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A sociocultural perspective as a curriculum change in health and physical education

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As a lens through which to read and understand a subject area and its curriculum content and issues, a sociocultural perspective is a recent and arguably significant change for the Health and Physical Education (HPE) Key Learning Area (KLA) in Australia. Its significance lies, first, in the fact that it seems to represent a notable departure from the predominantly medico-scientific, bio-physical and even psychological foundations of the learning area as it stood throughout the second half of the twentieth century, and second, because its attention to social and cultural influences on health put it in direct opposition to notions which locate health almost solely in the individual and his or her decisions. Despite the potential ramifications of these shifts for practitioners, to date there has been little research that has examined this change within the context of the classroom. This paper reports on a research project conducted in two classrooms in the Australian state of New South Wales, which began with the question ‘what happens when you introduce a unit of work planned with the aim of developing a sociocultural perspective into the HPE classroom?’ I respond to this question by drawing on teacher and student interviews, planning sessions, and classroom observations and recordings to discuss the most prominent discursive tensions and organisational constraints that stand as impediments to a sociocultural perspective as a practiced curriculum change.

Keywords: *Curriculum; Sociocultural; Health and physical education; Pedagogy; Knowledge*

Introduction

It has been a little over 10 years since Health and Physical Education (HPE) syllabus documents underpinned by a sociocultural perspective began to emerge in Australia¹ (Board of Senior Secondary Studies, 1998; Board of Studies, 1999b; Board of Studies, 2003) and New Zealand (Ministry of Education, 1999). In curriculum terms and perhaps particularly in terms of Physical Education, a school subject that some suggest has changed very little over the last 30 years (Kirk, 1992b, 1998; Gard & Kirk, 2007), this makes a sociocultural perspective as one of the most recent curriculum changes in HPE. Importantly, a sociocultural perspective (at least in theory) represents a significant change in approaches to and readings of HPE curriculum. As I will explain in greater detail below, its underpinnings in sociology

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and cultural studies represent a departure from the predominantly medico-scientific, biophysical and psychological foundations of HPE, while its attention to social and cultural influences on health put it in opposition to currently prevailing notions which locate responsibility for health almost solely in the individual and his or her decisions (Petersen & Lupton, 1996). The latter point is important because such notions currently dominate the health promotion and health education landscapes, both in formal education settings and in popular culture, suggesting an immediate discursive tension. The former has equally significant implications, at least potentially. Introducing new bodies of knowledge and ways of knowing into HPE curriculum and pedagogy threatens to disturb long running practices and discursive positions related to teacher and student subjectivities, the structure and content of teacher preparation programmes, and the in-servicing of current teachers to name but a few.

Despite the prospective ramifications and the fact that many HPE curriculum documents in Australia and New Zealand are now underpinned by a sociocultural perspective (Wright, 2004), for the most part there has been little research which has specifically sought to consider what a sociocultural perspective means for teachers, students and classroom practices. In this paper, I begin by outlining the emergence of a sociocultural perspective in relation to HPE, both in terms of its roots in a social view of health and critical pedagogy, and in relation to Australian syllabus documents. The body of the paper is based on the question 'what happens when you introduce a unit of work planned with the aim of developing a sociocultural perspective into the HPE classroom?' In responding to this I report on research conducted with two teachers in two different schools to design and implement units of work focused on learning about food. This research took place in the Australian State of New South Wales (NSW) and used the implementation of the newly re-written Personal Development Health and Physical Education (PDHPE) syllabus for students in years 7–10 (ages 12–16) (Board of Studies, 2003) as the setting. Drawing on data from each of the two schools I outline two of the most prominent issues to constrain the possibilities for a sociocultural perspective as a curriculum change. In discussing these constraints and their effects I argue that a sociocultural perspective requires a rethinking of the purposes and pedagogy of HPE if it is to be widely taken up. In particular, I point towards the need to critically engage with the pedagogical effects of HPE's positioning as a learning area primarily concerned with the (re)production and circulation of truths around healthy decision making, and with the impact that the infiltration of performativity discourse into notions of teacher expertise has for pedagogical risk-taking.

