types*. In the first part students were asked to imagine that they were from another planet and answer a series of questions about a magazine as if they had never seen it before. Students were asked about the likely readership, the main features of the magazine (types of advertisements, stories), the areas of the body that the magazine focused on, and the common features of the male and female bodies shown. The second section of the activity required students to focus on two advertisements from a range that included health supplements, breakfast cereal, weight loss pills, and spray-on tan. The questions related to this part of the activity asked students to consider the claims made in the advertisement, any similarities in the bodies shown, how the advertisement might use ideal or desirable images to promote their product, and the kind of statements the advertisements were making about bodies and the effect of this on people's body image. Though there was originally another activity scheduled for this lesson, none of the groups progressed to this point.

Results from the media and advertising analysis activity bore a number of similarities to students' previous group work throughout the unit. The first such similarity involved a number of groups waiting for Mark and myself to circulate to them before making any attempts at engaging with the work and then disengaging again after we had departed from their group. For some groups this was a repeat of their behaviour in lesson five. A second similarity involved groups submitting brief answers which translated poorly to paper, despite them having previously explained concepts in detail to Mark and I in class. For example, one group spoke in class about 'Men's Health' magazine focusing on tanned, muscly, slim men who engage in exercise because this is what their readers desire to be and what they equate with health. They did not however, manage to record this on paper. In contrast to my own perceptions of this activity, in the unit evaluation eight students (out of twenty) indicated that this activity was one of the highlights of the unit. At least part of this seems to be attributable to the students' interest

in the magazines. To illustrate this point, after Mark's explanation of the activity, Blair ran out to the front of the classroom to select a prized magazine. He returned to his group, magazine in hand, but without a question sheet, any newspaper articles or even a sheet of A3 paper to record answers on.

There were two prominent findings from the second part of the activity, which focused specifically on the role of advertisements in (re)producing idealised bodies. The first was the relatively well-developed understanding the students had of the role of the media in shaping people's notions of the ideal body. The second was the mobilisation of a critical discourse to provide some analysis of this role. In response to the question 'what kind of statements are they (advertisements) making about bodies and how does this impact on people's body image?', two groups provided the following answers:

That you shouldn't be fat, you should be thin and that you have to be tan not pale to look beautiful. It makes people think that people have to look this way and that it's not good to look any other way.

That having low weight and a perfect body is better than being yourself. People think they have to be like the body in the advertisement.

Both of the groups specifically noted the role of advertising in promoting the ideal body as one that has little body fat and the use of words such as 'should' and 'shouldn't' as well as 'perfect,' demonstrate the students' perception of the strength of such an imperative. Similarly, the first group identified advertising as playing an influential role in depicting the beautiful body as one that is tanned rather than pale. As well as specifically linking advertising with the promotion of idealised bodies, the groups' responses also provided evidence of the critical perception that the students had towards such idealising work and its impact on individuals. Through comments such as 'it makes people think that people have to look this way and that it's not good to look any other way,' and 'people think they have to be like the body in the advertisement,' the students first identified the normalising effect of advertising and then asserted that such an effect works to narrowly define notions of beauty and attractiveness, putting it outside of the reach of most.

In understanding the above activity as one of the few occasions in which students were able to demonstrate a sociocultural perspective, where such a perspective is underpinned by institutional and structural critique, the relevant question is perhaps 'why here?' In response, I argue that the perspective was not so much produced through the activity, as drawn upon, and

as such was more a result of the discursive resources already familiar to the students. Firstly, the students were drawing on a type of critical media discourse to resist becoming media dupes to advertising messages. This discourse has become readily available within the PDHPE KLA, through the study of sources of health information, critical consumerism, and media analysis, and also in the English KLA. Such a discourse encourages students to employ critical analysis-style skills to assess the accuracy, claims and messages of a range of media and information sources. A second contributing element is based on the idea that the individualisation of health and particularly the responsibility for health has led to a focus (both inside and outside of the PDHPE KLA) on the individual's role in resisting culturally idealised images. Part of this directive has been the result of the perceived role of such images in the development of eating disorders and body dissatisfaction (cf. Evans et al., 2003), which PDHPE is now seen as playing an important role in preventing. Following this, messages about recognising the persuasive effect of the media, the importance of resisting idealised images in preventing eating disorders, and the need to act as a critical consumer of advertising were familiar to many students and the discursive resources required to provide a critique of media were easily accessible.

LESSON EIGHT

The final lesson was designed to draw together all of the content and Outcomes of the Waterside unit and concurrently be engaging and entertaining. The lesson took the form of a forty minute game show in which students worked in groups of three or four. Sixteen question cards were fixed to the board with a point value on the front and a question on the back. The cards were set out in four colour-coded rows of four, with the difficulty of the questions gradually increasing from the easiest (row one) to the most difficult (row four). Teams took turns selecting questions from the board, which Mark then read aloud and the entire class answered. Each group provided one written answer to each question, which they submitted at the completion of the lesson on an A3 sheet of paper. Out of the sixteen questions on the board, the class answered eight during the period. In examining these responses I focus on the answers the students submitted to four of the more difficult questions, each of which addressed a slightly different area of study from within the unit. The four different areas were health decision-making, fat and obesity, idealised images of the body and socioeconomic status. In analysing these answers my focus is on how student understanding represented a sociocultural perspective.

The first question examined health decision-making and asked students 'From your own knowledge and work we've done in this unit, explain why making health-related choices and decisions are difficult and are influenced by a range of factors.' Following the question's lead, most groups responded by asserting that decision-making was complicated by the various factors that impacted on people's lives. Only one of the seven groups answered by providing a bullet point list of factors, with the other six all answering by writing a series of sentences. Peer pressure, family influence/upbringing, religion and the media were all commonly cited influences that were seen to affect the decisions that people make. In examining the students' answers in terms of how they might represent a sociocultural perspective, almost all of the written responses acknowledged that the decisions that a person makes are likely to be shaped by his or her social and cultural circumstances. In explaining this, I refer to the following two answers:

It is difficult because there are many different choices and people influence you in different ways, towards different things. Your choices are influenced by the cost of the sport, what your friends are doing, peer pressure, how much time you have, where it is played, how far away, whether you enjoy this sport, cultural reasons – some cultures may have to wear certain things (Emma, Krystal, James).

It is hard because your family influences you on how you make your decisions because of how they have brought you up. Your friends that you hang around do things differently. Religious backgrounds also influence your choices of what you believe in. Your age, your sex might have something to do with it. And environmental reasons such as where you live, work, go to school (Chelsea, Sam, Mark).

Each of the previous two responses provides evidence of students' employing a sociocultural perspective to consider health issues. References to cost, the environment, gender and family background suggest that students recalled a number of social and cultural influences that were discussed in the unit and considered their influence in terms of decision-making. Certainly further elaboration as to how these affected decision-making would have been desirable. Nevertheless, the almost list-like format of the responses seem to reflect the question we supplied them with and the (relatively) superficial introduction to social and cultural influences which the students themselves were provided with in lessons one and two. Again, I suggest that in order to move beyond this understanding students need to be actively engaged in the critical inquiry process through which they become creators of their own meanings and understandings. The fact that the students' answers seem predicated on a highly agentic understanding of the individual as a person who *can* make any number of choices, also seems to be a reflection of the context and organisation of the activity. An assumption that individuals are able to make choices seems to be built into the question itself. More broadly this highly

agentive understanding of the individual reflects the linking of decision-making with the decidedly middle class, white background of health promotion in Australia (Lupton, 1995, 1996). Within this context individuals are assumed to have the resources to make a wide range of decisions, with health education focused on teaching them to make the 'right' one.

The second set of responses looked at the current focus in Australia on body fat and in particular obesity: 'Using your knowledge of sociocultural influences and the work we've done in this unit, explain why it is too simplistic to say that people in Australia are getting fatter because they don't exercise enough and eat poorly.' Student responses to this question showed that they understood that people lived in greatly varied circumstances and that the inequitable distribution of resources means that exercise and healthy eating are beyond the reach of some:

Because they could have disabilities to make them unable to exercise. Culture because they may only be able to eat certain foods. Employment because some people might be unemployed and can't afford the sporting fees or/and equipment and transport, they have enough trouble to find enough money to feed and shelter themselves. Geographic location depending on where they live depends on what sport and food they eat eg. in the south where it is cold they would get hot food and for sport do inside sport or ski. These reasons also affect youth being obese today (Emma, Krystal, James).

It is too simplistic to say that Australians are getting fatter because of eating habits or/and exercise because what you eat depends on background and religion, as well as peer pressure and availability. Exercise is not always easy to take part in, socioeconomic status affects availability, environmental availability, as well as marital status or children (Krystal, Charlotte, Dean, Ashley).

The two previous responses provide a well-developed articulation and elaboration of the effects of social and cultural influences. In particular, there is a strong sense that material circumstances present considerable constraints for many individuals. Statements such as 'some people might be unemployed and can't afford the sporting fees or/and equipment and transport, they have enough trouble to find enough money to feed and shelter themselves,' show an awareness of the financial burden that sport presents for people. Perhaps just as importantly, there is an acknowledgement that for many people there are priorities in life that must come before sport and exercise. This is also evident in the second group's reference to children and marital status and presumably refers to competing pressures for time and financial resources. The overarching point in these responses is that sport, exercise and eating well are not necessarily *choices* that are readily available and that the resources that are required to be involved in these activities are inequitably distributed.

The quiz section, which focused on idealised images of the body, asked students to respond to the statement: 'Magazines such as Cleo, Cosmo, Dolly, Inside Sport and Men's Health often show what could be described as idealised bodies, for 10 points what is an idealised body? For 10 more, in a couple of sentences, describe some of the consequences for young people of magazines promoting these images.' In response to the part of the question which asked 'what is an idealised body?' most groups listed characteristics that they recognised as being associated with ideal male and female forms. For women this included a range of traits such as thin, tanned, toned, hairless, good figure, big breasts, no shape, blonde with blue eyes, skinny, pretty, long legs and shiny hair. For men the traits identified were muscly, tanned, hairless, handsome, thin, six pack, toned, tall, dark, nice teeth, abs, nice hair. Given that the students had been asked to identify characteristics of an ideal body in lesson seven, it is not surprising that they interpreted the question in this way. One group interpreted the question differently and wrote 'it is usually a body that everyone wants to have.' The second part of the question focused on the consequences of magazines promoting idealised images of the body. In reviewing student responses, two groups offered answers showing that they saw a marked differentiation between the consequences or problems which men faced, versus those which women faced. Underpinning this difference was the idea that idealised images would make men aspire to be larger through the addition of muscle bulk, whereas women would desire to be slimmer. As such one group noted that 'women feel self-conscious and take a non-healthy approach to losing weight. They often get depression and become sick from not eating or throwing up.' In contrast the group that specified consequences for males wrote: 'over-exercise, steroids, drug use.' The other five groups did not differentiate according to sex, instead suggesting that the consequences for people of magazines promoting idealised images of the body included both 'anorexia' and 'bulimia' nervosa, 'depression,' 'killing yourself,' 'faking tanning,' tanning in (the) sun and ruining skin,' 'tan-arexia,' 'gym – wearing out muscles,' and 'waste their money.'

The final question examined the effect of socioeconomic status on a person's 'day to day health and well-being.' In response to this, students identified food, leisure, exercise, medical treatment, and living environment as elements that were influenced by socioeconomic status and which also contributed to a person's health. While low socioeconomic status was primarily viewed as detrimental to health, higher socioeconomic status, especially to the point of being wealthy, was associated with both advantages and disadvantages. In writing about the disadvantages the students drew on a discourse related to the increasing rate of lifestyle disease to argue that affluence could be a cause of ill health. An example of this was a group that suggested that those of higher socioeconomic status 'can afford to buy (illicit) drugs.'

However, most groups noted that there were health benefits associated with higher socioeconomic status, such as being more likely to be able to afford 'better' or 'healthier' foods and medical assistance. The following responses demonstrated the idea that higher socioeconomic status could have both an upside and a downside:

It would affect their day to day life because the more well known and wealthier they are the more higher standards they can buy better foods, products etc. And they can afford better living conditions. But most well known people live in a more polluted area therefore the atmosphere and environment is worse, the environment isn't as clean so it isn't good for their health (Aaron, Chris, Liz).

The money which they earn + more can be better because you can buy more healthier foods and better brands. They live in better areas with more money where it is closer to doctors if problems with health. Rich people are also more likely to order take-aways as well which would be bad for their health. If they drive to work more pollution which might affect their health. Less money might mean not enough food which becomes unhealthy. If you're close to your work you can walk and get exercise. Richer people tend to drive though because they have flash cars (Chelsea, Mark and Sam).

In contrast to the quality or 'higher standard' of food which the first quote identifies those of a higher socioeconomic status as being as able to afford, other groups noted that 'poor people may have a full time job and the children have to buy ready made dinners,' and that 'if people are poor they will have less food, poor nutrition, bad hygiene and could catch diseases.' What is most prominent in these answers is the idea that socioeconomic status determines the type of lifestyle a person leads. Higher socioeconomic status can provide access to being 'healthy,' but it can also lead to poor eating, stress and diseases of affluence. In turn, low socioeconomic status can restrict a person's access to health, but it can also promote the avoidance of take-away foods and pollution, and necessitate exercise such as walking to work. This linking of socioeconomic status and lifestyle and the precarious balance that exists, was most obvious in the following answer:

If they don't make that much money, they may take on more jobs, resulting in less time for leisure – leading to stress and less exercise and skipping meals. This can also be said for a person of higher status because the amount of stress. Poorer people may not be able to afford essentials like the shelter, food and clothes, which others take for granted. Richer people may overspend on luxuries they don't need and may eat more unhealthier food. They can afford drugs (Clarissa, Sonya, Marty, Jodi).

The students' written answers in lesson seven provide some evidence that our perceptions of the class as lost, confused, or uninterested may have been overly critical, at least, by the completion of the unit. The detail and level of comprehension in responses such as those

quoted, illustrates a developing appreciation for both the complexities of health and for the material constraints that affect people's possibilities in terms of health, food consumption and exercise. Nevertheless, the influence of individualised discourses of personal responsibility and decision-making seem to have retained great currency in the young people's discursive repertoires. Similarly, there is significant evidence to suggest that by introducing social and cultural influences as social determinants, we inferred a causal relationship between factors and certain states of health and health behaviours. It also worth considering to what degree any understandings demonstrated by the students that reflected a sociocultural perspective, can be attributed to the unit of work itself. In the most part the examples the students provided are available outside of the KLA and may well reflect orientations to health developed in the home or through other formal or non-formal learning situations.

The Waterside results share a number of important similarities with the St Anne's research. In both cases social and cultural influences were narrowly interpreted through medico-scientific and epidemiological discourses as social determinants. In conjunction with discourses of personal responsibility, this worked to draw attention away from understanding the complexities of such influences and at St Anne's in particular, re-directed pedagogy towards young people learning to resist such influences as peers and media. The selection of learning strategies and the IRE interaction pattern that marked numerous teacher/student exchanges also presented barriers to the development of a sociocultural perspective. The impact of school architecture was more pronounced at Waterside than at St Anne's, particularly in terms of the lack of integration of health/PD classes with physical education classes and the learning time consumed through classroom organisation related to this. Mark's work, like Debbie's, was also shaped by discourses of performativity that underpin contemporary understandings of expert practice as a teacher. This contributed to an intensification of work (to which this research also contributed), which at times resulted in Mark's attention being taken away from the classroom and from this research. In the following chapter I revisit the major issues from the research and consider their implications for a sociocultural perspective as a curriculum change in HPE.

