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Abstract

In this chapter we draw on our work with young people and families to explore the utility of poststructural theoretical resources in understanding engagement with health imperatives. While we suggest that concepts like biopedagogies, discourse and subjectivity (amongst others) usefully frame our research, we also focus on what cannot be thought/understood with these resources alone. We explore how the complexity of family life, the ways culture, class and biopedagogies of the body intersect in 'real' lives and the translation of school-based health messages to home environs may require alternate theories.

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Biopedagogies and family life: a social class perspective

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Abstract

In this chapter we draw on our work with young people and families to explore the utility of poststructural theoretical resources in understanding engagement with health imperatives. While we suggest that concepts like biopedagogies, discourse and subjectivity (amongst others) usefully frame our research, we also focus on what cannot be thought/understood with these resources alone. We explore how the complexity of family life, the ways culture, class and biopedagogies of the body intersect in 'real' lives and the translation of school-based health messages to home environs may require alternate theories.

Introduction

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

We explain the notion of biopedagogies and reflect on its value for investigating the relationship between social class, health knowledge and strategies to improve the health of populations. We propose the kinds of research questions prompted by the theory and illustrate how these have driven our research agenda. We then draw on data derived from projects we have been working on around family food practices, to illustrate both the utility and limitations of biopedagogies when researching within and across complex contexts. We suggest that there is potential for biopedagogies to illuminate understanding of the nuances

of family engagement with school-based health imperatives, although we also acknowledge and demonstrate below how messy, complicated and visceral places like the family home raise questions that requires theoretical resources beyond or that extend our thinking about biopedagogies.

Why biopedagogies?

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

Biopower we suggest, entails one or more truth discourses about the 'vital' character of living human beings; an array of authorities considered competent to speak that truth; strategies for intervention upon collective existence in the name of life and health; and modes of subjectification, in which individuals work on themselves in the name of the individual or collective life or health (Rabinow and Rose 2006, p. 195, our emphasis).

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

television, radio and film, billboards and posters, and pamphlets in doctors' waiting rooms' (Wright, 2009, p. 7).

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

Biopedagogies can be understood as urging people to work on themselves. However, as the authors in this book point out, this is not always predictable. How individuals take up ideas around fatness and obesity will be mediated by their personal experiences, their own embodiment, their interactions with other ways of knowing, other truths and operations of power in relation to the knowledge produced around the health, obesity and the body. (Wright, 2009, p. 9)

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

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

In relations to our research in schools we have used the notion of biopedagogies to answer the following question: how do the health discourses and their recontextualisation in schools operate as techniques of power to contribute to the regulation of individuals and

populations; and with what effects for how individuals (children and young people) understand and act on their own and others' bodies (see Wright, Burrows and Rich, 2012).

Biopedagogies and social class

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

Poor people, [Murray] tells us, are thought not to make the right choices and so those have to be made for them. This presents us with the centrality of different modes of regulation for class and poverty, race and ethnicity, fat and thin. The already pathologized subject is not treated in the same way at all as a responsive and responsible subject (p. 202).

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

then devises strategies of intervention designed to shape more compliant citizens.

(Mulderrig, 2017, p. 5)

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

The common framing of obesity as a self inflicted condition ensuing from a lack of knowledge (Henderson et al., 2009; Lupton, 2013; Townend, 2009) is part of the process through which class differences are enacted. This framing implies that averting obesity is a deliberate and rational process; a specific competence arising from education about what is healthy. The notion that normal weight bodies result from rational, informed choice positions those with the capacity to make healthy choices as knowers; a position of value which can only be maintained relationally by the ignorance of those who are obese. ... Ignorance therefore operates to reinforce social structuration and divisions which marginalise those already marginalised and privilege those already in positions of privilege. (Farrell et al, 2016, p. 3)

Thus we would argue that while biopedagogies, ostensibly provide instruction on how to live that 'encompasses the broad population ..., regardless of circumstances like social class' and appear to be aimed at 'everyone, everywhere' (Harwood 2009), middle class values are coded in health imperatives/biopedagogical discourse, to target those not like themselves. In relation to school-based health messages Petherick (2015, p. 184) describes these as 'insidious and pervasive ways [in which middle] class assumptions take effect within schooling practices designed to promote lifestyle practices for everyone'.