The emergence of a sociocultural perspective in HPE and its current forms

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 focusing on the curriculum area and its issues. While

definitions derived from these sources are not mutually exclusive, at the present time the source an individual chooses has implications for the type and scope of the sociocultural perspective available to them. Where official HPE syllabus documents specifically refer to 'sociocultural' it is often in reference to a set of factors that are seen to influence an individual's health and health-related choices. For example, the NSW Stage 6 PDHPE syllabus (Board of Studies, 1999b, p. 97) defines 'socio-cultural' in the glossary to the text as being 'related to social and cultural factors that impact on health and physical activity issues'. The South Australian HPE syllabus for the middle years (Department of Education, Training and Employment, 2001, p. 96) refers to students studying the 'sociocultural and political factors that promote wellbeing and those that present risks' 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). As I will explain in greater detail in the findings, the distinction between an understanding of a sociocultural perspective as a set of 'factors' (often labelled 'determinants' or 'social determinants') that need to be taken into account when making health-related decisions and a sociocultural perspective as (in large part) an understanding of the social and cultural contexts in which individuals live their lives is a particularly important one.

A sociocultural *perspective* as it is framed by the HPE academic literature is more than an understanding of these 'factors', though it does encompass recognition of such factors and their influence on health and physical activity. A 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 (amongst others) in the 1980s and 1990s. Within the physical education field, work by researchers 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 (Evans, 1991; Tinning, 1991; Kirk, 1992a; Fernandez-Balboa, 1997; Wright, 1997). The counter discourse introduced by these researchers argued that physical education in schools, in addition to being inequitable and damaging for some students, was often disconnected from the social and cultural circumstances of young people's lives. As such, they took the position that physical education curriculum needed to be reoriented to cater for the HPE 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,² 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, Germov (1998) was contracted to undertake professional development for teachers of the new 1999 Stage 6 PDHPE syllabus (Board of Studies, 1999b). His work 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 (Connell, 1993; Atweh *et al.*, 1998) 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; Curriculum Corporation, 1994b), which Garrett and Wrench (2006) note is 'underpinned by the key principles of diversity, social justice and supportive environments' (p. 200).

Informed by this literature, colleagues and I have elsewhere suggested that a sociocultural perspective is a way of examining health and physical activity issues and a perspective through which to 'read' or understand HPE content (Cliff *et al.*, 2009). 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, bio-physical 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 and with the knowledge related to these 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 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).

A rationale for research

As previously noted, a sociocultural perspective represents a significant change in school-based HPE 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 offer a considerable challenge to established content, understandings and discourses in HPE. In this section, I will briefly outline key aspects of the HPE literature in order to highlight the likely tensions as a sociocultural perspective is introduced into curriculum and classrooms.

The first likely tension emerges as we consider how a sociocultural perspective fits with contemporary understandings of the ‘purposes’ of HPE. While the explicit corporeal regulation that marked versions of physical education throughout the first half of the twentieth century (cf. Kirk, 1998) have 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 (Lupton, 1999; Tinning & Glasby, 2002; Leahy & Harrison, 2004). Western culture’s turn to ‘lifestyle’ and ‘risk’ (Petersen & Lupton, 1996) in combination with a neoliberal political climate (Rose, 1999; Rose, 2007) has contributed to a situation in which discourses of personal responsibility for one’s health and well-being have come to underpin HPE syllabus documents in Australia, New Zealand, the UK and the USA (Kirk & Colquhoun, 1989; Lupton, 1999; Tinning & Glasby, 2002; Evans, 2003; Leahy & Harrison, 2004; Wright & Burrows, 2004; Macdonald & Hunter, 2005). As such, HPE curricula across Australia and New Zealand now make explicit the expectation that teaching in the area will involve students learning to take preventative measures to protect themselves from a range of lifestyle, environmental and interpersonal risks. However, in taking up this charge, the Key Learning Area (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 re-contextualised 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 creates 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 and concepts 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. The implications of this become particularly pertinent where a sociocultural perspective specifically seeks to trouble the regimes of truth about ‘health’ and ‘healthy living’, which have become a significant aspect of the pedagogies of the subject area (Leahy & Harrison, 2004; Wright & Burrows, 2004; Gard & Leahy, 2009; Leahy, 2009).