CHAPTER EIGHT - REVISITING THE MAIN ISSUES AND THEIR IMPLICATIONS

This thesis began by posing the question, ‘What happens when you introduce a unit of work planned with the goal of developing a sociocultural perspective into the PDHPE classroom?’ Though much of the task of answering this question has focused on the process and practice of teaching the lessons, the methodological and theoretical resources I have drawn on have allowed me to look at the wider process of the social construction of the unit as a type of text (Gore, 1990; Penney, 2006). The meanings and understandings around health, food and bodies that the teachers and students brought to their respective units and in particular, the discursive resources they drew on in constituting these meanings, has been a sustained focus. I have shown that these meanings and discursive resources are a vital part of understanding how participants engage with, take up or reject curriculum changes. By infusing a modified action research methodology with theoretical resources concerned with the social construction of curriculum, I have been able to place a significant focus on the negotiated process of planning the units of work. The planning process has been subject to analysis in terms of its contribution to the development of a sociocultural perspective through the examination of how subject imperatives, personal investments and features of schooling and the school environment impacted on the lessons that were produced in each of the two schools. Over the course of the previous four results chapters I have also considered elements of the broader social and political climate in which the research took place and how these conditions shaped the results of the research. In this chapter I draw together results from the two cases and build on my previous analysis by examining these results against the backdrop of contemporary research and theorising. Throughout the presentation and analysis of the two cases I have shown that there were significant constraints that inhibited the development of a sociocultural perspective at both St Anne’s and Waterside. In this chapter however, I argue that far from being particular to the two classrooms in which the research took place, many of these constraints are widely associated with the PDHPE Key Learning Area, and in some cases, with modern forms of schooling in Australia and elsewhere.

The following chapter is organised around two main themes: knowledge and school architecture. Though these themes are familiar from the results chapters, here I use them to organise and direct my discussion of the introduction of a sociocultural perspective as a curriculum change in PDHPE. The ‘knowledge’ section focuses on an analysis of the impact of prominent discourses, KLA content and teacher and student investments on the development of

a sociocultural perspective. Central to the ‘knowledge’ section is the argument that the discourses, content and ways of thinking that are understood as legitimate or hold a prominent position within contemporary PDHPE, have a pronounced effect on curriculum change and in this case, on the development of a sociocultural perspective. In particular I consider the ongoing mobilisation throughout the units of discursive resources related to healthism, risk and individualised notions of personal responsibility for health-related choices. The prominence of these discourses, I argue, made an important contribution to the emphasis on health-based decision-making within the units of work. More broadly, I locate these discourses within theorising on the nature of citizenship and shaping the conduct of citizens (Dean, 1999; Lupton, 1995; Rose, 1999; Rose & Miller, 1992) in contemporary neoliberal political climates (Apple, 2001). The ‘knowledge’ section also examines the contribution of epidemiology, medico-scientific knowledge and the new public health to thinking within, and about, PDHPE. These knowledges have been widely seen to hold privileged positions in constituting students’ understandings of health, the body and PDHPE because of their claims to truth and objectivity and their historical alignment with the KLA (Kirk & Tinning, 1990; Macdonald & Hunter, 2005). Perhaps most significantly for this research, these knowledges created a conceptual framework through which a sociocultural perspective was able to be largely (re)interpreted as the identification of social determinants and their effect on health based decision-making.

As it was used in the results chapters, ‘school architecture’ is used as a metaphor which encompasses aspects of the organisation and conditions of modern schooling, and how these impacted on the introduction of a sociocultural perspective as a curriculum change. Ball’s (1997; 1998; 2000; 2003b; 2004; 2006) work on performativity is utilised to understand the focus on efficiency, outcomes and accountability, which underpins contemporary discourses of expertise in teaching. As was the case in the ‘knowledge’ section, part of this work involves engaging with the broader social and political climate which, in Australia as well as elsewhere, has seen a push for education and teachers to become more standardised (Ball, 2006; Hargreaves, 2003), more accountable (Penney & Evans, 1999) and more ‘customer’ oriented (Apple, 2001; Ball, 2003a; Gerwitz, Ball & Bowe, 1995; Penney & Evans, 1999; Youdell, 2004). These conditions have important implications for the nature of teachers’ work (Connell, 1985), as evidenced by the planning processes at both schools, and for the introduction of curriculum changes such as a sociocultural perspective. A further aspect of school architecture discussed in this chapter is the impact of timetabling and the allocation of curriculum time to KLAs in high schools in NSW and elsewhere. Specifically I consider how the organisation of the PDHPE KLA and more broadly, the architecture of schools, presents a barrier to teaching and learning that is premised on the need for research and inquiry-based strategies. While my

focus is on a sociocultural perspective, I draw on recent research such as Productive Pedagogies (Hayes et al., 2006), Rich Tasks (Macdonald, 2003b, 2004) and critical inquiry and problem solving (Wright, Macdonald & Burrows, 2004) to argue that ‘new’ and ‘different’ ways of knowing, such as a sociocultural perspective, require considerable amounts of time, more flexible school architecture, a continued dedication to shifts in conceptualisations of the role of student and teacher, and a willingness to accept that the outcomes of such work are often difficult to predict.

KNOWLEDGE

In this section I reintroduce a number of the most prominent discourses and bodies of knowledge from within the research and consider their effects on a sociocultural perspective as a curriculum change. I begin by arguing that the prominence of discourses such as healthism, risk and the individualisation of responsibility for health reflects contemporary understandings of health and the body and that these understandings have significant implications for what is taught within PDHPE, how it is taught and to what ends it is taught. Much of my attention is directed towards the constrictive effects of these discourses on teachers’ and students’ abilities to examine the complex range of social and cultural influences on health. More broadly, I use the theoretical resources of governmentality (Foucault, 1991; Rose, 1999; Rose & Miller, 1992) to examine PDHPE’s explicit role in the ‘making up’ of citizens in neoliberal political climates and consider how this role sits with the task of examining health issues from a sociocultural perspective. The latter half of the knowledge section turns to the influence of medico-scientific knowledge and epidemiology, on understandings of a sociocultural perspective in PDHPE. Like numerous other researchers over the previous two decades I argue that knowledge from these fields has considerable currency within PDHPE (Fitzclarence & Tinning, 1990; Kirk & Tinning, 1990; Macdonald & Hunter, 2005; McKay, Gore & Kirk, 1990; Tinning, 2004) and can be seen, in some cases, to contribute to the exclusion of ‘other’ knowledge and ways of knowing (Macdonald & Hunter, 2005; Rich, 2001).

THE DISCURSIVE INDIVIDUALISATION OF RESPONSIBILITY FOR HEALTH

Throughout this thesis I have identified a number of recurring sets of discursive resources related to health (particularly, healthism, risk and individualism) and argued that these resources present a significant barrier to the development of a sociocultural perspective in PDHPE. According to Macdonald and Hunter (2005, p.121) ‘a pivotal tension’ exists in HPE policy and practice ‘between the assignment of responsibility to the individual for the development and maintenance of health... and the social view of health that is advocated by

those interested in widespread health outcomes and equity'. The presence of these discourses of individualism is not unexpected given that they have been widely identified in both HPE literature and more broadly through poststructural work on health, the body, and the new public health. Nevertheless, the body of empirical work exploring the impact of such discourses on the PDHPE classroom and specifically on the ability to implement 'critical' curriculum changes such as a sociocultural perspective, is still relatively limited. Over the following paragraphs I consider the influence of discourses of personal responsibility for health, healthism and risk, on the St Anne's and Waterside cases and on the development of a sociocultural perspective.

Discursive resources that individualise health, making it a personal responsibility that can be achieved unproblematically through self-determination and the 'right' choices, were readily evident throughout the research. Beginning with the students' talk, it was apparent that the healthism discourse (Crawford, 1980; Kirk & Colquhoun, 1989) and a discourse of personal responsibility for health choices (Wright & Burrows, 2004) were regularly mobilised by participants in constituting understandings of health. As previously noted, the healthism discourse positions the body centrally in the creation of health and links 'deliberate physical exercise and a range of other bodily practices with the attainment of health, where health and well-being are taken to be indicated by body shape, size and weight' (Wright & Burrows, 2004, p.215). Like students in studies by Wright, O'Flynn and Macdonald (2006), Wright and Burrows (2004) and Azzarito and Solmon (2006), for the most part the young people who spoke in the focus group interviews across both schools understood health and being 'healthy', as a state that was obtained by a person 'doing the right' things. The 'right things' were clearly and frequently described as individual lifestyle-related 'practices of the self' (Lupton, 1995; Wright et al., 2006) such as 'exercising,' eating right,' and 'watching what (you) eat' (Charlotte: 'Eating healthy foods and exercising regularly which is something I'm not but anyway'). While a number of the students argued that achieving a 'balance' was the key to being healthy, the 'balance' they spoke of was underpinned by notions of personal regulation, monitoring and a calculative engagement with the body.

The same sense of individual responsibility for health and health practices was also central to the young people's talk about the link between weight and health. While students such as Summer at St Anne's Girls, and Sam and Clarissa at Waterside offered resistance to the notion that a person's health could be 'read off' their body (Summer: 'A lot of people would go off appearance. Like if someone is skinny it's like "oh, they're healthy." But they might not be as healthy as someone who is a bit overweight who exercises all the time. You don't know') others spoke of the accumulation of body fat in ways that linked it with poor self-regulation

and, less explicitly, as a failure to take responsibility for one's own health (Charlotte: 'I would. If they had excessive amounts I would say 'have you ever tried eating something healthy for lunch?' Dean: 'You have to take notice if someone is overweight and they don't stop eating compared to someone who is underweight'). Not surprisingly given its current prominence nationally and internationally in debates about the 'obesity epidemic' (Evans et al., 2004a; Gard & Wright, 2005), 'fat' and foods high in fat were commonly spoken of in terms of 'risk.' According to a number of the young people fat presented an imminent risk to the shape and functioning of the body (James: 'Because if you eat too much of it then you'll blow up'). What stood out even more were the embodied feelings of illness and guilt that students linked with the consumption of fat through phrases such as 'your stomach seems to reject it,' 'you can sort of like feel it as well after you eat it,' and 'being healthy, sometimes you eat something and you feel really bad about it and then you think "oh my god, I can't believe I ate that"'. In this way, fat presented a 'risk' for an individual's subjectivity and how he/she felt about their body. Read against Crawford's (1980; 1986) claim that we have entered an era of health consciousness where being unhealthy is a sign of individual moral laxity, the 'risk' can be seen as one of failing in the task of 'individual mastery' over one's body. Perhaps more importantly in terms of facilitating a sociocultural perspective, risk management becomes 'privatised' (Petersen, 1996) with individuals left few options other than personal blame through which to understand ill-health.

Similar discursive resources to those mobilised by students were also explicit in the teachers' interviews. For Debbie, one of the main purposes of PDHPE and indeed schooling at St Anne's, was teaching young women to be 'independent' and to be 'more responsible' for themselves and their decisions and actions. She asserted that the young women were frequently unable to 'make the better choices' and that this left them 'at-risk' (Kelly, 2000; Leahy & Harrison, 2004) of such contemporary social-ills as 'eating disorders', 'getting drunk' and being misinformed by peers and the media. As such, Debbie placed a significant emphasis on the young women learning to make the 'right' choices through the acquisition of knowledge and rehearsal of decision-making. This focus on personal responsibility for decision-making (Wright & Burrows, 2004) became particularly clear in the collaborative planning process as Debbie argued for 'scenario' style activities, which focused on replicating decision-making situations. When put into practice many of the activities in the St Anne's unit (and later, the Waterside unit) reinforced discourses of personal responsibility by over-stating the agency of the individual. In addition to this, these activities facilitated a classroom environment in which the PDHPE teacher intervened in the lives of the young women, in order to teach them what a

‘good’ decision was and why they were at-risk of making ‘bad’ ones (for example, ‘The Belinda scenario’ in Chapter Five part II, lesson two).

While the mobilisation of discursive resources which individualise health was less overtly obvious in Mark’s individual interviews than in Debbie’s, these resources nevertheless had a marked impact on the Waterside unit overall. Despite Mark and I speaking about the importance of disrupting discourses of personal responsibility and blame and foregrounding social and cultural influences, it proved difficult to do this while concurrently working within the 7-10 PDHPE syllabus framework. We found that the explicit linking of social and cultural influences with decision-making processes in the syllabus (Board of Studies, 2004, p.37) had the effect of encouraging a focus on individual responsibility for decision-making. This effect was compounded by the fact that decision-making is one of the six ‘skills that enhance learning in PDHPE’ (Board of Studies, 2003, p.16) and more broadly because discourses of personal responsibility for health and health choices have become the dominant way of understanding health in Australia and elsewhere (Crawford, 2004; Evans et al., 2004b; George & Kirk, 1988; Lupton, 1999; Lupton & Tulloch, 2002; Macdonald & Hunter, 2005; Nettleton, 1997; Petersen, 1996). My point, which I will again restate, is not that this necessarily precluded us from adopting a sociocultural perspective, but that it made it problematic (at least for me) to think about and plan activities which examined social and cultural influences outside of a health-based decision-making framework and outside of discourses of personal responsibility.

‘THE HIGHLY AGENTIC ACTOR’ - THE TENSION BETWEEN PERSONAL RESPONSIBILITY DISCOURSES AND A SOCIOCULTURAL PERSPECTIVE

The evidence presented above demonstrates the prevalence of discourses of personal responsibility for health throughout both the St Anne’s and Waterside units. Within such discourses individuals are uncritically positioned as ‘largely responsible for their own health and for “making healthy choices”’ (Rich & Evans, 2005b, p.248). Environmental risks become understood as issues of ‘personal management’ (Petersen & Lupton, 1996, p.115). The body becomes a signifier for moral worth, with fat ‘interpreted as an outward sign of neglect of one’s corporeal self’ (Evans et al., 2004a, p.376), and the individual is assigned moral culpability. Exercise and fitness enter into a deterministic relationship with health (Gard & Wright, 2001; Kirk & Colquhoun, 1989), and the ability of an individual to make ‘rational’ health-affirming choices in relation to dieting, smoking and sun-tanning become outward representations of their self-control and their status as a ‘healthy citizen’ (Lupton, 1995, 1996). Finally, the individual is implored to adopt a range of ‘practices of the self’ to become a reflexive, calculative and entrepreneurial subject whose conduct is aligned with imperatives of the state (Lupton, 1999;

Leahy & Harrison, 2004). Though, as I have shown throughout the thesis, these understandings of health are themselves highly problematic for the development of a sociocultural perspective in PDHPE, an even more significant problem emerges when we consider the ‘individual’, or the ‘subject’, that these understandings construct. The individual that is constructed is one who acts as an entity free of social and structural constraint (Evans et al., 2004b; Rich & Evans, 2005b). Gender, ethnicity and cultural background, education, employment, socio-economic status and other structural constraints that prevail throughout modern Western societies are seemingly disregarded as the individual is imbued with such agency so as to render these influences of marginal consequence. In terms of a sociocultural perspective as a curriculum change in PDHPE, such an understanding of the individual at best obscures the analysis of social, cultural and institutional elements on health and health inequalities and at worst renders these invisible, as if the agent operates free of such influences altogether. We are led to believe that the rational, health aspiring individual is ‘free’ to make health-affirming choices. The focus of PDHPE becomes firmly fixed on teaching individuals how to make healthy decisions and prescribing exactly what constitutes a ‘healthy decision’ in a range of ‘real-life’ situations.

