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To cite this article: Mikael Quennerstedt (2019) Healthying physical education - on the possibility of learning health, *Physical Education and Sport Pedagogy*, 24:1, 1-15, DOI: [10.1080/17408989.2018.1539705](https://doi.org/10.1080/17408989.2018.1539705)

To link to this article: <https://doi.org/10.1080/17408989.2018.1539705>



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Published online: 25 Oct 2018.



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Healthying physical education - on the possibility of learning health

Mikael Quennerstedt 

School of Health Sciences, Örebro University, Örebro, Sweden

ABSTRACT

Background: As part of the annual activities at the British Educational Research Association (BERA) conference, the Physical Education and Sport Pedagogy Special Interest Group (SIG) organises a so-called Invisible College, where a Scholar Lecture is delivered by a researcher who has made a significant contribution to the field. This paper is the 2018 Scholar Lecture.

Purpose: The purpose of the paper is to discuss two concepts and the relations between them – health and learning.

Key concepts: In the paper, the metaphor of the swimmer in the river, as introduced by Antonovsky, is used in order to go beyond individualistic, dualistic and instrumental notions of health and education. I argue for a move away from a notion of teaching young people how to be healthy through the deployment of ready-made educational packages, towards acknowledging health education as a societal responsibility, where it is recognised that sociocultural and economic contexts afford diverse opportunities to be healthy and to learn to live healthy lives, however these are construed.

Discussion and conclusion: Rather than confining health and health education to the prevention of premature death and disease, I discuss health, in relation to learning, as always being in the process of becoming. The health resources for living a good life can then be found in the ‘river’, with the ‘swimmer’, and in the relation between the ‘river’ and the ‘swimmer’. In this way, health can manifest itself in many different ways. I ask why we even attempt to talk about health in the singular when talking about different diseases. Is health rather a plural? Is it even a noun? Or is it something we do – a verb? If the latter, health education can be conceived of as a practice – ‘healthying’ – rather than a fixed, static outcome set up by research and public health policies as something to achieve in education.

ARTICLE HISTORY

Received 19 October 2018

Accepted 19 October 2018

KEYWORDS

Physical education; health; learning; health education; salutogenesis; scholar lecture

Introduction

It is a great honour to be nominated to give the British Educational Research Association (BERA) Physical Education and Sport Pedagogy Special Interest Group (SIG) Scholar Lecture.¹ Thank you for inviting me here. It is fantastic to follow in the footsteps of so many important scholars in the field and to talk to you about issues that are close to my heart.

In this Scholar Lecture I will talk about two concepts that have followed me for the last 20 years or so – health and learning. I argue that in the context of physical education and health education (PE or HPE or PEH) we should:

CONTACT Mikael Quennerstedt  mikael.quennerstedt@oru.se  School of Health Sciences, Örebro University, Fakultetsgatan 1, Örebro 70182, Sweden  @MQuennerstedt

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- free health from death, disease, risk and deficits,
- free health from *only* being understood as a singular noun signifying a human being's normal condition, and
- free learning from exclusively being understood as individual and instrumental when it comes to health in education.

So, rather than confining health and health education to the prevention of risk, disease and premature death, I will talk about health, in relation to learning, as always being in the process of becoming. Throughout the lecture I use the metaphor of the swimmer in the river, as introduced by Aaron Antonovsky, in order to go beyond individualistic, dualistic and instrumental notions of health and education, and instead suggest that thinking about health as a verb – *healthying* – could be a way of deliberate and reconsider the position of health in physical education.

Before I begin, an important caveat is the intention to refrain from discussing health in a general ontological and all-embracing manner. Rather, the ambition is to approach health contextually by focusing on health's relation to education, physical education and the lives of young people participating in formal schooling (see Quennerstedt, Burrows, and Maivorsdotter 2010). Thus, my arguments are about re-envisioning health in school contexts, rather than addressing health as widely conceived of in public realms like hospitals or the media.

The concept of health

Globally, health has been advocated as a major objective for physical education, and despite the multiple ways that health can be understood, a specific mantra seemingly dominates Western physical education contexts in terms of health being connected to aerobic capacity, fitness, Body Mass Index, 10,000 steps per day, or body shape. But is this the only way to understand health? Also, what are the basic assumptions when it comes to what it is to be a human being when health is widely regarded as a fixed end point that each citizen should strive to obtain and fit into. Let us think about this question for a moment – what is health? Please write down what you think on a piece of paper.

Now let us reflect on two specific questions:

- Is alcohol good for people's health?
- Is sport good for people's health?

The only reasonable answer we can probably provide is – it depends. However, the important question is rather *what* it depends on. Well it depends on if we look at the issue from an individual or a societal perspective, for example, when it comes to alcohol. It depends on if we restrict health to physiological, social, psychological or moral aspects of health, and also if we take for example cultural or religious contexts into account when it comes to sport. Hence, how our health generally is affected, in positive or negative ways, is not a matter of course. Rather it depends on how we delineate what health is or isn't.