The research literature also points to the ongoing marginalisation of the ‘sociocultural’ as a form of knowledge within HPE. Examinations of the social construction of the field of physical education and physical education teacher education (PETE) such as those by Kirk *et al.* (1997) and Macdonald *et al.* (1999) indicate the relative marginalisation of both sociocultural knowledge and critical engagements with the body in tertiary PETE courses. They assert that biophysical knowledge was foregrounded over sociocultural knowledge in PETE institutions in Australia between the 1960s and 1980s and 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 20 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).

The marginalisation of sociocultural knowledge at the tertiary level has also impacted upon the historical place and status of sociocultural knowledge in school HPE curriculum in Australia. 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. The tendency for sociocultural knowledge to be marginalised in school curriculum is also evident in research from British and American contexts. 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 Penney and Evans (Penney & Evans, 1999) note 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. Tensions such as those I have noted here suggest a clear rationale for research that examines what happens as attempts are made to put a sociocultural perspective into practice within HPE curriculum.

Design and method of the study

The research was designed to coincide with the rewriting of the new NSW 7-10 (ages 12-16) PDHPE syllabus document during 2002 and 2003 (Board of Studies, 2003). The previous syllabus had been in implementation since 1992, during which time both the Stage 6 (years 11 and 12, ages 17 and 18) and K-6 (ages 5-12) syllabus documents had been re-written. The Stage 6 document (Board of Studies, 1999a) was the first NSW PDHPE syllabus document to be underpinned by a sociocultural perspective. 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 2003 NSW 7-10 syllabus would share similar underpinnings. In order to explore the introduction of a sociocultural perspective as a curriculum change this research started with the broad question, 'what happens when you introduce a unit of work planned with the aim of developing a sociocultural perspective into the HPE classroom?' A modified action research design was used, as I worked with two teachers in two different schools to develop and implement two different units of work (comprising eight lessons) based on the study of food as it was outlined in the then 'new' syllabus. The first teacher, Debbie (a pseudonym, as are all the names used here), was an experienced head teacher of PDHPE at St Anne's Catholic girls' high school (years 7-12, ages 12-18), which was located in a regional coastal city. The students involved in the research were in Debbie's year 10 class (15-16 years old). The second teacher, Mark, had been teaching for five years at 'Waterside' public/government high school, having been appointed immediately after completing his pre-service teacher training. At Waterside a year 9 co-ed. class (14-15 years old) took part in the research. Both groups of students were from predominantly white, middle class backgrounds, however, the fees to attend St Anne's are considerably higher than those to attend Waterside (which as a public/government school is almost free). Data were collected through a combination of semi-structured interviews with the teachers, focus group interviews with the students, and field notes and audio recordings made during the lessons and during the stages of planning. Interviews with the two teachers consisted of questions relating to their views and understandings of the NSW 7-10 PDHPE curriculum, a sociocultural perspective as a curriculum change, young people's understandings and practices in regards to food

and nutrition, and specific questions related to the process of planning and implementing their respective units of work.

Data analysis was informed by a poststructural analytic framework drawing on a Foucauldian notion of discourse analysis (Wright, 2004). Here I focused first on identifying ‘regularities of meaning’, that is, recurring phrases and ideas (Taylor, 2001, p. 9) across the data set and following this, considered these regularities and their production against bodies of literature focused on the pedagogies of HPE and curriculum change. Three major questions guided data analysis: 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?; 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? Teacher and student interviews, planning discussions, student work samples and field notes from lessons themselves were coded in terms of their contribution to these questions and summaries of each case were produced in order to respond to the research questions.