In each of the cases, we set out with the specific intent of adopting a sociocultural perspective and as such social and cultural influences were not allowed to simply ‘become invisible’. Instead, as I will discuss in further detail in the ‘Medico-scientific knowledge, epidemiology and the new public health’ section, they were often reinterpreted as social determinants. In the case of St Anne’s, they were seen as something to be negated through individual awareness and action. For example, Debbie spoke about the young women needing to realise that they were prone to making poor nutritional choices and adopting unhealthy diets because of their age and gender. However, rather than discussing the cultural or institutional production of unrealistic images of the body, or the link between slimness, sexual attractiveness and health in popular culture (Bordo, 1990), or even the historical construction of women’s bodies as problematic (Lupton & Petersen, 1996), the message sent to the young women was one of the need for individual fortification and resistance. Despite my previous experiences at St Anne’s, social and cultural influences were (for the most part) similarly reinterpreted as social determinants at Waterside. There was little time allocated to understanding social and cultural influences, as we moved quickly from identification of the influences to incorporating them in the decision-making process. Nevertheless, there were moments where the students at both schools demonstrated an understanding of social and cultural influences as they affected the material circumstances of people’s lives. These moments showed that a sociocultural perspective was not only possible, but that some students were able to mobilise it to problematise situations that were primarily framed as exercises in individual choice.

The prevalence of medico-scientific discourses as a means of understanding the study of health and food from a sociocultural perspective, had two main ramifications for the St Anne's and Waterside units. Firstly, it shaped notions of what was seen (by both teachers and students) as legitimate and authentic knowledge within the unit. 'Nutrition' based knowledge, which could be presented as a 'regime of truth' about healthy living was privileged because it was seen to contribute to 'rational' and informed decision-making. Though this was far more explicit at St Anne's than at Waterside, the historical position of medico-scientific knowledge within PDHPE and the tendency for the 'expertise' of PDHPE teachers to be linked to their alignment with, and recontextualisation of, medico-scientific knowledge fields (Gard & Wright, 2001; Tinning, 2004; Tinning & Glasby, 2002) means that such a finding has widespread implications. Secondly, social and cultural influences were primarily understood in both cases through a health-based decision-making framework. The effect of this can be seen in the reinterpretation of complex social and cultural influences such as education, social class, ethnicity and gender as 'social determinants.' As I argued throughout the results chapters, a social determinants based interpretation of a sociocultural perspective dramatically detracts from understandings of social and cultural influences as they impact upon the material conditions of peoples' lives. This is largely because social determinants, as they are understood within epidemiology, are variables that relate to trends *across populations* rather than in relation to individual circumstances and conditions. Despite this, the epidemiological foundation of a social determinants understanding and its connection with contemporary health promotion practises means that it will, in all likelihood, continue to be reproduced and mobilised in PDHPE.

The prevalence of medico-scientific understandings of food and bodies had a marked effect on the development of a sociocultural perspective at both St Anne's and Waterside. According to Penney (2006), curriculum construction involves 'various discourses being positioned in particular configurations and hierarchical relations'. These discursive priorities and hierarchies both shape curriculum texts and are 'actively reproduced' by the texts themselves (p.570). Within PDHPE the study of 'food' has frequently been understood through medico-scientific discourses. These discourses work to position the 'science of nutrition' as the primary way of understanding food in relation to the body, while concurrently marginalising 'other' ways of knowing food. In their examination of an Australian HPE syllabus document, Tinning and Glasby (2002) note that the official Outcomes related to food marginalised social aspects of food, while at the same time emphasising 'rational decision-making' (p.116). At St Anne's this was most apparent at the beginning of the first lesson, as the young women themselves

requested learning experiences which privileged science-based ‘factual’ understandings that could be mobilised to regulate the bodies. What the young women were asking for were a series of ‘regimes of truth’ about healthy living. These requests shaped, in particular, the pedagogy of lessons three and four and demonstrated the kinds of investments around ‘practices of the self’ that the young women brought with them to the unit. Similarly, Debbie’s own investments in practices of the self and ‘expertise’ in nutrition-based food knowledge shaped what was possible in terms of planning the lessons. The most obvious example of this came as I suggested a learning activity that sought to highlight the differences in food and diets across cultures and around the world. Though Debbie did not dismiss this activity outright, she positioned such knowledge as largely illegitimate within the unit and more broadly, within PDHPE at St Anne’s.

The knowledge that became the focus of numerous lessons at both schools was that which was seen to teach young people to be ‘rational’ health-based decision makers. The health-based decision-making process is based on the assumption that ‘knowledge changes attitude which in turn changes behaviour’ (Wright & Burrows, 2004, p.215). In this case, the knowledge supposedly required for food-related decisions is drawn from the sciences of nutrition and epidemiology, which gain currency in relation to making healthy choices because of their claims to objectivity and ‘truth’ (Lupton & Petersen, 1996). Though the effectiveness and assumptions of health-based decision-making have been widely questioned, the notion that the means of securing the future health of the population is teaching young people to be autonomous, health-aspiring, self-regulating citizens who above all else make ‘rational’ and informed decisions, extends far beyond the PDHPE classroom into all aspects of the new public health (Lupton, 1997, 1999) and as such is difficult to disrupt.

The second effect of medico-scientific discourses on the development of a sociocultural perspective was the interpretation of social and cultural influences as ‘social determinants’ (Berkman & Kawachi, 2000, p.6). During the process of planning and teaching the units of work, such an understanding was taken up because it seemed to provide a means of connecting social and cultural ‘factors’ with health-based decision-making (Board of Studies, 2003, p.37). This conceptualisation of social and cultural influences has a number of noted shortcomings, particularly where an understanding of social determinants is substituted for a sociocultural perspective. Drawn from epidemiology, the concept of ‘social determinants’ posits social and cultural influences such as gender, age, sociocultural status and ethnicity as determining variables (Marmot, 2000). As Petersen and Lupton (1996) note, in epidemiology such variables are treated ‘as “given” biological or social entities’ and there is generally ‘little

acknowledgement that categories such as social class, race and ethnicity are themselves subject to manifold interpretation and debate' (p.32). More broadly, 'social epidemiologists' (Berkman & Kewachi, 2000, p.6) tend to work from the assumption that each independent variable may be isolated from others and correlated with indicators of health and disease incidence as a means of demonstrating its effect on health outcomes (Petersen & Lupton, 1996). Such an understanding both obscures the complexity and inter-relation of social and cultural influences but also introduces an undue degree of certainty about what effect they have on individuals' lives.

THE BROADER ISSUE OF KNOWLEDGE: 'CERTAINTY', 'TRUTH' AND THE PREPARATION OF HPE TEACHERS

As a KLA concerned with the production of healthy citizens PDHPE remains preoccupied with forms of knowledge that make claims to the 'truth' of health and practices which contribute to it. As I have argued previously, a sociocultural perspective was frequently marginalised (in the new syllabus, in planning and in the lessons themselves), by such forms of knowledge. This preoccupation with 'truth' and 'certainty' in the KLA primarily stems from two sources: the focus on medico-scientific knowledge in tertiary pre-service teacher training (Fernandez-Balboa, 1997; Kirk et al., 1997; Macdonald, 1992; Tinning, 2004); and from the position of HPE within the new public health (Gard & Wright, 2001; Lupton, 1999; Petersen & Lupton, 1996). While disrupting either of these points of knowledge production is difficult, such work seems vital to a sociocultural perspective being implemented in schools.

The influence of the new public health can now be seen throughout the rationales, Outcome statements and content suggestions of contemporary forms of PDHPE. While its work is undeniably complex, my major concerns are that the new public health reinforces scientific knowledges as 'truths' which can supposedly explain and address health problems (Petersen & Lupton, 1996, p.8). Such a conceptualisation contributes to the individualisation of responsibility for health and promotes rational and informed decision-making about 'lifestyle' as the means to health. The new public health and the scientific knowledge that gives it credibility and social standing (Petersen & Lupton, 1996), is appealing to PDHPE teachers. As I will argue in the following paragraphs, PDHPE teachers are often taught to value objective and rational knowledge derived from science. They are taught to both ensure that young people are provided with factual knowledge in order to make informed decisions (Burrows & Wright, 2004), and to reproduce and disseminate prescriptions about how individuals should live their lives (Tinning & Glasby, 2002). Furthermore, the knowledge provided by the new public health, knowledge about how to live 'healthy', is appealing because it seems to fit with the task

of producing autonomous, self-regulating and health-aspiring young people (Lupton, 1998; Lupton, 1999).

In commenting on the importance of pre-service teacher training in influencing future practice, Macdonald and Glover (1997) note that ‘the epistemological, pedagogical and education values and assumptions which underpin subject cultures may frequently be formed in the early stages of teacher socialisation (Ball, 1987) when the teachers are students themselves in schools and universities’ (p.26). Over the last fifteen years the preparation of HPE teachers through tertiary-based pre-service teacher training programs has been linked with the continued dominance of medico-scientific knowledge within the KLA and the marginalisation of ‘other’ forms of knowledge (Fernandez-Balboa, 1997; Kirk et al., 1997; Macdonald, 1992; McKay et al., 1990; Tinning, 2004). In her study of pre-service teacher training in one human movement faculty, Macdonald (1992) found that science-based subjects were considered to be more important than those based in the social sciences by both faculty and students. According to Tinning (2004, p.246), ‘the most worthwhile (read essential) subject matter content knowledge for health and physical education is considered to be knowledge of the sub-disciplines of human movement...which focus on the body as a biological “thing”’. He argues that pre-service teacher preparation programs have primarily given students ‘tools and ways of thinking’ based on ‘rationality and science’ (p.243). Similarly concerning for proponents of socially critical perspectives is Rich’s (2001) assertion that ‘pedagogues who adopt a socially critical perspective and attempt to encourage reflection upon substantive issues in PE and sport, in ways that locate them in a wider socio-historical and political landscape, might therefore find themselves on the margins’ (p.135).

If medico-scientific knowledge and scientific positivism or functionalism still prevail in Australian pre-service teacher preparation programs, and the number of Australian universities in which HPE teachers are either trained through ‘Human Movement’ Departments or complete a three year Human Movement degree before adding a one year Diploma of Education suggest it may well be, how well are pre-service teachers prepared to teach a sociocultural perspective? In contrast to the claims of certainty, rationality and objectivity that underpins medico-scientific knowledge in HPE, sociocultural knowledge is ‘more slippery’ (Macdonald & Hunter, 2005, p.121), makes few claims to ‘truth’ and is less commonly associated with the ‘expert’ HPE teacher subject position. The point here is that the modern HPE teacher, one who is required to teach a sociocultural perspective and a ‘socially critical liberal curriculum’ (Macdonald & Kirk, 1999, p.140), requires a very different set of pre-service teacher experiences when compared to those of PE teachers trained twenty years ago. Given that the

dominance of medico-scientific knowledge fields is institutionalised in pre-service teacher preparation programs, many teachers may not be adequately prepared to teach a sociocultural perspective in our schools (Tinning, 2004). Kirk, Macdonald and Tinning (1997) drew attention to such problems a decade ago, as they wrote:

We suggest that not only would current human movement studies programmes have neither the staff expertise nor programme space to address these, far less embed them throughout the various biophysical and socio-cultural subdisciplines, but that the principles [of social justice and diversity that underpin the new KLA] may be in tension with the individualistic, masculinist, and performance orientations, characteristic of the pedagogy of the instructional discourse of human movement studies (p.293-294).

SCHOOL ARCHITECTURE

The 'school architecture' theme encompasses aspects of the organisation and conditions of modern schooling. In this section I examine how these impacted on the introduction of a sociocultural perspective as a curriculum change. I begin by utilising Ball's notion of performativity to examine the focus on efficiency, outcomes and accountability that pervaded discourses of expert practice during the research and shaped the nature of both Debbie and Mark's work as teachers. In the second part of the school architecture section I consider the impact of the school as a modernist structure on the ability of teachers to utilise the inquiry or research based learning strategies that, it has been argued, are required to develop deeper modes of thinking such as a sociocultural perspective. Drawing on recent pedagogical research I argue that a sociocultural perspective requires continued shifts in the conceptualisation of the roles of teacher and student, more flexible organisation of learning time and a willingness to accept that the outcomes of student-directed inquiry and research may not fit neatly with Outcomes based PDHPE syllabuses as they are currently written.

PERFORMATIVITY

As a 'discourse of power' (Ball, 2000, p.1) performativity shapes understandings of expertise and professionalism and in turn, teachers' modes of working. For Ball (2003b, p.216) 'performativity is a technology, a culture and a mode of regulation that employs judgements, comparisons and displays as a means of incentives, control, attrition and change'. It is a 'mode of social (and moral) regulation that bites deeply and immediately into the practice of state professionals - reforming or "re-forming" meaning and identity - producing or "making up" new "professional subjectivities"' (Ball, 2001, p.2). In doing this work performativity operates both 'from the outside in and the inside out' (Ball, 2001, p.4), that is, as well as being regulated by state authorities such as teacher certification boards, teachers also act upon themselves.

They alter their practices and subjectivities to align them with new conceptualisations of professional work. Not by coincidence, the emergence of a discourse of performativity coincides with a time when 'education reform is spreading across the globe' (Ball, 2003b, p.215), driven in large part by the entrenchment of neoliberal political philosophies in the UK, Australia, the USA and New Zealand amongst others (Apple, 2001; Apple, 2003a; Apple, 2003b; Ball, 2003b; Gerwitz et al., 1995; Jeffrey, 2002; Luke, 2003; Olssen & Peters, 2005; Youdell, 2004). Reforms have focused on schooling adopting the structure and philosophies of the 'market' (Ball, 2003a) in order to 'improve the effectiveness and efficiency of the outputs of learning' (Jeffrey, 2002, p.531). Though couched in the rhetoric of 'quality', for the most part, reforms have focused on 'quality' teachers and teaching in terms of efficiency, effectiveness, accountability and managerialism.

I argued throughout Chapter Five that Debbie's notion of expertise and 'the expert practitioner', a subject position in which she had considerable investment, was one that privileged aspects of performativity such as efficiency, managerialism and accountability. Within this notion the teacher is positioned as a rational, highly efficient actor whose focus is firmly targeted at technocratic aspects of planning such as: alignment of learning experiences with official Outcome statements; transition of learning experiences within and between lessons; and the transmission of knowledges seen to be 'essential' within the official discourse of the KLA. This is a subjectivity and a subject position not only (partially) 'brought about' or made possible by performativity, but glorified by it, held up as the most legitimate teaching subjectivity if one is to be valued and valuable (Ball, 2003b, p.217). As such, within the contemporary climate few teachers could be faulted for having such a list of priorities. On the contrary, as I have noted, teachers such as Debbie are regarded within the profession as exemplary practitioners. My point here is not to criticise her, or others who share the same priorities, for this focus. Instead my argument is that performativity defined the scope and form of planning in such a way that some ways of thinking and acting became legitimate and valuable and others were dismissed as inefficient, illegitimate or outside of the bounds of PDHPE. In this, performativity shares some consistencies with Simola, Heikkinen and Silvonen's (1998, p.81) notion of 'pastoral professionalism.' They argue that pastoral power disciplines 'speaking about teachers' work', one of the results of which is 'practical, multiple, and ideological teachers' knowledge... is displaced by academic teaching science' (p.83), creating 'the new expert teacher' (p.83). To briefly revisit a number of examples which illustrate performativity's regulative work within the unit planning:

- efficiency was used at times as the primary criteria by which the relative value of a learning strategy was measured
- learning strategies that were, in the most part, 'teacher-directed' were selected because their outcomes were seen to be predictable and manageable. This marginalised forms of student-centred and directed learning because of its relative unpredictability
- what could be said and discussed in the planning process itself was marked by performativity, with technical planning conversations valued far more than conceptual conversations. Broad conversations and debates such as 'what might a sociocultural perspective mean in terms of PDHPE', 'how does one work with an 'integrated' syllabus', and 'is it enough to take up a compliant reading of the syllabus or is a sociocultural perspective dependent on resistant readings?', were marginalised and positioned outside of the legitimate planning work.