The point I am trying to make here is that what we in research need to be clear about is what it depends on, i.e. what our assumptions are when we discuss, explore or teach health. For me, it is surprising that any researcher or teacher can claim that something in physical education is good for young people's health without being clear about the assumptions regarding health.

It depends – different assumptions about health

Historically, the concept of health has been influenced in different directions, mainly by philosophy, religion, morals, politics and science (see e.g. Nordenfelt 1987; Quennerstedt 2008; Tengland 2007; Tones and Green 2004). On one hand, health has been regarded as something utopian that represents an ideal condition or direction for how people should live their lives. These *morally*

normative perspectives have often been related to moral behaviour, where, for example, homosexuality, political opinion and specific feminine bodily functions (e.g. pregnancy or menstruation) have at times all been regarded as abnormal and therefore unhealthy.

On the other hand, health has also been constituted as *scientifically normative*, where health, grounded in medical science, is positioned as the opposite to disease (Ewles and Simnett 2003). In western societies, a biomedical – scientifically normative – perspective on health dominates and this idea has a pervasive influence on our thinking, behaviour and practices (see, for example, Burrows and Wright 2007; Gard and Wright 2001; Evans et al. 2008). But what is the rationale here? The medical sociologist Aaron Antonovsky explains that:

If one is ‘naturally’ healthy, then all one has to do to stay that way is reduce the risk factors as much as possible. Or, as I much prefer, all that social institutions have to make sure of is that those risk factors which can be reduced or done away with at the level of social action are handled and that social conditions allow, facilitate and encourage individuals to engage in wise, low risk behaviour. (Antonovsky 1996a, 13)

What Antonovsky describes can be illustrated in a figure (see Figure 1). Let us look at this for a moment. One of the assumptions in what can be called pathogenic notions of health is that health is positioned as a human being’s normal condition, and that diseases and not ‘normal’ behaviour should be explained, explored, critiqued or prevented. It is an either/or logic in which the focus is directed towards the not normal, or the line (i.e. the risk of becoming abnormal), or in some cases the normal but only to avoid ending up on the left-hand side of the circle.²

In scientifically normative notions of health the human being is regarded as primarily biological. Some assumptions about health are that:

- it is the disease, risk or deficit that is in focus and that health is regarded as the absence of disease or deficit, and that
- health is a goal; a static condition that is achieved by avoiding disease.

In morally normative notions of health it is the moral norms of society that are in focus in terms of normality (e.g. gender, sexuality, body shape and size). Questions of obesity are now unmistakably morally normative (Gard and Wright 2001; Gard 2011; Kirk 2006) and illustrative of the assumptions about health. Here:

- the norms for health are body shape and body weight,
- an external perspective on the body is in focus, and
- deviations from society’s bodily ideals are constituted as unhealthy and often immoral.

I suggest that what health is, and can be, in physical education is often taken for granted within a pathogenic paradigm. In this context, research then searches for or critiques what the concept

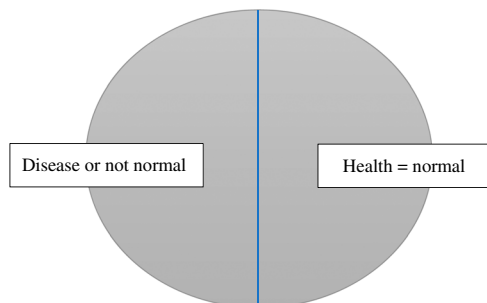


Figure 1. Pathogenic notions of health.

indicates, the origins (genic) of disease (pathos). From a pathogenic perspective, health education and, in consequence, physical education, become equal to preventing disease by focusing on activities and behaviour that potentially reduce those risks, either now or in the future. Physical education thus becomes occupied with an agenda that focuses on encouraging students to ‘engage in wise, low risk behaviour’ (Antonovsky 1996a, 13).

In line with Antonovsky (1979, 1987, 1996a, 1996b), I maintain that two of the major weaknesses with pathogenic notions of health in the context of education are: (i) the dichotomous classification of disease versus health, and (ii) the inevitable and exclusive concentration on risk factors that relate to and threaten this normality. As I see it, these weaknesses limit the possibility of discussing and exploring other aspects of health and, in consequence, the role of physical education in schools. Children and young people are then (in the name of health) potentially identified as being at-risk and in need of being saved. We can accordingly critique a PE practice that is driven by the idea of more moderate to vigorous physical activity (MVPA), although within a pathogenic paradigm this endeavour is entirely logical, i.e. if more MVPA reduces the risks of a certain disease then it is good for young people’s health. Much in the same way we can and should critique the presence of obesity discourses in physical education. However, these are actually quite reasonable considering the assumptions about health as normality. What is needed is instead alternative conceptualisations of health.