Findings

In the remainder of this paper, I selectively focus on two main findings. In the first part of the findings I examine the reinterpretation of a sociocultural perspective as a ‘social determinants’ approach, arguing that while such an approach is consistent with the health-based decision making focus of the contemporary pedagogies of HPE, it does little to advance an understanding of a sociocultural perspective. The second part of the findings turns to the organisational/structural constraints and uses Ball’s notion of performativity to consider constraints related to the organisation and conditions of schools and to the nature of teachers’ work within such contexts.

Subsuming a sociocultural perspective: social determinants and health-based decision making

At both St Anne’s and Waterside, learning about food from a sociocultural perspective became subsumed by a focus on health-based decision making and teaching students to ‘make the right choice’. Within this framework a sociocultural perspective did not simply become invisible. Instead, social and cultural influences were reinterpreted through a medico-scientific lens as ‘social determinants’. I make the conceptual distinction between ‘influences’ and ‘determinants’ by drawing on the work of Germov (1998). He notes that while the ‘social model of health’ and ‘the new public health’ are often used ‘interchangeably’ (p. 14), they have greatly different disciplinary origins. The ‘social model of health’ primarily draws on health

sociology, whereas the 'new public health' approach primarily emerged out of the health sciences. He continues to note 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). Based on this I suggest 'influences' refers 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 to this, 'determinants' refers to an understanding of social and cultural factors that is rooted in the individualistic, behaviour change focus of the health sciences.

At St Anne's, a social determinants approach was facilitated both by the understandings Debbie held in relation to young people and health, and through the focus on health-based decision making that currently underpins both official curriculum and teacher pedagogical practice in HPE. When asked about a socio-cultural perspective in an interview conducted prior to the unit beginning, Debbie foregrounded the idea that certain factors influence individuals' decisions and that 'we can assist those people to overcome the negative decisions that they may make and to make them more positive decisions' (Interview one). This focus on identifying 'factors' and teaching people how to negate them in order to make 'healthier' choices also featured in her ideas about what she needed to teach the class of young women in the research. For Debbie, one of the main purposes of HPE 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 (Interview one). 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:

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 ... even though they learn those ideas I think they find it difficult to apply them to themselves. (Interview one)

As the previous quotes illustrates, Debbie drew on both developmental discourses and psycho-biological discourses to respectively constitute youth as a period of irrationality and deficit, as well as heightened 'risk'. From her point of view the 'problem' of adolescence is that young people fail to apply the health knowledge they have acquired, through sources such as HPE, to their own lives and as a result make poor health decisions. Importantly, Debbie's ideas about personal responsibility and the importance of health-based decision making were in close discursive alignment with the new 7-10 syllabus document and, for that matter, most HPE syllabus

documents that have been used in Australia and New Zealand in the last decade. For example, of the three outcomes selected for use in the units of work (outcomes chosen because they contained content mentioning 'food' and social and cultural influence), one explicitly focuses on decision making ('A student analyses influences on health based decision making and develops strategies to promote health and safe behaviours'), while the other two implicitly suggest that they are both about students making 'healthy choices' ('A student analyses attitudes, behaviours and consequences related to health issues affecting young people', and 'A student critically analyses health information, products and services to promote health') (Board of Studies, 2003, p. 37–39).

The pedagogical effects of the intersection between discursive resources stressing personal responsibility and a syllabus directed towards healthy decision making was a range of in-class interactions which did little to promote any in-depth analysis of social and cultural influences on health. Instead it primarily created opportunities to intervene in young people's lives in the name of teaching them to make healthy choices. While this was more pronounced at St Anne' than Waterside, it nonetheless shaped possibilities at each of the two sites. For example, Debbie suggested that the following scenario, which was eventually used at both schools, be added to a group of five scenarios which the young women were going to use to identify social and cultural influences:

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.