As Ball (2003b) notes in speaking about the wave of policy reform that has contributed to performative cultures emerging in teaching, 'the novelty of this epidemic of reform is that it does not simply change what people, as educators, scholars and researchers do, it changes who they are' (p.215). Though Debbie and I did not speak about the broader working cultures of teaching at the current time, research from the UK such as Jeffrey and Woods' (Jeffrey, 2002; Jeffrey & Woods, 1997, 1998; Woods & Jeffrey, 2002) and Perryman (2006), as well as Ball's own work (1997; 1998; 2000; 2006), provides evidence that teachers are changing 'who they are' and what they 'do' in response to these reforms. To cite a few striking examples from Jeffrey's (2002) work titled 'Performativity and Primary Teacher Relations':

I didn't have any outcomes written down, and he (the Ofsted inspector) said, 'Where are they?' and I said, 'Well, like all good teachers they're in my head.' He didn't like it. I felt I was being too outspoken and I suddenly had this sense of, 'Oh God, I shouldn't have said that.' It made me consider going home and resigning. I don't know if I can be this robot, I don't know if I can work in this particular way because it's against what I believe' (Robina, nursery)(p. 542).

I have become less sympathetic. I now identify less with those who don't fit the system. They know what the game is and they should be fulfilling what we, as a school, ask of them, because there is no place for them otherwise. You can't be an individual in this system at the moment, it just makes it hard work for everybody if you try to be (Toni, deputy head) (p. 537).

And from Jeffrey and Woods' (1998, p.131) 'Testing Teachers: The Effect of School Inspection on Primary Teachers', another quote from a teacher:

You are only seen as effective as a teacher by what you manage to put into children's brains so they can regurgitate in an examination situation. Now that's not very satisfying to one's life... My age group came into teaching on a tide of education for all... But I don't care anymore. I think that's why I haven't found my self because I do in fact care... I don't feel that I'm working with the children, I'm working at the children and it's not a very pleasant experience...

Notably, Debbie was not subject to the same external sources of regulation as these teachers. For the most part the research from the UK has focused on teachers and schools who were the subject of state-directed Ofsted (Office for standards in education) school inspections (Jeffrey, 2002) and in some cases, schools that had been placed under a probationary condition called 'special measures' (Perryman, 2006). It is, however, the absence of these conditions that demonstrates the *self-governmental* aspects of performativity as a technology of government - a regulative and ethical framework in which teachers must work (Ball, 2000). One of the central tenets of modern technologies of government, according to theorists such as Rose (1999) and Dean (1995), is that individuals are 'responsibilised' and charged with self-governing in reflexive ways. Debbie had 'taken up' aspects of performativity, her subjectivity inscribed in such a way that her notion of expertise, and even her daily practices as a teacher were aligned with a culture that valorised efficiency, effectiveness and accountability. However, the alignment between her practices and these performativity-inspired notions of expertise were largely self-maintained and monitored. In itself, this is a reminder that there is something 'seductive' about performativity (Ball, 2004, p.148), and that through conformity and 'performance' comes 'the possibility of a triumphant self' (Ball, 2003b, p.218).

Performativity also had an important impact on the Waterside case, though in notably different ways to St Anne's' Girl's High. Firstly, Mark's comments in both his formal interviews and in casual pre and post lesson conversations, provide evidence of the kind of 'intensification' of work (Ball, 1998; Reid, 1999) that has been generally associated with teaching in advanced neoliberal societies and more specifically in work examining performativity in schools. Garrett and Piltz's (1999) research into HPE curriculum change also noted that an intensification of teachers' work can result from the additional expectations associated with implementing new curriculum materials. As one of only two full-time PDHPE staff in a faculty without a Head Teacher, Mark had taken on considerable responsibilities in terms of program planning and reform. He had argued for, and been awarded, the right to begin a year nine and ten PDHPE elective and, as well as teaching these classes, was also responsible for constructing the curriculum that constituted the elective. As 'year advisor' (form patron) for the incoming year seven students, he had begun visiting the primary 'feeder' schools in the area, in an attempt to reverse a trend of falling enrolment. He had taken on extra-curricular responsibilities in the

form of football coaching for a representative schoolboys team. He was the Head Teacher Administration (relieving), an appointment that required him to contact relief or 'substitute' teachers each school morning (usually between 6 and 7am), before making his forty-five minute commute to school. He had also created and revised (with some technical assistance) the whole school timetable for the year and because the research took place in the first term, was still dealing with complaints and necessary alterations because of fluctuating staffing and enrolments. And on top of all this he had agreed to participate in this research! Contrary to how it may read, my point is not necessarily to argue that Mark was working under exceptional circumstances. In fact, I would argue that there would be many teachers across all levels of schooling in Australia and elsewhere whose daily lives could be described in ways similar to Mark's. Instead my point is that such conditions mark the professional lives of teachers, especially those who have aspirations towards promotion and higher appointments (as Mark did). They impact on the teacher's ability to engage with and reflect upon their own teaching, to prepare learning experiences, to revise curriculum and to become involved in the conceptual and theoretical debates about the purpose and place of the KLA (Hayes, Mills, Christie & Lingard, 2006, p.183-4) and curriculum changes (Kirk & Macdonald, 2001a). In Mark's case it impacted on his ability to invest (both time and himself) in the research, as he noted after the unit had finished:

... If you are a teacher, particularly in the PE area and you are involved in sports and things it often seems to be the way that you are juggling things and it's always educationally unsound but it is a reality of schools... It (the research) demanded an amount of time that was probably above what I had at times. I had a bit of guilt about sometimes coming and seeing you and saying 'Where are we up to?' and having a quick read and then racing up to class with a half prepared mind for it. I know that in teaching you are always busy and all that and it tended to be that juggling of times together was difficult particularly myself being in Waterside and you at Uni, trying to get together... Yeah it was hard because and maybe if I'm brutally honest I'd probably look back and say 'Look I can't fit it in, I won't do it,' you know and sometimes I felt concerned that maybe I would have been doing you more of a favour by saying that than trying to fit it in (Post-unit interview).

The second impact of performativity on the Waterside case can be seen through Mark's attempts to inhabit what Ball (1998, p.190) refers to as 'irreconcilable subjectivities.' Though Ball has not frequently used the term, he does explain that in their attempts to 'fulfil competing imperatives and inhabit irreconcilable subjectivities...teachers are inscribed in these exercises in performativity' (Ball, 1998, p.190). There are numerous examples from the previously noted UK school inspection literature in which teacher's stories can be seen to be illustrative of such attempts to reconcile tensions between subjectivities. For example, from Jeffrey (2002):

As always, there has been this dilemma of being a teacher and a manager. I feel great anger and frustration that I'm having to virtually order implantation of the literacy programme rather than the development coming from those who are doing it (p.538).

And from Jeffrey and Woods (1998):

My first reaction was 'I'm not going to play the game,' but I am and they know I am. I don't respect myself for it; my own self respect goes down. Why aren't I making a stand? Why aren't I saying 'I know I can teach; say what you want to say' (p.160).

At Waterside the tension emerged as Mark attempted to reconcile a 'disciplinary' teacher subjectivity focused on student control and behaviour management, with a 'facilitator' subjectivity. As I noted in Chapter Seven Part I, Mark spoke of having, what he labelled, 'traditional' values and expectations in terms of classroom behaviour and showed his displeasure when students failed to comply with these expectations. This led to a tension within the lessons and in lesson planning, as Mark at once expected students to be quiet and compliant when he spoke ('Those people that can't work quietly, I'm simply going to remove you from the room because I don't want to have to ask you again'), but also to be engaged and to demonstrate their knowledge and points of view through discussions, answering questions and working productively in groups. This tension is representative of a greater one: namely the tension between a sociocultural perspective (which available literature suggests is facilitated by student-directed research, discussion, informed debate and the use of students' own experiences), and ongoing conceptualisations of the teacher as a disciplinary figure who dictates conduct in his/her classroom, and where appropriate, punishes and admonishes. In terms of performativity, this tension is linked with the 'performance' and where necessary, 'fabrication' of performance and the self, that comes from working in an environment of surveillance (Ball, 1997; 2000). While I have no doubt that Mark had classroom behaviour expectations, I would suggest that these expectations were heightened because of the 'gaze' he was placed under by the research. As such, he was at once expected to be a model or 'expert' teacher in terms of 'technical' aspects such as discipline and classroom management, while concurrently facilitating and promoting a sociocultural perspective with its inherent ideological concerns.

The allocation of curriculum time and how it is organised and structured through school-based timetabling practices and policies²² (Kirk & Macdonald, 2001a; Penney & Evans, 1999) is of considerable importance to the development of a sociocultural perspective in PDHPE. At Waterside, the PDHPE faculty had chosen to skew the three hundred legislated hours that are allocated to the PDHPE KLA between years 7 and 10, towards years 7 and 8. This is not an uncommon practice in NSW high schools and results in students participating in six PDHPE lessons per fortnight in years 7 and 8, and three to four lessons per fortnight in years 9 and 10. The issue was further complicated in the Waterside case because the school had designated some lessons 'Health' lessons (inside of the classroom) and others 'PE' lessons (outside of the classroom). Moreover, they had further skewed this towards PE, deciding that three lessons per fortnight would be 'PE' lessons and one lesson would be 'Health.' As discussed in Chapter Seven Part II, Mark and I were thus forced to 'take back' lessons designated as outside lessons and make them classroom lessons. In itself this had a series of effects, such as students regularly arriving late to class and a number of (particularly male) students expressing their resentment at the loss of PE periods. The broader effect however was to spread out the eight lessons of the unit over ten weeks, which included two occasions in which there were two week gaps between lessons. This made it difficult to build momentum and student focus, as Mark noted in an interview following the completion of the unit:

Because currently the way the school is structured PD periods are only once a fortnight, we quickly realised we needed to pick up periods in places so we started changing the timetable which was always difficult with the kids because it was on short notice and it was often taken from a preferred PE period or having to go to a different class, (and) that doesn't help anything. Those things made it difficult, the time frame between periods when I think there was a period lost due to me being away and one to mis-communication between the time of periods and so that meant that they missed a couple which we've had to pick up in the second term after we've had about three weeks break, so to come back and we've tried to start all over again. Those things affected the process, they were detrimental to it (Teacher interview three).

School architecture and the highly structured and routine-based nature of teaching and learning in schools also had a broader effect across both of the schools, limiting the potential to utilise inquiry and research-based learning strategies. However, rather than being based on any single

²² In their work on the creation and implementation of the National Curriculum for PE in England and Wales, Penney and Evans (1999) specifically note the important implications that school timetabling choices have on the provision of PE (cf. chapter six). They suggest that both the 'length' and 'arrangement' of periods 'shaped the possibilities' for PE, as did the tendency for 'curriculum squeeze' to be addressed by reducing curriculum time for low status subject areas such as PE (p.94 – 95).

in-school timetabling decision, this effect was the result of the general physical and social architectures of schools. As such it was far subtler than the work of timetabling in the previous example (above), and less likely to become overtly apparent in ‘concrete’ examples. While there are a number of tangible examples from the research that begin to demonstrate this, perhaps the most telling point is not what happened in the research (which strategies were included), but what did not happen, that is which strategies and modes of learning were excluded, not utilised or not even considered! In making this point I draw on recent literature on inquiry based strategies in HPE and elsewhere. This literature suggests that despite their links with contemporary concepts such as ‘deep learning’, ‘problematic knowledge’ (Hayes et al., 2006, p.42), problem solving and a sociocultural perspective, inquiry and research-based strategies have at times proven difficult and complicated to put into practice (Hayes et al., 2006; Macdonald, 2003b, 2004). At least part of this is attributable to the ongoing organisation of schools as ‘modernist institutions par excellence’ (Hayes et al., 2006, p.10). Writing about the structuring and organisation of schools in the ‘Productive Pedagogies’ research, Hayes, Mills, Christie and Lingard (2006, p.133) suggest that ‘as currently structured, schooling systems are an exemplar of modernism, with their standardised approaches to teaching and learning, their lockstep categorisations and classifications of people and subjects, and their unmistakable architecture of classrooms’.

At St Anne’s, Debbie was reluctant to utilise inquiry-based methods or ‘research-style’ strategies because she understood them to be inefficient, unpredictable and unlikely to result in students arriving at the ‘right’ information. In particular, she argued that students were unable to appropriately structure questions for interviews and surveys, commenting that ‘sometimes I don’t know if students are mature enough to structure questions to gain the right information and the information that they are looking for.’ At Waterside feedback provided as part of the NSW DET research approval process limited the inclusion of simple inquiry based strategies, with a proposed ‘survey’ one of four activities that they identified as ‘not directly link to the content and outcomes being covered in the unit of work.’ While these are two of the more explicit examples, there are also a broader set of elements related to school architecture and the character of schools, which potentially restrict inquiry-based methods (especially on a larger scale). The list that follows raises some of these broader elements and is grounded in my experiences in the two schools²³.

²³ I am not suggesting here that prolonged research or problem based learning were modes of learning that the teachers and I explicitly spoke about, but were unable to utilise because of the structure of the school. Nor am I suggesting that problem based learning and an ‘interview’ strategy are commensurate in terms of their status as ‘inquiry’ approaches, through I would argue that they may be broadly grouped

Inquiry approaches often assume a middle-schooling model. According to Prosser (2006) ‘middle schooling’ models frequently include: a separation of the middle years from other years in the school, establishment of teaching teams to enhance student/teacher relations, devising integrated and negotiated curriculum, and using ‘authentic assessment’ or ‘rich’ learning tasks (p.2). Neither of the schools used a middle schooling model at the time of the research. PDHPE was a ‘balkanised’ (Hargreaves, 1994) KLA, the students were not in the same class for all of their subjects, nor were their classes made up of the same students (e.g. different maths class to geography, different history class to PDHPE class). The curriculum (to the best of my knowledge from conversations with Mark and Debbie) was not ‘integrated’ in a middle schooling sense. Moreover, according to the most detailed report of middle schooling in Australia, the Federally commissioned ‘Beyond the Middle’ report (Luke, Elkins, Weir, Land, Carrington, Sole, Pendergast, Kapitzke, van Kraagenoord, Moni, McIntosh, Mayer, Bahr, Hunter, Chadborne, Bean, Alverman & Stevens, 2003), the middling schooling movement in Australia is exhausted and incomplete. And while the Productive Pedagogies research (Hayes et al., 2006) found a number of excellent examples of middle schooling practices and pedagogies in Queensland schools, the authors noted that this was not widespread.