Different views of health have emerged during the twentieth century. An example of this is the World Health Organisation’s (WHO) definition of health. At the Ottawa conference in 1986, WHO further developed its position on health by stating that: ‘Health is created and lived by people within the setting of their everyday life: where they learn, work, play and love’ (WHO 1986, 2). Let us stop a while and think about this account of health: that it is *created* and *lived* by people within the setting of their *everyday life*: where they *learn, work, play and love* (my italics). This description embraces health as a resource that is formed and developed in a relation between individuals and the social, cultural and natural environments they inhabit. At the WHO conference in 1991, health as a resource was further developed in terms of a dynamic process:

Health [...] is not a fixed end-point, a “product” we can acquire, but rather something ever changing, always in the process of becoming. (Haglund et al. 1991, 3)

In line with the idea of health as a resource, Antonovsky urges researchers and practitioners involved with health promotion to critically dissect the dominant, static and dualistic notion of health.³ Here, he calls for a critical standpoint that asks questions about the resources that people draw on in order to be healthy, rather than asking how we can understand, cure or prevent illness. This is illustrated in Figure 2.

As an alternative to a hegemonic pathogenic paradigm, Antonovsky proposes the idea of a salutogenic perspective on health. Salutogenesis, which in ancient Latin (*salus*) and Greek (*genesis*) roughly translates to ‘the origins of wellness’, is a powerful critique against pathogenic notions. Salutogenesis is accordingly not a theory about health, but an umbrella concept embracing different theories. Antonovsky (1979) argues that it is imperative to advance new conceptualisations of health, particularly in health promotion practices like physical education. He argues that health is not something we either have or do not have. Instead, he maintains that ‘we are all terminal cases. But as long as there is a breath of life in us, we are all in some measure healthy’ (Antonovsky 1987, 50).

It is in this context that Antonovsky uses the metaphor of a swimmer in a river in order to re-understand health. According to Antonovsky, we cannot explore health by focusing on people (swimmers) as though they are not in the river. As Antonovsky argues: ‘we are all, always, in the



Figure 2. Salutogenic notions of health.

dangerous river of life. The twin question is: How dangerous is our river? How well can we swim? (Antonovsky 1996a, 14.) This is particularly true for educational contexts. Antonovsky reminds us of curative medicine's focus on saving swimmers downstream and preventative efforts' interest to stop people falling into the river upstream (McCuaig and Quennerstedt 2018). In education, nobody should be considered as being on the shore. However, the swimmer is not simply located in the river. This is rather a functional relation, where both the swimmer and the river are in a constant process of becoming the swimmer and the river they are. In this sense, health is in a constant dynamic process of continual becoming, where just keeping your position in the river is an effort.

To continue the relational aspects of the metaphor, an Olympic swimmer in a strong current might be down river (i.e. more towards dis-ease) and a half decent swimmer in a calm part of the river might be more upstream (i.e. more towards ease). The question is instead why they both are in their particular parts of the river in the first place and how they can keep their relative positions in it. What is at stake in education is thus the kind of swimmer we are to become and the kind of river that is in the making. But how does the river metaphor help us in physical education research and practice?

First, it helps us to focus on what makes people stay in their location in the river and what makes people move upstream. Secondly, it helps us to consider the *different* origins of health, where what McCuaig and Quennerstedt (2018) call health resources can be found in the river, the swimmer and in the relation between them. However, most importantly, the metaphor helps us to ask salutogenic questions rather than pathogenic ones. Hence, in contrast to questions about risks and diseases, Antonovsky suggests questions like 'Why do people stay healthy?' (1979, 35) or 'What can be done in this community, factory, geographic community, age or gender group?' (1996a, 16) in order for them to stay healthy. In relation to the river metaphor, in education we can acknowledge questions about (i) strengthening the ability to swim, (ii) identifying the part of river the swimmer is in, (iii) placing swimmers in a different part of the river, (iv) teaching swimmers to swim to a calmer part of the river, (v) teaching them to change their part of the river, or (vi) changing the river altogether.⁴

Take, for example, the reasonable educational aim of educating for gender equality. Relating to the swimmer and river metaphor, we can target the students (swimmers) and teach them coping strategies that will help them to live with inequality, we can target the river and try to change society, or at least the school context, in a more gender equal direction, or we can target the relation between the swimmer and the river and teach young people how to critically inquire into and change unequal practices in society. Now, let us take a closer look at what the consequences might be for physical education.

Learning, education and schooling health

In relation to physical education, ten years ago I put forward two main lines of argument in the academic literature on the relation between physical education and health. More recently, Richard Tinning (2015) has described these positions as a division between 'interventionists' and 'educationalists'. One line of argument is based on a critique of PE practice that mainly focuses on sporting techniques and ball games. This position is often framed within epidemiological research and argues that public health and increased physical activity should be one of the most, if not *the* most, important objective for physical education (e.g. Trost 2004; Fairclough and Stratton 2005). This position has increasingly targeted obesity in young people and advocates for a physical education curriculum that emphasises an increase in MVPA which, as a consequence, will allegedly have important effects on the health of individuals and the population as a whole (e.g. Kahan and McKenzie 2015; Lonsdale et al. 2013). As Lonsdale et al. (2013) put it:

... this review indicates that interventions can increase the proportion of time students spend in MVPA during PE lessons. As most children and adolescents participate in PE, these interventions could lead to substantial public health benefits. (152)

In an opposing line of argument, public health agendas are contrasted with educational agendas (Tinning 2015). Here, the risks associated with the adoption of an instrumental and often individualised public health curriculum in physical education are highlighted (e.g. Cale, Harris, and Chen 2014; Cale and Harris 2013; Evans et al. 2008; Fitzpatrick and Russell 2015; Gard 2011; Kirk 2006; Leahy, O'Flynn, and Wright 2013; Vander Schee and Gard 2014; Petherick 2013; Powell and Fitzpatrick 2015). This critical literature accentuates scholars' concerns that schools are increasingly being asked to engage with health in a pathogenic sense in terms of obesity prevention and control that exclude, as Powell and Fitzpatrick (2015) argue, alternate ways of doing physical education.