As previously noted, the sociocultural did not just disappear in the activity that was based on the resulting scenario. Students were asked to identify and explain the social and cultural factors that were impacting on the situation. For the most part, however, the discussion focused on the 'decision' being made and whether it was 'a good one':

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: 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 ... 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.

And later in the same discussion:

Student: ...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.

While there is little space for a full unpacking of the discussion, there are at least two important points to make here. When asked to evaluate the character's decision, the young women speak from a contemporary neoliberal discourse of personal responsibility for health that 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.' It is also important to recognise that measured against the current goals of school-based HPE, the answers the young women provide would likely see this activity described as a 'success' by many teachers. 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. The second point is that the scenario the young women were supplied with, when read in a context of health-based decision making, provided little if any opportunity to discuss and engage with the social and cultural influences which shape the material conditions of a young woman like Belinda's life. A critical analysis of the way 'weight' is dealt with in schools, discussion about the role of gyms and fitness in consumer cultures, or even a conversation about the uncertainty of health information (from any source!)—despite the value that might lie in these lines of conversation there is little likelihood that they will take place in classrooms where sociocultural 'factors' are merely elements to be negated through learning to make 'good' choices.

Performativity, curriculum change and pedagogical risk-taking

At both St Anne's and Waterside there was evidence that what Ball (2000) labels 'performativity' had bitten deeply into teacher's work, influencing how they enacted their jobs and in turn, how they approached a sociocultural perspective as a curriculum change. For Ball, performativity shapes understandings of professionalism and in turn, teachers' modes of working. As a 'mode of social (and moral) regulation' it works towards 'reforming or "re-forming" meaning and identity – producing or "making up" new "professional subjectivities"' (p. 2). In doing this work, performativity operates from both 'the outside in and the inside out' (2001, p. 212). That is, as well as being regulated by state authorities such as teacher

certification boards and departments of education, teachers also act upon themselves, altering their practices and subjectivities to align them with new conceptualisations of professional work. In Australia, like in the UK, New Zealand and the US, the entrenchment of neoliberal political policies have led to reforms that have focused on schools adopting the structure and philosophies of the market 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 (Jeffrey & Woods, 1997; Jeffrey & Woods, 1998; Ball, 2003). As Evans and colleagues note, performative culture has potentially deeply damaging effects for teachers and students as they are 'constantly assessed and asked to strive for better grades, to reach gold standards that are no sooner achieved than they become denigrated or changed' (Evans *et al.*, 2008a, p. 390). Their work (Evans *et al.*, 2008a, 2008b) has highlighted the health-related effects of the folding of performativity into the cultural fabric of schools, and in particular, the processes through which individuals are incited to alter their subjectivities in order to become a 'better' person/healthy subject.

Performativity, or more specifically the nature of teachers' work within the performative context of schools, had an important impact on Mark, the teacher collaborating on the Waterside case. While Debbie largely entered the research believing that she knew what a sociocultural perspective in HPE entailed and that she had been a long-time practitioner of such a perspective, Mark agreed to take part because he was interested in further professional development in relation to the concept, because he generally enjoyed 'try(ing) out some new things', and because he:

like(d) 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. (Interview one)

Despite this interest Mark experienced significant difficulties in getting actively intellectually involved in the planning process and then later in the pre- and post-lesson planning and revision of lessons. Much of this could be attributed to increases in curricula and extra-curricula workload that he experienced during the unit implementation, as he took on more and more responsibilities and roles at Waterside in order to, amongst other things, position himself for promotion and to make up for a staffing and leadership shortfall in HPE. After the completion of the unit implementation at Waterside he commented that he had been 'juggling things' and that the research 'demanded an amount of time that was probably above what I had' and that '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 (Interview three). Mark's comments here reflect 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. While Mark was not doing anything that was out of the ordinary for a teacher, the sheer volume of time required to fulfill these responsibilities compromised his ability to critically engage with and reflect on his own teaching, to prepare learning experiences, and to become involved in the conceptual and theoretical debates about the place and purpose of a sociocultural perspective within HPE. As has been noted in previous research into HPE curriculum change (Garrett & Piltz, 1999) the additional expectations associated with implementing new curriculum materials no doubt further contributed to an intensification of his work. So while Mark's willingness to experiment and to learn, in conjunction with the fact that he did not approach the research with the same deeply held values in relation to the irrationality and deficit of young people, seemed to position him well to take on and take up a sociocultural perspective, he was largely unable to invest himself in the project or in the conceptual questions that accompany such significant curriculum change.