Inquiry-based methods such as projects, problem-solving and investigative research are time-intensive and as such there is an assumption (at least for larger projects) that subject ‘faculties’ or KLAs will co-ordinate their efforts and students will work on the same ‘project’ in more than one school subject. There was no history at either of the schools of prolonged co-operation between different subjects, nor a history in the PDHPE area of teachers using project work. In neither of the two cases did the teachers and I ever discuss the possibility that we may utilise inquiry-based methods as a central pillar of the unit, nor the possibility of co-operating with another faculty. Despite numerous educational reforms in Australian states, high schools in which subjects are ‘balkanised’ (Hargreaves, 1994), with teachers and students working in isolated rather than integrated ways, remain commonplace. In research exploring the implementation of a form of State government introduced project work known as ‘Rich Tasks’, Macdonald (2003b; 2004) outlines a range of school-based constraints which worked against inter-faculty collaboration and restricted work in the project to the HPE KLA. While Rich Tasks required ‘integrated teams of teachers working collectively’ (Macdonald, 2004, p.126) and ‘school spaces that facilitate regular and ongoing teacher interaction’ (Macdonald, 2003b,

as inquiry methods. In laying out this list my point is that a set of conditions related to school architecture existed in these schools and schools elsewhere at the time of the research, that restricted the potential for inquiry methods to be used.

p.255) she encountered ‘balkanised’ subject structures, inflexible timetabling and a significant intensification of work for the HPE teacher as she attempted to liaise (unsuccessfully) with other faculties and teachers within the school. Furthermore, the teachers that were approached to collaborate also noted issues such as having pre-determined curriculum which was ‘too difficult to change’ (p.256) and concerns about which faculty would supply the resources, teaching spaces and supervision (Macdonald, 2004, p.126).

As modernist institutions schools assume a (relative) uniformity of learning, learning experiences and achievement of Outcomes for all students in a particular year/grade (e.g. year nine) and even in a particular class (e.g. nine-one). Both Debbie and Mark spoke with me about the fact that while they were doing this unit of work their classes were falling out of alignment with their peers, missing aspects of the standard school programs, and not completing mandatory Outcomes that other students in the year presumably were. At Waterside some of the students themselves pointed out that they were being potentially ‘disadvantaged’, compared to their peers. While the other students in year 9 were preparing for the standardised ‘half-yearly’ examination, Mark’s nine-one were taking part in the research unit. There is also a broader idea related to this point, which is that the structure of schools and classrooms assumes that students can and will be able to work within the classroom and within the school. Moreover, it assumes that the class, in the most part, works as a single body and towards the same Outcomes. For example, in many schools if students need to go to the library to research, the entire class would need to be timetabled into the library (provided it was available) and the teacher would need to be present to supervise. Similarly, if students wanted to go into the community in school hours, then it would be classed by school administration and State education departments as an ‘excursion.’ The students would need to be accompanied by their teacher and follow any number of other formal procedures (risk-analysis paperwork, educational benefit arguments, parental permission notes, variation of routine at school including financing for any relief teachers). Similar issues were noted by Macdonald (2003) in her ‘Rich Tasks’ research:

Students needed to be able to access a variety of spaces at short notice... For example, in the Year 8 unit in any one lesson students needed to be access computers, paints, sporting equipment and the school oval. On occasions they need time beyond the allocated ‘lesson’. The Year 9s needed flexible time to travel to a rock climbing venue and flexible access to classroom and outdoor spaces as the pursued their individual programmes (p.255).

The point that Macdonald makes in her ‘Rich Tasks’ research and which I wish to highlight is that there is a discrepancy between the modernist architecture of schools and the practicalities

of implementing both simple inquiry strategies (interviews, surveys) and more complex strategies such as problem based learning. As Macdonald (2003) notes,

Lingard et al. (2000) talk about post-bureaucratic educational systems but when you are trying to fill out eight pages of administration forms in order to get permission to change the normal school routine, using a crowded bench, in a noisy staffroom, at recess, in between answering the door, it feels far from a post-bureaucratic system (p.256-257).

Inquiry-based methods assume that the teacher can and will adopt the role of facilitator and that students will be active-constructors of knowledge. Concurrently, it is also assumed that both teachers and students have an engagement with knowledge that positions it as problematic and socially constructed. Whether using the data and results from this research or looking more broadly at the HPE literature, it is apparent that teachers and in some cases students, continue to engage with the content of HPE as if learning in the KLA primarily consists of the transmission of objective and factual knowledge. Given that I have discussed this in some detail previously in the Knowledge section of this chapter, I will focus here on assumptions related to the teacher as a ‘facilitator’ and students as ‘constructors.’ Neither the St Anne’s case nor the Waterside case were student-centred in nature, nor arguably were the teachers positioned as ‘facilitators.’ Though Debbie spoke about the unit being particularly student-centred (‘I think it’s because this unit is so student-centred, which isn’t a bad thing, it’s just I have to adjust because I do lots of student-centred lessons, but this is just so student-centred’), the classroom discussion data in particular shows her assuming the role of ‘knower’, and working to transmit her knowledge to students (see for example, Chapter Five Part II, lessons three and four). Such a role is consistent with the HPE teacher in Davies (2001) detailed linguistic analysis of a senior HPE classroom. According to Davies the teacher is constituted, both by himself and by his students, as an authority. It is he who is the ‘one who has valuable information’ (p.342). In examining the physical education setting, Wright (1991) notes that the teachers in her research frequently dominated the speaking during PE, linking together a series of instructional and regulatory statements and leaving little room or need for student contribution. Transcripts from the lessons show Mark using lengthy sections of explanatory and instructional dialogue at the beginning of his lessons and before and after activities (see for example, Chapter Seven Part II, lesson three). In these speaking turns there is little indication that the students’ experiences and background knowledge are central to the activity or discussion. Instead, the exchanges at times take on an IRE pattern with students working to guess the answer the teacher understands to be correct. Though there is not the space to consider it in detail here, it is worth noting that Jeffrey (2002) argues that the performativity discourse shapes the positions that teachers and students can adopt within the classroom. He

argues that ‘the performativity discourse... meant that children became more dependent upon teachers to supply all the necessary knowledge and skills to increase performance levels’ (p.533).

THE IMPLICATIONS OF THIS RESEARCH.

In concluding this research I wish to consider what is possible in terms of a sociocultural perspective in HPE, given the current constraints. Firstly, despite some of the difficulties and frustrations experienced in conducting this research, the ‘new’ NSW PDHPE syllabus for students from years 7 – 10 (2003) does provide space for a sociocultural perspective to be taken up. Nevertheless, it is important that what counts as legitimate readings of syllabus content is flexible enough to allow for such an approach. Where Outcome statements are so narrowly defined that teachers feel they cannot allow students to conduct their own investigations for fear of not achieving the prescribed Outcome, there is little chance of critical inquiry-style pedagogy. Students need to take part in project-style tasks involving gathering and analysing data and from this, producing knowledge and conclusions (Macdonald, 2004; Wright, 2004a). Based on this research I suggest that such processes are vitally important if we wish to move beyond telling students what a sociocultural perspective is, to their utilising it as a means of understanding the social and cultural worlds in which they live. While issues of how syllabus documents are designed and administered are an important part of this, so too is how expertise is defined within the broader culture of teaching. Here it seems that there is a misalignment between the kind of learner that society expects schools to foster and the teacher subjectivities that neoliberal political climates, with their emphasis on efficiency and accountability, encourage.

Throughout the research I argued that HPE’s focus on discourses of personal responsibility for decision-making detracted from the possibilities for a sociocultural perspective. Where an activity was designed to examine social and cultural influences as they impact upon people’s lives and choices, it frequently finished as a lesson about ‘making the right decision’, or negating influences that lead to ‘bad’ decisions. Similarly, instead of highlighting the uncertain and changing nature of health knowledge, some activities produced regimes of truth about healthy living and recommended that students take them up to make healthy choices. So while proponents of a sociocultural perspective suggest that students need particular knowledges (and at times, skills such as critical inquiry and analysis) to be able to operate in and understand their worlds, the driving imperative underpinning HPE as a KLA is *behaviour change* – to change, or at least attempt to change, these young people into healthy citizens. There is a

significant tension then between claims to curriculum documents taking up a sociocultural perspective in the analysis of health issues and the ongoing assumption that young people are able to make health-affirming decisions, regardless of their social and cultural circumstances, if only they can be taught the right knowledges and dispositions. Though this does not preclude a sociocultural perspective, it certainly positions it as a distant second in terms of the goals of the KLA. Harrison and Leahy (2006) make this point:

What tends to happen is that, although there is some acknowledgement that social contexts are significant in shaping health status, at the end of the day the field of health education has trouble reconciling that understanding alongside its imperative to change individual behaviour and to produce the health-seeking citizen (p.158).

Given this tension, and the prominence of the personal responsibility imperative within the KLA, it seems likely that this discourse will continue to act as a considerable barrier to the development of a sociocultural perspective. Nevertheless, it is notable that evidence from this research suggests that perhaps the greatest possibility for a sociocultural perspective lay in the students themselves. At times they were able to demonstrate sociocultural understandings even where their teachers drew on other discourses. Such instances provide evidence that a sociocultural perspective is not a concept that is divorced from the everyday lives of young people. I suggest that it also reinforces my arguments in relation to students undertaking research and project work in order to further develop their own ideas, meanings and understandings around a sociocultural perspective.

The possibilities for a sociocultural perspective as a means of understanding the social and cultural circumstances in which individuals live and make their health choices were also constrained by the mobilisation of social determinants-style understandings. The problem with using the concepts of a sociocultural perspective and social determinants interchangeably lies in the fact that social determinants take populations as their focus, with limited attention to individual circumstances and conditions. While understanding patterns of health across populations has its place within the HPE KLA, epidemiological knowledge is not a substitute for sociocultural knowledge. Furthermore, the lessons at both schools suggest that students would in fact benefit from opportunities to learn about the nature of epidemiological statistics and, in some cases, to critique their application and reinterpretation in health promotion initiatives and media reports.

Structurally, pre-service teacher education programs present a significant opportunity to enhance the understanding and status of sociocultural knowledge within HPE. I noted in

Chapters One and Eight that research suggests that both teacher preparation programs and pre-service teachers themselves, have tended to privilege medico-scientific knowledge over sociocultural knowledge. In order to disrupt this, a sociocultural perspective needs to become fundamental learning for pre-service teachers. Instead of students studying a single subject in their second or third year, a sociocultural perspective needs to occupy a prominent position in subjects addressing young people's health and health promotion initiatives, as well as being integrated across curriculum and pedagogy subjects. My own experience suggests that in some cases pre-service teachers will be resistant to a sociocultural perspective, especially where it involves them questioning deeply held beliefs and assumptions. Certainly part of the issue here is a lack of scaffolding of the concept (a similar problem to that encountered with the Waterside and St Anne's students), however, it may be that some pre-service teachers will reject the concept no matter how meaningful and accessible tertiary educators make it. Such problems seem to be rooted in the issues of *who* the young people are that universities recruit to become HPE teachers and *how* they are prepared for this role. As others have noted (Macdonald et al., 2002), it may be that HPE needs to consider how it can recruit pre-service teachers who are open to a range of knowledges and pedagogical approaches, and whose interests in the KLA extend beyond sport and health promotion. However, as Paechter (2000, p.3) points out, 'if we want a future significantly different from our present, we will need to educate our future citizens differently'. In this case, in order to make substantial changes at the school level we need to first make changes in the structure and make-up of the university degrees through which these pre-service teachers are prepared.

There is little doubt that the HPE KLA has the potential to facilitate the development of a sociocultural perspective. It can assist students in understanding and engaging with complex health knowledges and issues, and in developing the skills to critically engage with physical culture and contemporary health imperatives. It can also draw upon knowledges and understandings related to social justice and equity, to assist young people in understanding and addressing health problems. And it can promote the analysis of the social and cultural conditions in which people live and make health choices. However, this research suggests that fundamentally different ways of thinking are required for a sociocultural perspective to become a central part of HPE.

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APPENDICES

Appendix A – Teacher Pre-Unit Interview Schedule

Schedule for initial teacher interview (conducted with both Mark and Debbie prior to lesson planning beginning)

i) Background - Name, age, education, teaching experiences.

ii) Health education.

- What does being ‘healthy’ mean to you?
- What role do you see PDHPE and particularly health education as playing in schools?
- What kind of goals do you have for yourself and your students in teaching and learning about health?
- One of the ideas that features in new syllabus documents is a sociocultural perspective. What does a sociocultural perspective mean to you?
- Are there particular ideas that are important in learning about health from a sociocultural perspective?
- Principles of social justice have also been integrated to the new 7 – 10 document similar to those that we’ve seen in the blue year 11 and 12 document. How do you see these principles integrating into PDHPE?

iii) Food

- From your experience, are there particular ways students think about health? What are some of these ways?
- What kind of meanings do you think students have about food?
- How do you think your 7 – 10 program looks at food? What do you think is emphasised, or valued?
- Are there any ideas that you think are particularly important when teaching and learning about health and food?

iii) Learning in PDHPE.

- Many of the school’s year 10 students will be involved with PDHPE for the last time over the next few weeks. So imagining that that you didn’t get to see or teach them again, what kind of ideas about health and skills would you want them to have developed? What kind of things would you like them to know?

- If you had to give a speech at school to both parents and students, outlining the importance of the PDHPE faculty, what kind of things would you focus on?

Appendix B – Teacher Post-Planning Interview Schedule

Schedule for interview conducted with Debbie between planning and teaching the unit.

i) The unit of work.

- What do you think the main features of the unit of work are?
- What kind of goals do you have for this unit of work, yourself and your students?
- What is it about the unit that you think will assist in achieving these goals?

ii) A sociocultural perspective

- How do you think the unit promotes a sociocultural perspective? What are the process and experiences that you think are important in this?
- Do you think that through this unit students will begin to understand health from a sociocultural perspective? What kind of indicators of this do you expect to see?

Appendix C – Teacher Post-Unit Interview Schedule

Schedule for interviews conducted with both Debbie and Mark following the unit's completion.

i) The unit of work.

- Looking back at the goals you had for this unit, how successful do you think it's been?
What about your personal goals for yourself and your students?
- Before we started working on this unit in class, we outlined some of the main features of the unit (strategies, activities, underpinning ideas). How do you think these features contributed to the unit in practice?
- If you had to turn around and teach this unit again next term, what would you change?
What would you keep? (What would you do differently and how can we improve the unit?)

ii) A sociocultural perspective

- How do you think the unit promotes a sociocultural perspective? What are the process and experiences that you think are important in this?
- We set out to promote a sociocultural perspective, how well do you we did this?
- What was it about the unit, the lessons that promoted this view of health?
- Do you think that through this unit students have begun to understand health from a sociocultural perspective? What kind of indicators of this have you seen?
- Has anything changed in the way you see or think about a sociocultural perspective of health?

iii) Food

- Throughout this unit have you seen any changes in the ways students are talking or writing about food?
- We talked about ideas that you thought were particularly important in teaching and learning about food. Reflecting on those ideas now, has anything changed? Do any of those ideas seem less or more important?
- Are there any ideas that you think are particularly important when teaching and learning about health and food?

iv) Student and teacher experiences

- How would you characterise your experiences in working with on this project?
- How do you think the students reacted to the project and the learning experiences?

Appendix D – Focus Group Schedule for Interview One (prior to the unit)

Student pre-unit focus group interview schedule

i) Perceptions of health.