In a previous paper (Quennerstedt, Burrows, and Maivorsdotter 2010) we, in line with the above-mentioned scholars, suggested that there are at least two basic problems with pathogenically guided physical education. The first is that it is aimed at the individual student, in that it holds each person accountable for their body weight, body shape and, consequently, their health. In line with scholars like Connell (1990), who almost three decades ago highlighted the problems of an individualistic approach to health education, we suggested that pathogenically guided physical education often disregards the cultural and societal aspects of both health and education.

The second problem we identified (Quennerstedt, Burrows, and Maivorsdotter 2010) relates to the instrumental view of education, in which students' health is regarded as an outcome of physical education in terms of not being inactive or overweight. Instrumentality, in the context of the role of physical education, results in a preoccupation with developing effective teaching methods in relation to an assumed 'shared and achievable goal for all' (106). The concern is then *what works* in terms of cause and effect. This can lead to overly reductionist and simplistic solutions and questions to health problems in physical education, such as: 'we just need all students to do more physical activity, then they'll have good health', or as a pedagogical conundrum, 'why don't they do as we say?' But what if we embrace a different conceptualisation of health in physical education, as has been suggested?

As I see it, there are at least three specific aspects to be taken into account when viewing physical education salutogenically in terms of abandoning a dualistic notion of health and shifting the focus in PE practices from risks and problems to health resources.

First, physical education as a school subject needs to be directed towards strengthening resources for all students and not only those deemed at risk, which would be a logical assumption in a pathogenic risk-focused education. The consequences of this are vital, namely that pathogenic health efforts in physical education directed towards, for example, obese children become questionable, in that all children, also the 'healthiest' in a pathogenic sense, have a right to physical education. Physical education is accordingly not about preventing and avoiding risk, but about strengthening students' health resources. Well-meaning arguments from teachers, at least in Sweden, about paying more attention to inactive at-risk children and leaving the active ones to more or less manage on their own are problematic from a salutogenic perspective. However, this does of course not exclude the importance of supporting certain students or groups of students in order to promote equality or equal opportunities to develop health resources.

Second, physical education can, and should, be directed towards students' active health development. In this type of physical education, questions about how students acquire skills to participate in so-called healthy practices, how they form positive or negative dispositions towards themselves and their own bodies, and questions about the ways in which health can be practised in diverse settings and situations are prioritised. This not only involves the content of physical education, but also the processes of education in terms of student influence and democracy.

Third, it is important to acknowledge that health is not solely an individual issue, but rather a sociocultural one – as the river metaphor indicates (Antonovsky 1996a; Quennerstedt 2008). In this scenario, students' lives, experiences, contexts and life histories are of the utmost importance – not just their future risk of disease. Salutogenic physical education in school thus involves all children and young people and not just those defined as children-with-high-risk-for-inactive-lifestyles. Health is then considered as something that people do; a process that is situated in people's lives as

well as in wider social, cultural and political contexts. In this way, physical educators become facilitators of learning health, rather than exclusively being teachers of predefined healthy lifestyles (Lindström and Eriksson 2011; McCuaig and Hay 2014; Quennerstedt 2008; Quennerstedt, Burrows, and Maivorsdotter 2010).

Still, if we in physical education continue to teach from a basis of salutogenic notions of health, we have to realise that physical education, movement and physical activity will also need to have a warning label attached: Warning: PE can seriously damage your health (Quennerstedt 2010). Of course, from a salutogenic perspective, physical education is good for students' health beyond serving merely as a protective device against obesity or future disease. For example, critical and aesthetic abilities and meaningful movement experiences and practices can all be regarded as health promoting in a salutogenic perspective. However, physical education can also prevent students' health development in many different ways. If health is something that students can learn, then they can also learn about things that prevent health development, for example, 'that movement is not something for me', 'that my body is all wrong', 'that I am clumsy', 'that I am fat' or 'that I am always left out'. In this way, physical activity, sport or movement do not necessarily equal good health, which means that the logic that more physical activity will lead to better health is not as simple as in a pathogenic perspective. Seen from a salutogenic perspective, it could be that movement or physical activity, and not only the lack of physical activity, damages students' health. For some students it could even be recommended that for better health they should not participate in physical education as a school subject at all (Quennerstedt 2008).

'Growth as education and education as growth'⁵

As we have seen, health is a complex concept. The same goes for learning, and yet it is surprising how often scholars claim things about the relation between learning and health without using an explicit learning theory.