At St Anne's, 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. This had a considerable impact on the process of planning the lessons, where Debbie's focus was firmly fixed on the technocratic aspects of planning such as the development of efficient learning activities, the 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. Efficiency was an important characteristic both in terms of evaluating the suitability of particular learning strategies for use in the lessons (i.e. is the 'survey' an efficient classroom strategy?) and also as a filter through which the planning process could be judged (i.e. are we using our planning time efficiently?). Questions, such as 'should the students work in small groups rotating around stations or should they work on the whiteboard?', were 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 and 1980s (pp. 6–7). Such a focus also reflects the values of the neoliberal political contexts within which performativity has taken hold, and the tendency for such contexts to work against socially critical positions by silencing reflective questions about what, or who, is being privileged (Penney & Macdonald, 2009).

Along with a focus on efficiency, Debbie's investments in performativity also led to an emphasis on 'accountability' during the planning process, and even influenced what was regarded as 'legitimate' for discussion during the planning work. The most legitimate planning work involved that which was directed at ensuring that the planned learning experiences of the lessons were closely aligned with the Outcome, Learn About and Learn To statements of the syllabus³ (Reid, 1999). As a result of this, 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, or might not, facilitate a sociocultural perspective were perceived to be 'off-track'. A focus on accountability and efficiency during the planning process further shaped pedagogical choices regarding learning strategies and what might be termed 'pedagogical risk-taking', as Debbie drew on performativity based notions of expertise to rule out such (potentially) student centred strategies such as interviews and surveys as inefficient and unpredictable. She argued that she could not be sure that students would 'structure questions to gain the right information and the information they are looking for' and later that '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' (Planning meeting one). Though as previously noted there is little research which has examined a sociocultural perspective in relation to HPE curriculum and pedagogy, researchers such as Wright (2004) have located it as part of a broader student-centred, inquiry-based movement that also encompasses concepts such as problem solving and critical inquiry. Pedagogically, such approaches are underpinned by constructivist assumptions about students as producers of knowledge. Here it seems that performativity-derived notions of teacher expertise which foregrounded efficiency and accountability provided little space for the pedagogical risk taking required for students to take up the role of producer.

Conclusions

It is important to note that while I have outlined two issues which would seem to stand as considerable impediments to a sociocultural perspective, I argue, as I have elsewhere (Cliff *et al.*, 2009), that a sociocultural perspective can be a practiced curriculum change in HPE—though it will require some significant pedagogical, discursive and structural shifts. Perhaps the first and arguably most difficult of these shifts is the idea that HPE and its teachers need to reorient themselves to knowledge if they are to work with a sociocultural perspective. As a KLA concerned with the production of healthy citizens, HPE remains preoccupied with forms of knowledge that make claims to the 'truth' of health and practices which contribute to it. 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, 1999; Burrows, 2009). HPE teachers are often taught to value objective and rational knowledge derived from science (Tinning, 2004). 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). In the case of this research, such an approach to knowledge underpinned the focus on health-based decision making which in turn marginalised any opportunity for a sustained focus on the social and cultural circumstances in which individuals live their lives.