What kind of meanings do students hold about health

- What does being ‘healthy’ mean to you?
- Is this the same for everybody or do you think there are different ways of seeing or thinking about health?
- What’s a ‘healthy’ person? What kind of things do they do that makes them healthy?
- How do you think food relates to health?
- What types of food are ‘good’ foods and how do we know that?
- How can you pick ‘good foods’?
- Are good and bad foods the same for everybody?

ii) Influences on what we eat.

- What are the types of things that influence what you eat?
- How do you decide what you want to eat?
- What’s important to you when you choose food?
- Do you take notice of what other people eat? If so, what do you look for?
- How do you think food might differ for you, compared to your parents, friends or other people?

Appendix E – Focus Group Schedule for Interview Two (post-unit)

Student post-unit focus group interview schedule.

i) Perceptions of health.

What kind of meanings do students hold about health.

- Just in your own words, what kind of ideas have we been looking at in this unit?
- What do you remember as being particularly important or interesting from the unit of work we've been doing? What's been important to you?
- Has the way you think about health and being 'healthy' changed at all during this unit?
- Is this the same for everybody or do you think there are different ways of seeing or thinking about health?
- What's a 'healthy' person? What kind of things do they do that makes them healthy?
- How do you think food relates to health?
- What types of food are 'good' foods and how do we know that?
- How can you pick 'good foods'?
- Are good and bad foods the same for everybody?

ii) Influences on what we eat.

- What types of things influence your health?
- What are the types of things that influence what you eat?
- How do you decide what you want to eat?
- What's important to you when you choose food?
- Do you take notice of what other people eat? If so, what do you look for?
- How do you think food might differ for you, compared to your parents, friends or other people?

Appendix F – Excerpt of Outcomes 5.7, 5.8 and 5.9 from the NSW PDHPE Syllabus for Students 7-10 (2003)

Appendix G - Draft Unit Plan for St Anne's and original plan submitted to the DET for use at Waterside.

Unit Title: Food and Society

Aim: To adopt a sociocultural perspective in the study of food and societal health.

Year: 9 / 10.

Outcomes:

5.6 A student analyses attitudes, behaviours and consequences related to health issues affecting young people.

5.7 A student analyses influences on health decision-making and develops strategies to promote health and safe behaviours.

5.8 A student critically analyses health information, products and services to promote health.

Content	Activities / Strategies / Processes.
<p>5.6. Learn About: <i>Healthy food habits.</i></p> <ul style="list-style-type: none"> - Sources of nutritional information. - Sociocultural influences on food choices. <p>Learn To:</p> <ul style="list-style-type: none"> - Investigate factors that influence food choices eg. culture and customs, gender and media. 	<p>Graffiti Wall. <i>Factors that influence our health-related decisions</i> – 4 large sheets of butcher's paper: Individual, Sociocultural, Political, Environmental. Students work in groups listing down as many factors as they can think of under each heading. Discussion to follow based on examples of the ways these factors come to influence our decisions. This activity could be tied directly to food-related choices, or more broadly to health-related decisions and choices in general eg. Road safety, relationships, sexual choices.</p> <p>Time challenge. <i>Generating scenarios that highlight how factors influence our decisions</i> – Students working in pairs to write scenarios or situations which demonstrate how sociocultural, political, environmental and historical factors influence our health-related decisions. Example s/c factors to be looked at include culture, religion, ethnicity, SES, education, employment and popular culture.</p> <p>Interview. <i>Exploring the changing nature of food in our society.</i> Students interview a parent / grandparent or older friend or neighbour with questions exploring:</p> <ul style="list-style-type: none"> - How has food and the role of food in your life changed? - What factors influence what you eat? - How do you see food and its role changing for your children, grandchildren compared to yourself? <p>Annotated concept map. <i>Thematic analysis of the interviews.</i> Based on interview/survey findings, students create an annotated concept map that identifies some of the major changes in the role of food in people's lives and what factors effect people's food choices and in what ways. This could then be contrasted with the student's own experiences and ideas. Quotes from interviews may be useful to highlight these differences and changes. This idea may be useful as a small group activity.</p> <p>Survey. <i>The food and health survey.</i> A comprehensive survey conducted by each student with one older person (a parent, grandparent, aunt, uncle, neighbour or friend) and a younger person (friend, peer, brother, sister, neighbour). Main questioning themes could include:</p> <ul style="list-style-type: none"> - The relationship between health and food. - Influences on food choices (advertising, cost, availability, parents, friends, taste etc) - Nutrition information and food packaging. <p>Research / Presentation. <i>An Australian Food Timeline.</i> According to Riddell (1989 p.5) '(t)he food habits of a group are quite clearly the</p>

<p>5.7. Learn About: <i>Influences on health decision-making and risk behaviours.</i></p> <p>Learn To:</p> <ul style="list-style-type: none"> - Recognise that health decisions and risk behaviours are not simply an individual responsibility but are shaped by a range of influences. - Analyse the range of influences that impact on an individual's ability to behave in a healthy and safe way in a range of areas. 	<p>product of the group's present environment as well as past history.' Questions may include: how have foods consumed by Aust. changed over time? What was Australian food like before 1788? What impact did the British have on Aust. food culture? How has the environment shaped Australian's food choices? How has Australia developed it's own unique cultures of food?</p> <p>Presentation (mixed medium). <i>Collage / powerpoint pres. / painting / video / drawing.</i> Topics and questions for focus might include: What's food mean to you? What role does it play in your life? Who and what influences what you eat? What do you think about when you choose foods? The supermarket. Food and my friends. Food and TV.</p> <p>Case studies. <i>Where in the world?</i> Each case study card poses questions for students to research and suggestions for sourcing information. Questions are based around the production, preparation and consumption of food in different countries and cultures.</p> <ul style="list-style-type: none"> - What types of food are available? - What types of foods are consumed the most? What types are consumed the least? - What types of food are grown in the country and what kinds are imported? - What role does food play in the lives of people in the country? Does this differ across different parts of the country or within different subcultures? <p>Information wall. <i>Recognising sociocultural, environmental, political and historical factors</i> – A variety of fictional-stories, newspaper clippings, advertisements and academic works are placed on the walls of the classrooms. Students work to list down the factors at work in each item making either an individual list under headings such as environmental, sociocultural, political or historical, or bringing the class back together to suggest categories for the factors and to discuss how they may influence out health-related decisions.</p> <p>Concept mapping. <i>6 degrees of separation - How many people, organisations and government bodies play a role in influencing your health-related decisions?</i> A range of different people can be quickly seen as influencing our health-related decisions; parents, schools and television come to mind. But what about governments, food manufacturing and distribution companies, scientists, supermarkets, farmers, doctors, advisory groups and celebrities? This activity aims to show the highly complex and integrated nature of health-related decisions and particularly those related to food, through the interconnected image of a web structure.</p> <p>Class web design activity. <i>A class wide summary of some of the issues explored throughout the unit.</i> Throughout the unit each group is responsible for the design, maintenance and updating of a part of the class website. The sites is broken up into multiple sections, with groups adding reports from work done in class, links to stories, art work, and news articles and pictures on the web. Alternatively, the teacher may select one main activity from each lesson, with each group becoming responsible for reporting on the work done in class and extending the activity through further research.</p> <p>Case studies / Hypotheticals. <i>Taking a world view on health.</i> The focus question for this activity is 'how do different backgrounds, situations and circumstances change people's lives.' Students examine a set of hypothetical characters, engaging with real-life media clippings and literature sources to begin to understand some of the ways that social, cultural, political, historical and economic factors influence the options we have, the decisions we make and the lives we lead.</p>
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<p>5.8.</p> <p>Learn About: <i>Health consumerism</i></p> <p>Learn To:</p> <ul style="list-style-type: none"> - analyse the impact of peers and the media on the selection of health products services. - Develop and apply criteria to assess the claims made by a range of health products and services. <p>Learn About: The nature of health knowledge.</p> <p>Learn To: Identify how and why health knowledge has changed and propose actions that may assist young people to manage the constantly changing nature of health information.</p>	<p>Debate. <i>Research and prepared speaking task on some of the contentious issues surrounding food and decision-making.</i></p> <ul style="list-style-type: none"> - Genetically modified foods. - Food packaging and advertising. - Food welfare programs, food for oil etc. - Obesity. <p>Analysis. <i>The strategy of 'good health.'</i> Pick a range of advertisements from men's magazines, women's magazines, health magazines and health supplements in newspapers and analyse by:</p> <ul style="list-style-type: none"> - Starting a tally of what's being advertised. - Looking at what kind of statements about health the advertisements are making. - Examining how do 'prove' their claims. - Picking one or two advertisements and looking at what they are aiming to do, why they are so successful at achieving their goal and in what way they want us to look at and think about our bodies and health. <p>Database. <i>'Health foods put to the test.'</i> Develop criteria for assessing the claims made by a range of health foods. Some examples of criteria may include: major ingredients, affiliations, certification eg. Heart Foundation. Create a database that could allow for the quick evaluation of these products and could serve as a catalogue of health products.</p> <p>Timeline. <i>Changing times, changing claims.</i> Looks at some of the major claims made in the area of health and how these claims are often later altered, refuted or disproved. Aims to illustrate the problematic side of health advice and recommendations and the uncertain nature of health knowledge itself. Suggest focus areas for a late 20th early 21st Century timeline include:</p> <ul style="list-style-type: none"> - Exposure to sunlight / skin cancer - Daily exercise recommendations - Red wine - Fat and cholesterol / CVD disease - Carbohydrates / protein - Daily nutrition intake / food pyramid.
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Appendix H - Draft Unit Plan approved by DET for use at Waterside.

Draft unit: Bodies in Society. Year 9 / 10 Unit length: 6 – 8 Lessons.				
<p>Unit description: The way that we think about our bodies and the health decisions we make related to them, is a product of our social and cultural environments. This unit focuses on students developing an understanding of the factors that influence their health-related decisions and an ability to critically engage with media images and messages related to health, body image and the selection of health products and services.</p> <p>Major outcomes</p> <p>A student:</p> <ul style="list-style-type: none">5.6 analyses attitudes, behaviours and consequences related to health issues affecting young people5.7 analyses influences on health decision making and develops strategies to promote health and safe behaviour.5.8 critically analyses health information, products and services to promote health.5.12 adapts and applies decision making processes and justifies their choices in increasingly demanding contexts.				
Learn about	Learn to	Teaching, learning and assessment activities	Evidence of learning	Feedback
(5.6) healthy food habits <ul style="list-style-type: none">- sociocultural influences on food choices	investigate factors that influence food choices eg. Culture and custom, gender, media.	<p>Classification and discussion. Factors that influence our health-related decisions. 4 large sheets of butcher's paper: Individual, Sociocultural, Political, Environmental. Teacher has pre-prepared set of cards with each factor written down and handed out randomly to students. The class then works as a group to categorise the factors and provide an example. Discussion to follow should call on student's prior experiences to generate examples of the ways these factors come to influence our decisions. This activity should be tied directly to food-related choices.</p>		Teacher feedback should reinforce the diverse range of influences on food and also stress the links between cultural beliefs and attitudes to food.
		<p>Explanation worksheet. Balloons of influence. Students are given a worksheet with the question what influences what we choose to eat? Underneath the question are a series of empty balloons. In each balloon students are asked to write down a factor that influences what they choose to eat and then at the bottom of the page asked to choose 4 of the factors they wrote down in the balloons and explain how these factors influence their food choices. Eg. 'Past experiences; what I've eaten in the past and decided that I don't like, I won't eat again. Peers; your friends might tell you that something tastes really good and give it to you at their house and then you might get your parents to buy it.'</p>		Teachers should encourage students to use examples from their own experiences to support their explanations.

Learn about	Learn to	Teaching, learning and assessment activities	Evidence of learning. E.	Feedback
<p>Learn about</p> <p>(5.7) influences on health decision making and risk behaviours</p> <ul style="list-style-type: none"> - individual factors - sociocultural factors - political factors - economic factors - environmental factors 	<p>analyse the range of influences that impact on an individual's ability to behave in health and safe ways in relation to healthy food habits and physical activity.</p>	<p>Annotated concept map E. <i>Influences on young people's decision making.</i> In pairs, students create an annotated concept map that describes, links and critically reflects on the range of influences (social, cultural, economic, environmental) that impact on young people's decision making in relation to healthy food habits and physical activity.</p> <p>Scenario Writing. <i>Generating scenarios that highlight how factors influence our decisions.</i> This is an advanced activity that sees students working in pairs to write scenarios or situations that demonstrate how sociocultural, political, environmental and historical factors influence our health related decisions. This activity should look to address food related health decisions and physical activity related decisions. Example s/c factors to be looked at include culture, religion, ethnicity, SES, education, employment and popular culture.</p> <p>Decision making. E. Students are given a range of scenarios based on healthy food habits and physical activity. In each scenario students need to individually map the individual, sociocultural, political and environmental factors that are described in the scenario and briefly describe how they impact on the problem. Then using a decision making proforma prepared by the teacher, list the problem raised in the scenario, the choices, the consequences and the decision and their justification for it.</p> <p>Construction and deconstruction. <i>Piecing together the 'perfect' body.</i> Paired activity where students take popular men's and women's magazines and cut out body parts from the people pictured, piecing together a 'Frankenstein body'. Class discussion then focuses on deconstructing the societal construction of a perfect body by asking the questions: 1) what are the characteristics of the male and female body seen in these magazines? 2) why are these attributes desirable? 3) why are these attributes unattainable and even harmful for many of us? 4) what are the consequences of the promotion of these idealised images for young people's body image?</p>	<p>Students should be able to define the problem, name the factors impacting on the situation and describe how they are influencing the problem. They should also recognise 2 – 3 choices that could be made and list a number of consequences for each choice and lastly make a justifiable decision.</p>	<p>Teachers feedback should draw parallel between the unrealistic nature of the 'Franken-body' and the unrealistic and harmful expectation that all people will have bodies such as those seen in the magazines.</p>
<p>(5.8) health consumerism</p> <ul style="list-style-type: none"> - developing critical literacy skills - influencing health products and services 	<p>explore the relationship between body image and gender, and the impact of the media on ideal male and female body types</p>			

_Learn about	Learn to	Teaching, learning and assessment activities	Evidence of learning	Feedback
	<p>develop and apply criteria to assess the claims made by a range of health products and services</p>	<p>Analysis. E. <i>The impact of the media and advertising on ideal male and female body types and body images.</i> Pick three advertisements from men's magazines, women's magazines, health magazines and health supplements in newspapers and analyse by answering the following questions:</p> <ul style="list-style-type: none"> - What is the product being advertised and what does the advertisement claim the product does? - What sort of similarities do the bodies used in the advertisements possess? - How do they use 'ideal' or 'desirable' images of bodies to promote their products? <p>What kind of statements are they making about bodies? How does this impact on people's body image?</p> <p>Verbal presentation and Critique. <i>Sales pitch.</i> Health foods and services are often 'pitched' to the public through advertising on both television and the media. In this two-part activity, each group of 6 students is split into 2 smaller groups. Each small group must complete 2 tasks; A) design a verbal sales pitch for a health food or service of your own choosing which attempts to sell the product to your audience by informing them of its supposed qualities and B) create a criteria which could be used to assess the claims made by another group's product or service.</p> <p>Database. <i>Health foods put to the test.</i> Develop criteria for assessing the claims made by a range of health foods. Some examples of criteria may include: major ingredients, affiliations, certification eg. Heart Foundation. Create a class database that could allow for the quick evaluation of these products and could serve as a catalogue of health products.</p> <p>Mind map. <i>Deciding on a health product.</i> This activity should follow one of the criteria construction activities. Students are asked to create a mind map related to the selection of a health product or service eg. You need to choose a family doctor, you decide to join a gym, you want to protect your self from skin cancer. In pairs students should create a mind map which describes the problem or issue, the possible choices, consequences related to each choice and the decision they believe is most appropriate and why.</p>	<p>Analyses the impact of the media on ideal male and female body types by deconstructing three health related advertisements and identifying the consequences of the use of idealised bodies for people's body image.</p> <p>Verbal responses demonstrate students' ability to develop and apply functional and appropriate criteria for the assessment of a health product.</p>	<p>Teacher feedback should help students to make the link between critical consumerism and good health decisions. ie. critical consumers can make informed decisions about their health.</p>

Appendix I – St Anne’s Lesson One

Unit Title: St Annes - Food and Society
Lesson: Lesson One – Factors that affect our health decisions and actions.
Year: 10.