In this part of the lecture I draw on Dewey's conception of *education as growth* to examine the possibilities for connecting a salutogenic perspective of health to issues of learning and education. I suggest that Dewey's ideas about education can provide a 'critical and constructive tool' (Biesta 1995, 105) that helps to reconceptualise health in the context of physical education as something that students do and undergo, rather than as a static, externally imposed goal.

In many of his writings Dewey criticises different aspects of modernity, amongst others the idea of final and unchanging principles and solutions. At the core of Dewey's account lies a critique of a metaphysical division of *inner* – the 'inner' mind – and *outer* – the surrounding world or 'the reality' (Dewey 1916; 1938). According to Dewey (1938), a dualistic philosophy fosters a tendency to think 'in terms of extreme opposites. It [dualistic philosophy] is given to formulating its beliefs in terms of either-ors, between which it recognizes no intermediate possibilities' (5), such as body/mind or indeed health/disease. Dewey and Bentley ([1949] 1960) state that it is when these dualisms are regarded as true pictures of the world that problematic consequences occur, especially as they tend to be unequally positioned.

Dewey instead prefers to establish a dialectical point of view towards dualisms (Biesta and Burbules 2003; Sullivan 2001). He maintains that inner/outer or body/mind are not metaphysically given, but should rather be understood in terms of a dialectic process (see e.g. Dewey 1916, 1938; Dewey and Bentley [1949] 1960). For Dewey (1938; Dewey and Bentley [1949] 1960), it is important to understand and explore these processes as mutually constituting. In this scenario, the participants and what at any particular time comprises their surroundings are simultaneously and mutually constituted in what he calls transaction. As Dewey and Bentley ([1949] 1960) assert, it is always about an active relation of 'organism-in-environment-as-a-whole' (103),⁶ which is similar to what I have been talking about so far using the metaphor of the river.

In order to understand how Dewey conceived 'education as growth', a crucial precursor to consider is the utility of his ideas on immaturity and development. According to Dewey (1916), many

regard immaturity as a deficit, or a signal that something, or someone, is unfinished, or missing something. This perspective fuels a view of the ‘immature’ child as someone who needs to be developed en route towards a fixed end-point – the ‘mature’ adult, or as a fixed static outcome of health set up by research and public health policies as something to achieve in education (McCuaig and Quennerstedt 2018; Quennerstedt and Quennerstedt 2014). This view has endured and can still be found in policies and PE practices. As Dewey puts it, this understanding of ‘immaturity’ ‘... sets up as an ideal and standard a static end. The fulfilment of growing is taken to mean an *accomplished* growth: that is to say, an ungrowth, something which is no longer growing’ (1916, 50). Instead, Dewey argues for a notion of immaturity and the immature child in terms of the potentiality of growth.⁷

Bearing the aforementioned considerations in mind, a Deweyian take on education focuses on the ongoing reconstruction of experience, rather than developing children to meet an ideal end-point such as adulthood or health.⁸ Thus, under Dewey, education is more attuned to learning ways of acting (or transacting) than to the ‘spoon-feeding’ of particular skills. Dispositions to act in a certain way – what Dewey calls habits – are developed that are potentially useful in different situations, i.e. the habit of learning, or learning how to learn (Dewey 1916). As Dewey writes, ‘[T]he most important attitude that can be formed is that of desire to go on learning’ (Dewey 1938, 48).

For Dewey, this desire is fostered by encountering and living through interruptions – what Dewey calls indeterminate situations – where students can deliberate on, reflect on and inquire a problem more intelligently. It is about continuously doing and undergoing the consequences of our actions (see Biesta 1995). However, this does not imply a fixed predetermined homogenous solution or end. Rather, it is an open ended process toward different outcomes. In this sense, health should not be considered as a singular static norm for a human being’s normal condition, and could indeed be considered in the plural – *healths*. If fact, I wonder why we even attempt to talk about health in the singular when we talk about different diseases. Why so many diseases, yet only one health?

Consequences for PE

Applying Dewey’s notions of education and learning to health in physical education yields a vision of physical education that has no end beyond itself and a view of the educational process as a continual reconstruction of students’ experiences. The job for PE teachers would consequently be to supply ‘... the conditions which insure growth’ (Dewey 1916, 61). Importantly, these conditions do not need to be universally shared, or be monolithically productive. Indeed, the idea that children should be similarly educated in a one-size-fits-all practice exclusively characterised by sports or obesity discourses is antithetical to Dewey’s position. Education is instead conceived by Dewey as an open-ended *relation* between organising the educational situation and children and young people’s growth, where, for example, movement and movement cultures should be something to be discovered through indeterminate situations in order to ensure the improved quality of future experiences.

It is thus the *relation* that is critical here. The metaphor of the river is again useful in that it reminds us that it is in the relation between the swimmer and the river, i.e. in the act of swimming, that the doing and the undergoing takes place. Dewey’s hunting analogy takes this even further:

No one would be able successfully to speak of the hunter and the hunted as isolated with respect to hunting. Yet it is just as absurd to set up hunting as an event in isolation from [...] all the components. (Dewey and Bentley [1949] 1960, 142)

Shannon Sullivan (2001) further draws on Dewey’s suggestion of ‘verbing’ nouns in her proposal to explore how we are ‘bodying the world’.