The complexity of these influences, particularly within the context of individual's lives, was afforded little consideration as they became discrete, identifiable determinants, the effects of which rational, informed young people could negate if they just made the 'right' choice. A significant part of the problem here lies in the tensions and contradictions that are inherent in contemporary HPE's inability to distinguish between the process of teaching students to make their own health-related choices and the process of teaching students to make predefined choices which authority figures have decided are 'healthy' (Gard & Leahy, 2009). Structurally, pre-service teacher education programs present a potential opportunity to enhance the understanding and status of sociocultural knowledge within HPE and to attempt to redefine health-related pedagogy in light of such knowledge. As noted earlier, research suggests that both teacher preparation programs and pre-service teachers themselves have in the past tended to privilege medico-scientific knowledge over sociocultural knowledge. Perhaps the first step here is to develop a better understanding of how a sociocultural perspective and related discipline knowledge is represented in pre-service teacher education programs, in discourses that pre-service HPE teachers draw on to make sense of their vocation and its goals, and in the pedagogical repertoires they build during this time. Such an understanding needs to be developed out of contemporary research that explores the state of pre-service preparation programmes and pre-service teacher subjectivities. We might also usefully consider how pre-service preparation programmes, professional development for practicing teachers and contemporary cultures of schooling work to reinforce, or disrupt, notions of expert practice based on performativity discourse. While Debbie's focus on efficiency, accountability and managerialism has been explained here as a barrier to the development of a sociocultural perspective, it is worth noting that such an approach is currently valorised by some in education (and many outside of it) as 'best practice'. Likewise, it should be clear that few could blame a teacher whom in the tightly time-pressured world of teaching was not willing to take the risk than an activity might 'flop'. This seems particularly pertinent when considering a risk that could be simply and easily minimised by adopting a tried and true pedagogical approach fusing teacher direction with health-based decision making. In response to this we need to continue to critically engage with the effects of neoliberal discourses on professional subjectivities and approaches to teaching, particularly insofar as they promote the kind of technocratic rationality that leads to 'radical deafness' (Tinning, 1991, p. 7) towards non-approved questions, marginal knowledge and counter-discourses.

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Notes

1. It is important to note that at the time of writing each state/territory authority within Australia is responsible for producing HPE curriculum documents for use within their own jurisdiction. As such there is considerable variation across the country, both in terms of how the learning area is represented through official curriculum documents and how it is put into practice at the school and classroom levels.
2. Between 1988 and 1993, the Australian Federal government made a push for a national curriculum. While this push failed at the 11th hour due in large part to lack of support from the states/territories, one of the lasting results of the process was the integration of Health Education, Physical Education and some aspects of Home Economics into the HPE 'Key Learning Area' (KLA). While this new nomenclature may have brought the previously separate subjects together, in practice 'integration' has varied considerably across different states/territories and at the school level. For further reading see DinanThompson (2009a, 2009b).
3. Within the NSW 7-10 PDHPE syllabus (2003) content is organised first via 'Strand' (4 in total) then by outcome statements (20 in total), which are further broken down into detailed descriptions of what students should 'learn about' (65 in total) and 'learn to' do (152 in total). For example, one of the outcomes in Strand 3: 'Individual Community Health' is Outcome 5.6 'A student analyses attitudes, behaviours and consequences related to health issues affecting young people' (p. 37). This is broken down into 5 learn abouts, one of which is 'healthy food habits' (which is further broken into 'sources of nutritional information', 'disordered eating and body image', 'diets, dieting, exercise and energy balance', 'socio-cultural influences on food', and 'nutrition and fluid replacement for physical activity'), and 3 learn to statements: 'explore the relationship between body image and gender, and the impact of the media on the manufacture of the ideal male and female body types', 'investigate factors that influence food choices, eg. culture and customs, gender and media' and 'identify appropriate fluid replacement strategies for participation in physical activity and actions to manage dehydration' (p. 37). Anecdotally, the specificity and detail in these statements, in conjunction with the fact that all material in the syllabus is compulsory, has led many teachers to understand the syllabus as a 'prescriptive' document.

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