Although we have used the terms middle and working class, without qualification above, we acknowledge that these are neither simply about socio-economic status nor culture. With Evans and Davies (2008) we understand social class as experienced in and by bodies often in very subtle but 'visceral' ways that cannot be simply correlated with, or explained by, demographics. The families in our research cohort are lived examples of this. None of the 15

New Zealand families could be described, nor considered by themselves, to be well off in terms of family income, yet each regarded themselves as rich in their capacity to afford food, access green and blue spaces, and enjoy lives connected to wider family and friends.

A biopedagogical analysis

In what follows we illustrate how the notion of biopedagogies may be used in understanding the truths advanced, pedagogical practices enacted and moralities invoked in two different data sources. The first is a worksheet developed by Bakers IDI Heart and Diabetes Institute (2003) and is part of a larger resource package, *Primary Fight Back: Healthy Eating and Physical Activity: A Resource for Teachers, Students & Their Parents* (see also Pike and Leahy, 2016). The second is data drawn from a New Zealand project 'Children as change agents for family health', designed to examine the transmission and translation of school-based health messages in the day to day lives of families.

Insert Figure 1: Family Eating

Student Activity 26: Family Eating

What truths

The above example from a student activity (Figure 1), designed for 8-9 year old students in Australia, draws on a number of key tenets of public health messages around food, eating and health (read weight and related disease patterns). Firstly, the activity embeds explicitly messages about how a family should live. As suggested in much of the scholarly, professional and lay literature (Leahy, 2016; ...), a 'good' family is one that shares meals together, that relishes the opportunities for communication, mutual appreciation of healthy food and maintenance/enhancement of a sense of 'family' a family meal table affords. The truth constructed in and by this discourse is that eating around the family table is good for health and family happiness. The legitimacy of this truth is established not via direct reference to research nor other sources of expertise, but rather by an appeal to 'common knowledge'. The activity's location in a unit on Healthy Eating and Physical Activity together with the inclusion of the final question, "why is it important for families to eat together as often as possible?", work together to produce a taken for grantedness that there is indeed a relationship between families eating together and health. This premise is not up for

discussion. Instead Bill's unhappiness is a prompt, a reminder to students that to be a proper family, to be a family where health is practiced, the family should eat together.

With what strategies?

Various strategies are used to engage the students, many of which incite moralities and emotions which some students may experience as discomforting. As signaled above, the key protagonist, Bill, is someone with whom other children can identify and the scenario affords an opportunity for children to compare their own family routines alongside those displayed in the narrative. Some may feel upset (like Bill) if their own family practices resemble those mentioned, some may remain insouciant (de Pian, 2014) in the face of that familiarity and still others may feel emboldened if none of the family habits featured apply to their own family rituals around meal times. Whatever the response, students are left in little doubt about what is construed as 'right' and 'wrong' family behavior. The reasons advanced for Bill's family's failure to regularly eat together are all portrayed as unreasonable. For example, it is not that Bill's mother finds it easier to feed the children first, but rather, she 'thinks' it is easier to do so. It is not a pragmatic matter of ease born out of necessity but rather a 'thought' that can presumably be changed. "None of the children help with the meal preparation..." is a further admonishment, as is the practice of eating "dinner in front of the TV". In short, the language of the resource orients the reader in one directional fashion to the conclusion that none of the practices mentioned are remotely alright. The final leading question seals the deal with its overt decree for "families to eat together as often as possible".

With what effects?

While this family eating scenario could simply serve as a reminder about what a particular set of social and political relations generates in terms of recipes for living, the first question following the description of Bill's family practices transparently suggests that it is possible for children to change the behaviours of their families, for them to act as pint sized pedagogues responsible for taking action to ensure communal eating. It is this final step in the biopedagogical apparatus that potentially yields the most poignant affect, not just for the child but for his/her family, should the imperative to 'act' be seriously taken on board by any given child. Fathers who work late, mothers who adopt feeding routines that make life easier for themselves and their children, siblings who eat and watch TV at the same time and children who bath after dinner are all problematized in favour of what must be an

impossible scenario for many families – regular meals around the table (if they have one). If the recognition that one fails to measure up is not enough, it is the imperative to act, to intervene in the day to day dynamics and relational routines of family life that conceivably places a considerable burden on children.