As a consequence, I suggest that using *healthying* as a verb in physical education may potentially dilute the less redeeming features of dominant notions of health and permit a re-envisioning of health in physical education in a way that can inspire different kinds of health practices. Re-framing health in such a way accordingly requires a recognition of it as something that we do, rather than a descriptor of what we are or have attained. It also reorients physical education in a Deweyian fashion

to a matter of ‘... organising the powers that insure growth’ (Dewey 1916, 60), rather than prescribing the end-point of that growth. The health resources for living a good life can then be found in the ‘river’, with ‘the swimmer’ and in the relation between the ‘river’ and the ‘swimmer’. In this way, health can take many different forms. Thinking about health in physical education in terms of health is thus a way of bringing Dewey’s ideas about education and Antonovsky’s ideas about health together in their respective critique of metaphysical dualisms. It is also in this sense that we should be asking ourselves whether health should be regarded as a verb rather than a noun.

Before moving on to the more practical consequences of thinking about health in physical education as *healthying*, it is necessary to critically reflect on *salutogenesis* as an alternative to *pathogenic* health in physical education.

Some critical reflections on a salutogenic perspective in PE

As I have presented my case so far, a salutogenic perspective seems to offer a fruitful approach to physical education, where students can be equipped with skills and critical abilities to meet the world and develop a different relationship to health, their bodies and their environment (Lindström and Eriksson 2011). However, for me, everything that looks good ‘by default’ needs to be scrutinised, in this case in terms of the kind of ‘healthy citizens’ that salutogenic perspectives might produce.

In this context, Marie Öhman and I (Quennerstedt and Öhman 2014) in a book chapter stress the dangers of how a salutogenic approach: (i) can be interpreted, understood and practised on the basis of neoliberal preconditions and also (ii) how it can lead to a ‘*healthification*’ of people’s existence.

In the book chapter we build on Rose (1998, 13), who argues that: ‘the subjects of government, [...] can not be understood without addressing these new ways of understanding and acting upon ourselves and others as selves “free to choose”’. Antonovsky’s work and the salutogenic approach should accordingly be scrutinised in relation to general features of a neoliberal society, including issues of individualism and rationalism.

I would argue that salutogenic research also can be criticised for being individualistic and decontextualised, and here the question is whether *salutogenesis* actually disputes the idea of an individual responsibility for health. The point here is that, if we are going to adopt a salutogenic approach in physical education, it is important to be aware that the individualistic focus could still be overemphasised. It would thus be dangerous to adopt a salutogenic approach without reflection, especially if it fails to take political and societal concerns (issues of the river) into consideration, and today a focus on the river by necessity involves a critical approach to dominant neoliberal ideas.

This echoes Crawford’s (1980) powerful account of the idea of *healthism*, in that certain medicalised notions of health reinforce a privatisation and individual responsibility for health in terms of the individual being both the problem and the solution, and that from a salutogenic perspective there is a danger that individuals might become stuck in a never-ending development. In a pathogenic sense, people can at least say or feel that they are healthy because they are not ill, and can at times escape the demands of medicalised health. For some health can be potentially silent, such as when we are not ill, or in danger of becoming obese. But if people are always struggling towards the ‘more health’ end of a continuum (up river), then health will become a never-ending struggle (for the swimmer). If we are not careful, a salutogenic approach, in combination with general demands in society for constant personal development, could be just another obligation towards ‘more health’.

With a salutogenic perspective there is a risk that people will constantly need to work on maintaining and developing their health just that little bit more. People are then sentenced for life to attending to issues of health and healthy choices on an endless treadmill of health development. In a neoliberal era of almost limitless choice in which widely shared norms no longer exist, the consequences could be a total *healthification* of people’s entire existence, in that everything becomes a choice about health. We would then move from people’s responsibility (in a pathogenic sense) for not getting ill, and thus staying healthy, to their responsibility for becoming healthier (in a salutogenic sense) on a never-ending continuum. An important consequence of this is thus that a

‘focus on the river’ by necessity encompasses a critical approach towards dominant neoliberal ideas of individualism and rationalism in order to be a reasonable alternative for physical education (Quennerstedt and Öhman 2014).

On the possibility of learning health

Over the years, many colleagues and teachers have argued with me that if I am right in my critique, the best option for physical education would be to move away from health when we explore and deliberate the educational purposes or the teaching and learning content of physical education. This is because of the many problems attached to the norms around health and their consequences, such as an uncritical introduction of a more MVPA agenda. But I am not ready to do that yet. I still cling to the vision that talking about health in physical education actually benefits physical education and that we instead should reclaim a different notion of health. However, in order to do that, we (as I have argued) need to:

- free health from death,
- free health from only being understood as a singular noun, and
- free learning from exclusively being understood as individual and instrumental.

We also need to recognise that learning health is completely different in [Figure 1](#) (pathogenic) than in [Figure 2](#) (salutogenic).