Outcomes:
5.6 A student analyses attitudes, behaviours and consequences related to health issues affecting young people.
5.7 A student analyses influences on health decision-making and develops strategies to promote health and safe behaviours.

Content	Activities / Strategies / Processes.
<p>Introduction. 5 mins.</p> <p>Classifying factors– identifying and classifying factors that influence our health-related decisions. <i>Whole class</i> 20mins</p> <p>Scenarios – Factors that influence our health decision-making in practice. <i>5Groups.</i> 10 mins</p> <p><i>Presentation –</i> Factors that influence our health decision-making in practice. <i>5Groups – whole class.</i> 15 mins</p> <p>Conclusion / Homework.</p>	<p>Survey of students – what do you think should be part of this unit?</p> <p>What kind of content, what do you want to know about? How do you want to learn about it, what kind of strategies or activities should we use?</p> <p>4 large sheets of butchers paper are placed on the floor. Each sheet has a heading (sociocultural, political, environmental, individual). The 20 factors printed on strips of cardboard are passed around the room. The teacher rotates around the circle asking students with the cards to put them under the appropriate heading.</p> <ul style="list-style-type: none"> Each student should try to justify why they believe the factor belongs in a certain category and then provide an example of the how that factor might influence a health decision or behaviour. <p>*Teacher to reinforce the idea that it is difficult to separate factors into the ‘individual category’ because many of these are also seen as culturally mediated or influenced by culture.</p> <p>5 scenarios – 1 per group. Scenarios outline example health decisions and provide some of the information needed to identify factors of influence and hypothesise their effect. In groups students should try to identify some of the factors and hypothesise what kind of effects they might have on the health decisions being made.</p> <p>Instructions for board: A few questions to guide this:</p> <ul style="list-style-type: none"> From reading the scenario, what factors can you see are influencing the health decision/choice? Circle the relevant part of the passage and draw a line to the side of the page and classify the factor as s/c, political, environmental or individual. Are there other factors that you think might influence the decision? What kind of effects do you think these factors might be having on the decision or choice being made? <p>Each group has their scenario on an overhead transparency slide, then using an overhead pen must circle the sociocultural, political, environmental and individual factors they can see in the scenario and label the factor. 2 girls from each group will then present to the class.</p> <p><i>H/W</i> - Students need to bring in an advertisement for lesson 3 activities. Should be about food, sporting products or health.</p> <p>Teacher note: For the next class: a photocopy of each scenario with factors labelled for each student.</p>

Resources:

4 sheets of butchers paper, factors sheet, 5 scenarios (2 - printed on overhead transparencies), overhead pens, overhead projector.

Appendix J - St Anne's Lesson Two

Unit Title: St Annes - Food and Society

Lesson: Lesson Two – Sociocultural influences and how they affect our health-related decisions

Outcomes:

5.6 A student analyses attitudes, behaviours and consequences related to health issues affecting young people.

5.7 A student analyses influences on health decision-making and develops strategies to promote health and safe behaviours.

Content	Activities / Strategies / Processes.
<p>Introduction. 5 mins.</p> <p>Scenario re-write - Identifying factors and their influence our health-related decisions. 5 Groups. 25 mins</p> <p>Group Pair/Share Presentation. Rewritten scenario presentation. 5 Groups 20 mins.</p>	<p>Revision of factors from the last class – use butchers paper from lesson 1, activity 1.</p> <p>5 scenarios – 1 per group. Using the scenarios from activity one, students:</p> <ul style="list-style-type: none"> Complete the scenario by changing the events described Add a health-related decision that is made by the main character. <p>Questions to be answered in groups:</p> <ol style="list-style-type: none"> Describe the decision made by the main character in your story. Does you group see the character's decision as a good or a bad decision, why? Choose 3 of the major factors that influenced your main character and describe the way that each factor influenced the character. Now imagine that 1 of those factors could be changed or taken away, is the decision now an easier one, and if so, in what way? <p>Pair up groups 1 & 2, 3 & 4, and split group 5 so that two members go into each of the other groups. This way each group will hear 3 scenarios.</p> <p>Instructions for presentation.</p> <ul style="list-style-type: none"> Read out to class the rewritten scenario. Describe the decision, outline your group's description of the factors and their affect, discuss with the class the factor that you decided to take away and how that affected the decision your character had to make. What does the other group think of your character's decision, did they feel the same way as your group.

Resources:

Butchers paper with 4 groups of factors from L1, scenario worksheets.

Appendix K- St Anne's Lesson Three

Unit Title: St Annes - Food and Society
Lesson: Lesson Three – Analysing, evaluating and re-designing health advertisements
(revised 16/10)

Outcomes:
5.7 A student analyses influences on health decision-making and develops strategies to promote health and safe behaviours.
5.8 A student critically analyses health information, products and services to promote health.

Content	Activities / Strategies / Processes.
<p>Introduction.</p> <p>Group Pair/Share Presentation.</p> <p><i>5 Groups</i></p> <p>10 mins.</p> <p>Advertisement analysis - Analysing the marketing of health products.</p> <p><i>8 groups.</i></p> <p>20 mins.</p> <p>Making a better advertisement.</p> <p><i>8 groups. 20 mins.</i></p>	<p>Factors that impact on making health decisions. Revise factors and ask briefly about why it might be difficult to categorise factors under a single heading especially s/c & indiv.</p> <p>Pair up groups 1 & 2, 3 & 4, and split group 5 so that two members go into each of the other groups. This way each group will hear 3 scenarios.</p> <p>Instructions for presentation.</p> <ul style="list-style-type: none"> Read out to class the rewritten scenario. Describe the decision, outline your group's description of the factors and their affect, discuss with the class the factor that you decided to take away and how that affected the decision your character had to make. What does the other group think of your character's decision, did they feel the same way as your group. <p>One of the most influential ways we find out about health is the media. With increases in communication mediums such as television, radio and printed media, such as magazines and newspapers, there has been an increase in companies and products marketing health and healthy products.</p> <p>Each group of 3 is given 4 advertisements for products such as food, sporting equipment and nutritional supplements.</p> <p>For each product students answer the following questions:</p> <ol style="list-style-type: none"> What is the product being advertised and what is it claiming to do? Describe how the product is being advertised, what techniques are used and how this supports or doesn't support the claims of the product. Explain your group's interpretation of the level of effectiveness or success of the advertisement in selling the product. Would you buy it? <p>Imagine you are in charge of advertising for major company who markets themselves as 'healthy.' What kind of criteria do you think consumers would need to decide whether they thought your product was healthy and whether they needed it or not?</p> <p>Now that you have an idea of what current advertisements look like and</p>

	<p>have decided on some criteria to assess the claims made about products in advertisements, it's time to design your own.</p> <p><i>Making a better advertisement.</i></p> <ol style="list-style-type: none"> 1. Pick one of the advertisements that you looked at as a group. 2. Now redesign the advertisement on a blank piece of A3 paper, changing the advertisement and including all the health-related information you think consumers need to know to be properly informed about your product. 3. Add a 'claimer' on the back or bottom of the ad. which describes what your product can and can't actually do, who it might and might not benefit and how the product might be able to improve someone's health.
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Resources:

Factor sheets, scenarios from lesson 2, 8 sets of 4 advertisements for 'health' products, A3 paper x 8.

Appendix L - St Anne's Lesson Four

Unit Title: St Annes - Food and Society

Lesson: Lesson Four – Analysing, evaluating and re-designing health advertisements continued (revised 16/10).

Outcomes:

5.8 A student critically analyses health information, products and services to promote health.

Content	Activities / Strategies / Processes.
Introduction. 5 mins	In lesson one we asked what kind of topics you wanted to cover in this unit and one that was spoken about was food packaging and nutrition information. The focus of today's first lesson is on nutrition tables as a method of analysing food content and comparing different foods.
Reading nutrition labels. Class discussion. 15 mins.	Teacher calls on the class to help label the nutrition table and discuss the reasons for the inclusion of each of the categories eg. Serve size, per 100g, energy, sodium. <i>Questions – for the teacher and students to discuss (listed on students' worksheets).</i> 1. What kind of information do nutrition tables provide for the consumer? How can an informed consumer use this information? 2. What doesn't the nutrition table tell you? What else do you need to know when looking at the packaging of foods? For eg. Doesn't talk about the types of fats or sugars. Doesn't include the ingredients - this is on a separate label.
Comparing the composition of foods. 5 groups. 15 mins.	Each student was asked to bring in 2 nutrition labels in a previous lesson. In groups of 5 or 6, students are now asked to write the nutrition information for 10 foods in a table on their worksheet. After each group has completed this, a scribe should be elected to write 2 or 3 of the group's foods on the large table drawn on the board.
Class discussion. 15 mins.	Main focuses: Misconceptions and misinformation about food composition and nutrition tables. Western society's preoccupation with the body, health and fat.

Resources:

Reading nutrition tables o/h and worksheet, nutrition tables from a variety of foods.

Appendix M - St Anne's Lessons Five and Six

Unit Title: St Annes - Food and Society

Lesson: Lessons Five and Six – Contemporary health issues related to food.

Outcomes:

5.6 A student analyses attitudes, behaviours and consequences related to health issues affecting young people.

5.7 A student analyses influences on health decision-making and develops strategies to promote health and safe behaviours.

Content	Activities / Strategies / Processes.
<p>Introduction. 5 mins.</p> <p>Stations work / task cards. Contemporary issues in health. 6 groups. <i>12 – 15 mins per station.</i> <i>75 – 90 mins total.</i></p> <p>Station presentations. Random. 15 mins.</p>	<p>What are some contemporary health issues and why are they topical at the moment?</p> <p>6 stations with task cards are set up on grouped desks in the room. Students work in groups of 4 – 5 answering the questions or completing the tasks that are on each task card. Literature is provided in the form of relevant newspaper articles and should be consulted as part of completing the tasks at each station.</p> <p>The 6 stations are young people, obesity, fat, junk food, food labelling and body image.</p> <p><i>Obesity:</i> The social construction of obesity in Australian society. <i>Young people:</i> Young people as problematic, vegetarianism. <i>Body image:</i> Negative body image and children.</p> <p><i>Fat:</i> Good fat, bad fat, no fat...so which is it? <i>Food labelling:</i> Food labelling legislations and initiatives. <i>Junk food.</i> Junk food advertising restrictions and ties to obesity.</p> <p>The teacher calls on random groups to discuss some of the key points from the station they are up to. May choose to have the group answer some of the questions from that station or may have brief discussion focus on that particular topic.</p>

Resources:

Contemporary health issues questions cards and newspaper articles.

Appendix N – Waterside Lesson One

Unit Title: Waterside – Bodies in Society.

Lesson: Lesson One – Introduction to factors that influence health decisions and a sociocultural perspective.

Outcomes:

5.6 A student analyses attitudes, behaviours and consequences related to health issues affecting young people.

Learn about: healthy food habits – sociocultural influence on food choices

Learn to: Investigate factors that influence food choices eg. Culture and custom, gender, media.

Content	Activities / Strategies / Processes.
<p>Introduction - Bodies in society, a sociocultural perspective. 5 mins.</p> <p>Classifying factors – identifying and classifying factors that influence our food-related health decisions. <i>Whole class</i> 30 mins</p> <p>Conclusion. <i>Discussion.</i> 10 mins.</p>	<p>Teacher to introduce <i>Bodies in society</i> as the unit topic and the idea of a sociocultural perspective or social view of health eg. recognition of health as a socially and culturally constructed idea that varies depending on the different beliefs and attitudes of different groups of people. Health issues become community rather than individual responsibilities.</p> <p>Factors are handed out randomly to students in the room. Teacher brings all groups to the floor. 1 large sheet of butcher's paper is divided into quarters with each quarter labelled either s/c, individual, environmental, or political. Teacher should direct students towards 1) explaining their factor 2) categorising their factor and 3) discussing an example of how the factor may influence a food related health decision. When the activity is complete, students should list all the factors under the relevant category on their worksheet.</p> <p><i>Why are we looking at factors that influence health?</i></p> <p>Teacher discusses with the students their ideas about the importance of understanding the factors that influence our health decisions. Some example reasons:</p> <ul style="list-style-type: none"> • highlights the way that our decisions aren't made in isolation and that making health-related decisions is more complex than just 'doing the right thing.' • shifts health decisions away from being purely individual responsibilities and acknowledges the social and cultural environments.

Resources:

1 large sheet of butchers paper, factor cards, 30 worksheets.

Appendix O – Waterside Lesson Two

Unit Title: Waterside – Bodies in Society.

Lesson: Lesson Two – Introduction to factors that influence health decisions and a sociocultural perspective.

Outcomes:

5.6 -analyses attitudes, behaviours and consequences related to health issues affecting young people

5.7 - analyses influences on health decision-making and develops strategies to promote health and safe behaviour.

Learn about: Influences on health decision-making and risk behaviours; Sociocultural influences on food choices

Learn to: investigate factors that influence food choices eg. Culture and custom, gender, media; Analyse the range of influences that impact on an individual's ability to behave in health and safe ways in relation to healthy food habits.

Content	Activities / Strategies / Processes.
<p>Recap - Influences on health decisions. 5 mins.</p> <p>Scenarios Influences on health decision-making. 5Groups. 20 mins</p> <p>Worksheet.</p> <p>Factors that influence food choice. <i>Individual.</i> 20mins</p> <p>Conclusion. 5mins.</p>	<p>Sociocultural perspective – what is it and why do we think it's important? Ask students to recall the factors from lesson 1, use the butcher's paper if necessary.</p> <p>Scenarios. <i>Using scenarios to highlight how factors influence our decisions.</i> This is an advanced activity that sees students working in pairs to analyse scenarios or situations that demonstrate how sociocultural, political, environmental and historical factors influence our health-related decisions. Students work in small groups to circle and label the factors in the scenarios and briefly explain how they've impacted on the situation. Example s/c factors to be looked at include culture, religion, ethnicity, SES, education, employment and popular culture</p> <p>Explanation worksheet. E. Balloons of influence. Students are given a worksheet with the question what influences what we choose to eat? Underneath the question are a series of empty balloons. In each balloon students are asked to write down a factor that influences what they choose to eat and then at the bottom of the page asked to choose 4 of the factors they wrote down in the balloons and explain how these factors influence their food choices. Eg. 'Past experiences; what I've eaten in the past and decided that I don't like, I won't eat again. Peers; your friends might tell you that something tastes really good and give it to you at their house and then you might get your parents to buy it.'</p>

Resources:

Butcher's paper from lesson 1, 5 – 6 scenarios, class set of worksheets.