In sum, the PC man scenario exemplifies the techniques of power evident in a single resource that transparently seeks to regulate not only children’s dispositions and behaviours but family dining practices. PC man incites individuals to work on their families in the name of health, to activate their agency to work on their own and their families’ lifestyles. The effects in terms of how children come to know and act and how they feel about what they hear and learn can only be speculated on, yet a narrow range of subjectivities is permissible given the particular way Bill’s problem is framed and the thinly veiled solutions proposed.

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

Biopedagogy in translation: affective effects

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

The brainfood incident

Kris is a single mum, recovering from a chronic illness and recently moved to small town in the South Island of New Zealand. Her daughter, Alice, is 8 years old and goes to the local

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

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

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

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

A: Really sad.

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

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

The All-black incident

The 'All-black' incident was arguably even more of an assault on Kris and Alice's family traditions. As discussed earlier, the making and eating of pancakes is a ritual relished in this family. Pictures shared by Alice proudly announced the joy of making pancakes with her Mum, the pleasure experienced in the preparation *and* consumption of a food that Alice loved and her Mum enjoyed sharing with her daughter. As part of a school health initiative, players from New Zealand's famous rugby team, 'The All Blacks', visited Alice's school to spread messages about the value of health and physical activity. As Kris puts it, "they said there are good foods and bad foods, and pancakes are bad". A small sentence, a small message, yet the impact on Alice and Kris was/is big. Unwittingly the attempt to inculcate 'healthy habits' by young men hailed as idols in New Zealand culture, the presumably genuine desire to make a difference in teaching about the body - what it needs and should/could do - misfired on this occasion. Pancakes were rendered a morally reprehensible food on the health landscape. In an instant, something Alice loved (the pancake), the relationship (mother and daughter), the meaning (an integral part of this

family's identity) and the process (joy in creating it) were denigrated, cast as 'other' in the context of 'truths' embraced in the name of improving health.

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

Conclusion

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

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

Pike (2016) attest, this imperative supports wider governmental aims to both ameliorate social breakdown and halt obesity rates.

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

The 'brainfood' episode provides a particularly apt example of a practice that has proliferated in schools. While we can see no problem with providing children with an additional opportunity to have a break and a snack, it is the apparently arbitrary specification of particular kinds of foods, none of which seem to be related to foods promoted as assisting in brain function and the policing of foods (and therefore children and their families) that accompanies this specification that is troublesome. Indeed, the brain food movement seems to be carrying all the call cards of an 'invention' in schools currently. From popular interpretations of medico-scientific research, we learn that whole grains, oily fish, blueberries, nuts, eggs, beans and dairy products (amongst other things) are foods that fuel the brain (see (<https://www.bbcgoodfood.com/howto/guide/top-5-foods-boost-your-childs-brainpower>)¹, yet somehow, via the authority of a constant and widespread recitation, a narrow and somewhat irrational selection of foods come to 'count' as brain food in a school setting.

In contrast to the pleasure Kris and Alice derive from their foodwork, much of which is premised on their own research and experience in the health sphere, the 'shoulds' to which they, and Bill in the 'Family Eating' activity, are exposed are drawn from questionable

¹ Research on the relationship between particular foods and cognition are far less definitive - see for a review of the research, Gomez, 2008.

evidence. In short, the expertise claimed is dubious and the imperatives are devoid of any understanding of the structural and relational nuances of family life. Furthermore, although health promoters may desire children and parents to exercise agency in making 'healthy' choices, this can be thwarted when subjects have the resource and/or solidity of family identity to think and do otherwise. Truths may indeed be invoked to govern in the name of health, yet, as signalled in our analysis, there is no guarantee the presumed 'ignorant' subject will necessarily act on these in the ways imagined.

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

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