Consequences for research and practice

As I see it, two interrelated issues can help us to reclaim a different (in my argument salutogenic) notion of health in physical education in terms of possibilities of learning health. First, we need to ask different questions about health in PE and, second, we need to recognise the importance of pedagogy.

For me, reclaiming a different notion of health in physical education is not primarily about providing new answers, but asking new questions. I previously mentioned Antonovsky’s suggestion of asking questions like: ‘Why do people stay healthy?’ (1979, 35.) By combining Dewey and Antonovsky and thinking about health in physical education in terms of *healthying* we could actually ask different questions. Two things are essential here in relation to physical education. The first is that the questions should focus on health resources or barriers for health development, and not on avoiding risk. A powerful illustration is Britta Thedin Jakobsson’s (2014) study where, instead of looking at the obvious question of why teenage girls drop out of sport, she explores why and under what circumstances they stay in sport. Secondly, and this builds on Antonovsky’s reminder that in relation to health it is probably easier to change the river than the swimmer, the questions should be about changing the river by focusing on the relation between the swimmer and the river. Let me illustrate.

A reasonable pathogenic question in PE could be: How do we use physical activity to prevent obesity, future diseases and premature death (and thus maintain the health of the population)? Answers to this question tend to focus on physical activity as a fix-it activity (as medicine), rather than movement and activity per se. They also focus on a lack of fitness (and as the pill not taken), rather than on fitness and sports, which in this sense are considered as always good for students’ health. On the other hand, a reasonable salutogenic question could be: How do we use physical activity to strengthen people’s health resources? Answers to this question could be movement capabilities, knowledge in and about different movement cultures, physical literacy etc. Here, physical activity is not regarded as a protection against risks, but is connected to the meaning of movement and what children and young people learn. We can also move from questions about why students *do not enjoy* PE, to those about under what conditions students from different backgrounds *enjoy*

movement in PE practice, or from questions about how we can change oppressive and socially *unjust practices* in PE, to those about how PE can contribute to identifying, unpacking, inquiring and strengthening socially *just practices*.

My second point is about the need to recognise the importance of pedagogy when it comes to re-understanding health in physical education. Here the recent and fantastic work in Australia can serve as illustration; a development driven by salutogenic philosophies. (If you haven't read the new HPE curriculum, please do, it is one of the best policy documents I have seen). In relation to the curriculum, one of the writers – Doune Macdonald (2013) – states that a salutogenic model of health 'supports a critical view of health education with a focus on the learner embedded within a community's structural facilitators, assets and constraints' (100). Louise McCuaig and colleagues also offer different questions and show that pedagogy is closely connected to different assumptions about health (McCuaig, Quennerstedt, and Macdonald 2013). Here (see table 1), McCuaig et al illustrate this in relation to two versions of strengths-based HPE and the characteristics of the Australian curriculum (McCuaig, Quennerstedt, and Macdonald 2013).

The Australian curriculum thus acknowledges that a salutogenic orientation is as much about *how* we teach in terms of 'problem solving, democratic participation, and a critical stance towards individualistic and moralistic perceptions of health' (McCuaig, Quennerstedt and Macdonald 2013, 122), as it is about what we teach. In this sense, how we can help young people to grow as individuals and democratic citizens, how we respect and develop children's rights, or how we can help young people to become critical and active transformers of society, are of utmost significance. Importantly, the river metaphor should not lead us to think that it is a pedagogy in a small and narrow river pointing children and young people in a certain direction where to swim with given locations on where to be in the river. Instead, we need to acknowledge the open-endedness of education as highlighted by Dewey in terms of the importance of a pedagogy of plurality, with different possibilities, different ways of being, or diverse opportunities to be healthy regardless of how these are construed.

Interestingly, a similar focus on the importance of pedagogy in physical education can be recognised in the field, for example in activist, appreciative, paradoxical and participatory approaches (Enright et al. 2014; Enright and O'Sullivan 2010; Lamb, Oliver, and Kirk 2018; Larsson, Quennerstedt, and Öhman 2014; Luguetti et al. 2017; Oliver and Hamzeh 2010; Oliver and Kirk 2016), in inquiry based learning (O'Connor, Jeanes, and Alfrey 2016), in the work on meaningful physical education (Ní Chróinín, Fletcher, and O'Sullivan 2018; Fletcher et al. 2018) and in efforts to promote social justice (Azzarito et al. 2017; Stride and Fitzgerald 2017; Hill et al. 2018). For me, these are studies that (in a salutogenic sense of course) address issues of health (even if health is not always

Table 1. "The characteristics in the national curriculum in relation to two different models of health" (The whole table quote from McCuaig, Quennerstedt, and Macdonald 2013, 121).