Appendix P – Waterside Lesson Three

Unit Title: Waterside – Bodies in Society.

Lesson: Lesson Three – Identifying influences and describing their impact on our health decision-making.

Outcomes:

5.6 -analyses attitudes, behaviours and consequences related to health issues affecting young people

5.7 - analyses influences on health decision-making and develops strategies to promote health and safe behaviour.

Learn about: Influences on health decision-making and risk behaviours; Sociocultural influences on food choices

Learn to: investigate factors that influence food choices eg. Culture and custom, gender, media; Analyse the range of influences that impact on an individual's ability to behave in health and safe ways in relation to healthy food habits.

Content	Activities / Strategies / Processes.
<p>Scenarios. Recognising factors that impact on our decision-making. <i>Individual.</i> 15minutes</p>	<p>Scenarios. Test conditions. Students are given a scenario sheet (canteen) on their way through the door. For the first 10 minutes of the class, students are asked to:</p> <ol style="list-style-type: none"> underline the factors that you can see influencing the situation label them with their specific name eg. age, gender, laws label them according to the category you think they belong to eg. sociocultural, individual, environmental, political.
<p>Decision-making (intro) Mapping the decision-making process and integrating s/c factors. 15 minutes.</p>	<p>Decision-making. Introduction / quick discussion – what are some decisions we have to make in relation to health? How do we make them and what influences our decisions.</p> <p>Example on the overhead. (Belinda scenario)</p> <ol style="list-style-type: none"> Using the example scenario, ask students to identify the problem. Identify 3 possible choices that could be made and describe 1 factor that seems to be influencing that choice. Describe the consequences for each of the choices As the students what their decision would be.
<p>Decision-making (student activity). <i>Individual</i> 15 minutes.</p>	<p>Using the decision-making proforma. Students use the scenarios from the 1st activity and go through the same process as was done on the board.</p>
<p>Conclusion. Discussion. 5 Minutes.</p>	<p>How might taking a sociocultural perspective help us to make decisions?</p> <ol style="list-style-type: none"> Highlights the range of factors that impact on our decision Helps us to see the choices that are possible Shows us that there isn't always a 'right' decision and that the right decision for one person might be different to the right decision for another person.

Resources:

30 scenarios.

Appendix Q – Waterside Lesson Four

Unit Title: Waterside – Bodies in Society.

Lesson: Lesson Four – Factors that influence food choices and sociocultural influences on health in the news.

Outcomes:

5.6 -analyses attitudes, behaviours and consequences related to health issues affecting young people

5.7 - analyses influences on health decision-making and develops strategies to promote health and safe behaviour.

Learn about: Influences on health decision-making and risk behaviours; Sociocultural influences on food choices

Learn to: investigate factors that influence food choices eg. Culture and custom, gender, media; Analyse the range of influences that impact on an individual's ability to behave in health and safe ways in relation to healthy food habits and physical activity.

Content	Activities / Strategies / Processes.
<p>Introduction. 5mins.</p> <p>Factors that influence food choices. <i>Groups of 3.</i> 10 minutes.</p>	<p><i>What sort of things influence our food choices?</i> Brief verbal discussion just to get them thinking about the task. (Also: homework task from lesson 3?)</p> <p>Explanation worksheet. Balloons of influence. Students are given a worksheet with the question 'what influences what we choose to eat?' Underneath the question are a series of empty balloons. In the small balloons students are asked to write down a factor that influences what they choose to eat. In the big balloons they need to write a factor and then explain how it influences what they eat in a sentence or two. <i>Eg.</i> 'Past experiences; what I've eaten in the past and decided that I don't like, I won't eat again. Peers; your friends might tell you that something tastes really good and give it to you at their house and then you might get your parents to buy it.'</p>
<p>Introduction – Critical literacy and health.</p> <p>Influences on health decision-making. Groups of 3. 25 minutes</p>	<p>What is critical literacy, why might it be important in dealing with health information to have critical literacy skills?</p>
<p>Conclusion. 10mins</p>	<p>Newspaper stories and critical questions. Use the groups of 3 from the previous activity. 5 different newspaper articles and sets of questions are used for this activity. The newspaper articles all explore health-related issues that are affected by sociocultural factors. Students should work to answer at least 2 – 3 of these sets of questions. Sociocultural factors impacted on the people in all of these issues – (diagram on board linking the stories and the factors?) Education (eating disorder prevention programs, TV watching and violence, Atkins diet) Culture (slim celebs, watching TV at dinner time, dieting, not being able to cook) Government / organisations (Atkins diet). Values, attitudes, skills, knowledge (dieting, media)</p>

Resources:

Balloons worksheet, 5 newspaper articles, question worksheets

Appendix R – Waterside Lessons Five and Six

Unit Title: Waterside – Bodies in Society.

Lesson: Lessons Five and Six

Outcomes:

5.6 -analyses attitudes, behaviours and consequences related to health issues affecting young people

5.7 - analyses influences on health decision-making and develops strategies to promote health and safe behaviour.

Learn about: Influences on health decision-making and risk behaviours; Sociocultural influences on food choices

Learn to: investigate factors that influence food choices eg. Culture and custom, gender, media; Analyse the range of influences that impact on an individual's ability to behave in health and safe ways in relation to healthy food habits.

Content	Activities / Strategies / Processes.
<p>Introduction.</p> <p>Influences on health decision-making.</p> <p>Groups of 3. 20 minutes</p> <p>Transition discussion.</p> <p>Idealised bodies, the media and advertising. <i>Groups of 3.</i> 25 minutes.</p>	<p>Finishing off work from lesson 5.</p> <p>Newspaper stories and critical questions. Use the groups of 3 from the previous activity. 5 different newspaper articles and sets of questions are used for this activity. The newspaper articles all explore health-related issues that are affected by sociocultural factors. Students should work to answer at least 2 – 3 of these sets of questions. Sociocultural factors impacted on the people in all of these issues – (diagram on board linking the stories and the factors?) Education (eating disorder prevention programs, TV watching and violence, Atkins diet) Culture (slim celebs, watching TV at dinner time, dieting, not being able to cook) Government / organisations (Atkins diet). Values, attitudes, skills, knowledge (dieting, media)</p> <p>Discussion Q – why might it be important to look at media stories and images critically?</p> <p>Analysis. E. <i>The impact of the media and advertising on ideal male and female body types and body images.</i></p> <p>Part one. In pairs take the magazine you brought in and answer the following questions. Imagine that you are from another planet and this is the first time you have seen a magazine like this.</p> <p>a) Do there seem to be areas of the body that are focused on in this magazine? What are they?</p> <p>b) How would you describe the common features of the bodies that are shown?</p> <p>Continued in lesson seven.</p>

Resources:

Balloons worksheet, 5 newspaper articles, question worksheets.

Appendix S – Waterside Lesson Seven

Unit Title: Waterside – Bodies in Society.

Lesson: Lesson Seven.

Outcomes:

5.6 -analyses attitudes, behaviours and consequences related to health issues affecting young people

5.8 - a student critically analyses health information, products and services to promote health.

Learn about: Sociocultural influences on food choices; Health consumerism.

Learn to: Explore the relationship between body image and gender, and the impact of the media on ideal male and female body types; Develop and apply criteria to assess the claims made by a range of health products and services.

Content	Activities / Strategies / Processes.
<p>Introduction question and discussion.</p> <p>Idealised bodies, the media and advertising. Groups of 3. 25 minutes.</p> <p>Criteria for assessing health products.</p> <p>Advertisement assessment and criteria design task. Groups of 3.</p>	<p>What is critical literacy? What was the purpose of the critical analysis of the newspaper articles that we looked at?</p> <p>Analysis. <i>The impact of the media and advertising on ideal male and female body types and body images.</i></p> <p>Part one. In groups of 3 take the magazine you brought in and answer the following questions. Imagine that you are from another planet and this is the first time you have seen a magazine like this.</p> <ol style="list-style-type: none"> What is the name of your magazine, who is the readership of the magazine and how can you tell? What are the main features of the magazine? (Types of ads, stories etc) Provide some examples. Do there seem to be areas of the body that are focused on in this magazine? What are they? How would you describe the common features of the i) female bodies, ii) male bodies? <p>Part two. Each group of 3 is given 2 advertisements from men's magazines, women's magazines, health magazines and health supplements in newspapers and analyses them by answering the following questions:</p> <ul style="list-style-type: none"> What is the product being advertised and what does the advertisement claim the product does? What sort of similarities do the bodies used in the advertisements possess? How do they use 'ideal' or 'desirable' images of bodies to promote their products? What kind of statements are they making about bodies? How does this impact on people's body image? <p>What are criteria and how can they be used to assess health products?</p> <p>Students are given the worksheet 'developing criteria to assess the claims made by health products' and one of the health advertisements that have been collected. Students work through the sheets in groups of three.</p>

Resources:

7 – 8 magazines, 2 advertisements x 8 groups, worksheets, advertisements.

Appendix T – Waterside Lesson Eight

Unit Title: Waterside – Bodies in Society.
Lesson: Lesson Eight – Concluding the unit.

Outcomes:

5.6 -analyses attitudes, behaviours and consequences related to health issues affecting young people

5.7 - analyses influences on health decision-making and develops strategies to promote health and safe behaviour.

5.8 - a student critically analyses health information, products and services to promote health.

Learn about: Sociocultural influences on food choices; Health consumerism.

Learn to: Explore the relationship between body image and gender, and the impact of the media on ideal male and female body types; Develop and apply criteria to assess the claims made by a range of health products and services.

Content	Activities / Strategies / Processes.
Introduction – what has the unit been about and why is it important?	Wrapping up the unit and revisiting the key content.
Jeopardy/ trivia style quiz. 45 minutes. 6 groups.	Each group to be supplied with a piece of A3 paper. Teams work together to formulate written responses to questions. Sixteen question cards are placed on the whiteboard, with a numerical value assigned to each question (5, 10, 15, 20). Each team takes a turn at selecting the question they wish to answer and are awarded double their score for that question.
Conclusion.	The unit, the research and what happens next.

Resources:

Sixteen pre-prepared questions, 16 A3 sheets, 6 markers, prizes.

Appendix U – ‘Mike’ Scenario

Mike is 26 years old and single. After joining a gym he has grown more and more concerned about his body image. He has started reading men’s health magazines and as a result is following a strict high protein, low carbohydrate diet. Recently he saw an advertisement promoting a ‘muscle building protein product.’ It costs \$60 per tin. A couple of Mike’s friends are against the idea, saying that they saw a report on the news talking about how some of those products had been recalled and many others were being investigated for making false claims about content and reported benefits. Mike loves chocolate and ice cream but has started feeling bad about eating these foods.

Appendix V – ‘Belinda’ Scenario

Belinda is a 16 year old high school student. She’s concerned about her weight and her figure and worries about what the other girls think of her. She knows from PE and health classes at school that exercise is a good way to lose weight, but she’s not sure who to talk to. A few of her friends are on high protein, low carbohydrate diets and she’s thinking about trying that because her friends seem to be skinnier than her. She’s not quite sure what to believe when it comes to magazines and TV because they all sound good on the advertisements. Some of the magazines she’s reading are recommending diets, like the soup diet and other ones are recommending things like aerobics or running, but she’s not sure whether there are any good gyms around.

Influences on health decisions

Sociocultural



Political



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Environmental



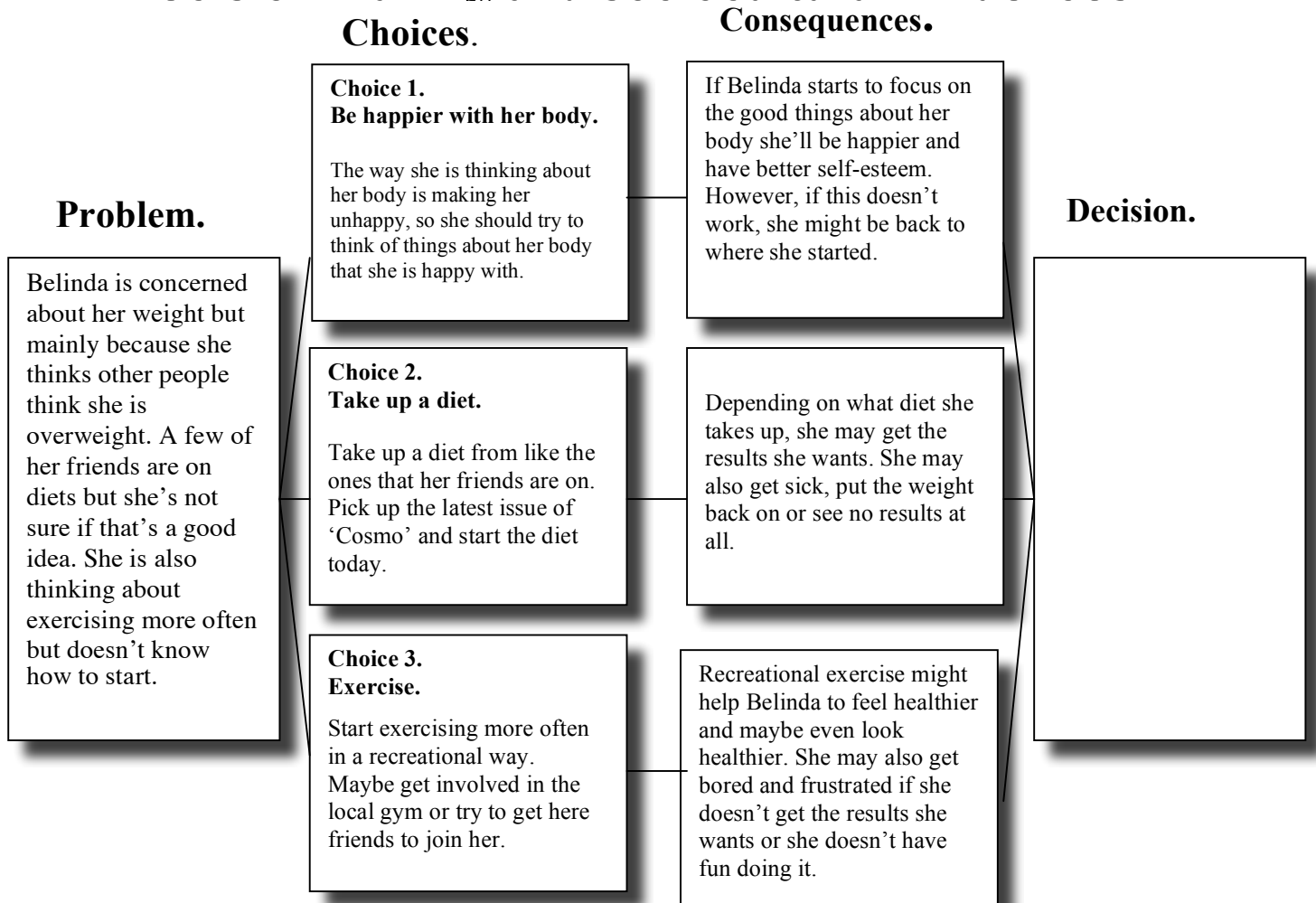
Individual



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Decision making and sociocultural influences.



Appendix Y – ‘Fat, Violent Children’ Article