Characteristics of the Australian curriculum	Deficit/risk approach	Salutogenic, strengths-based approach
Focus on educative outcomes	How do we teach students healthy lifestyles and to engage in sensible, low risk behaviours?	How do we enable students to grow and learn knowledge and skills in order to enrich their possibilities in a changing society?
Learning in, about and through movement	How do we use movement, physical activity and sport to avoid the risks of inactivity in terms of illness and premature death?	How do we use movement, physical activity and sport to strengthen students' resources in order for them to live a good life?
Develop health literacy	How do we teach students the ability to gain access to, understand and use information on health risks and services in society?	How do we strengthen students' resources so that they can functionally, interactively and critically engage and participate in society?
A critical inquiry approach	How do we teach students about social, cultural, scientific and political factors influencing possibilities for healthy, active living?	How do we enable students to learn to become critical inquirers and problem solvers in relation to inclusiveness, power inequalities, diversity and social justice regarding their own and others' wellbeing?

foregrounded in these studies) in a much better way than many studies focusing on issues of health. It seems as though we in a salutogenic sense address issues of health more when we are not talking about health, since learning health in a pathogenic sense is quite different from learning health in a salutogenic sense.

Take home messages

To conclude, I have argued that:

- In research and in education we should always make our assumptions clear and explicit when making claims about health in education. If we argue that something is good or even bad for somebody's health, we should at least know what kind of health we are talking about. Also, when someone claims that interventions that increase the proportion of MVPA in PE should be the main content of PE, then we should at least know which assumptions about health are being aired and how she or he views the role of education.
- In education we should move beyond a pathogenic notion of health and instead focus on and ask salutogenic questions – not as the final answers to issues of health in PE, but as alternatives to questions about risks and deficit. In this way, the E in PE would be taken more seriously.
- In education we should not simply accept health as a singular noun, but instead be open to considering health as a verb – *healthying*. For me, this (together with the river metaphor) serves both as a reminder and as a critical and constructive tool for reflecting and deliberating on health in PE as in a process of becoming. Finally,
- if we are to adopt a salutogenic perspective on health in PE, we need to acknowledge the importance of pedagogy and how we can create opportunities for learning health *with* children and young people.⁹ The new Australian curriculum has opened this door somewhat, even though there is still a long way to go to put policy into practice (see e.g. Lambert 2018). However, as Dewey reminded us some 100 years ago: 'The inclination to learn from life itself and to make the conditions of life such that all will learn in the process of living is the finest product of schooling' (Dewey 1916, 60).

Thank you for listening.

Notes

1. Physical Education and Sport Pedagogy Scholar Lecture at the British Educational Research Association (BERA) Physical Education and Sport Pedagogy (PESP) Invisible College, Newcastle, 10 September 2018.
2. Of course, as critical researchers, we are well aware of the problems attached to normality in terms of gender, age, sexuality, ethnicity, class, disability, religion etc. Many scholars in the field have in a brilliant fashion pointed that out, and when we criticise deficit or risk-based physical education, we are at the same time (knowingly or not) directing our attention towards certain scientific or moral assumptions about what health is.
3. Antonovsky urged research to 'move beyond post-Cartesian dualism and look to imagination, love, play, meaning, will and the social structures that foster them' (Antonovsky 1987, 31).
4. In discussing the swimmer in the river, Antonovsky (1996b) reminds us that different forms of particularism, such as undemocratic societies, fundamentalism, patriarchies or other limiting patterns of the river, can of course potentially lead to good health, but only for those who have power. Antonovsky instead promoted societies, institutions and practices building on pluralism, equity and democratic participation as routes to making the river, and thus the possibility for better health for all, more forthcoming (see McCuaig and Quennerstedt 2018).
5. (Dewey 1938, 36).
6. 'What has been completely divided in philosophical discourse into man *and* the world, inner *and* outer, self *and* not-self, subject *and* object, individual *and* social, private *and* public, etc., are in actuality parties in life-transactions.' (Dewey and Bentley [1949] 1960, 248) He further argues that '... the surprising thing is that any other idea has ever been entertained' (Dewey and Bentley [1949] 1960, 185).
7. Growth 'is regarded as *having* an end, instead of *being* an end' (Dewey 1916, 60).

8. As he suggests, 'only when development in a particular line conduces to continuing growth does it answer to the criterion of education as growing' (Dewey 1938, 36).
9. As McCuaig and Quennerstedt (2018) argue, we need to focus on 'different ways in which people from different backgrounds and in diverse contexts draw upon different resources to live a good life' (119).

Acknowledgements

The Scholar Lecture opened with an acknowledgement of the colleague who introduced me to the physical education and sport pedagogy community internationally – Dr Louisa Webb. Louisa passed away early in 2012 after long illness. The research community still mourns Louisa's passing and I would like to take this opportunity to honour her for introducing me to the field, and to remind you all that we administer a google scholar page with her work. I would also like to emphasise that I consider research to be a collective endeavour. So, apart from Louisa, I would also like to acknowledge and thank all my co-authors, without whom I would not have been nominated for the Scholar Lecture. I particularly want to acknowledge the contribution of professor Lisette Burrows who engaged with me in numerous discussions during my stay in New Zealand/Aotearoa some years ago and where the idea of considering health as a verb surfaced.

Disclosure statement

No potential conflict of interest was reported by the authors.

ORCID

Mikael Quennerstedt  <http://orcid.org/0000-0001-8748-8843>

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