

Female Elementary Teachers' Biopedagogical Practices: How Health Discourse Circulates in Newfoundland Elementary Schools

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Abstract

Epidemiological data construct the population of Newfoundland and Labrador as being one of the most obese populations in Canada. The concern for child and youth health is particularly pertinent within school culture and places teachers in precarious positions where they are being asked to share in shaping healthy lifestyle messages while also considering their own health practices. Based on interviews with 13 female elementary school teachers, we explore the ways in which dominant health messages are taken up but also challenged by teachers within school culture. A thematic analysis of teachers' narratives highlights the moral values used in the promotion of eating and exercising in school staff rooms, the gendered and sometimes romanticized view of the past as a method for communicating contemporary health concerns, the struggle to challenge dominant health discourses, and finally, the tensions that arise for people when thinking more complexly

about health and healthy living. Teachers' concern for biopedagogical practice demonstrates how they continuously challenge but also participate in the production of the health imperative.

Keywords: biopedagogy, healthism, school culture, teachers, eating, exercise

Résumé

Les données épidémiologiques donne une image de la population de Terre-Neuve et Labrador comme une des plus obèses populations au Canada. La préoccupation pour la santé des enfants et des jeunes est particulièrement pertinente dans la culture de l'école et positionne les enseignants et enseignantes dans des situations précaires, où ils et elles doivent communiquer les messages de santé et styles de vie tout en considérant leurs propres pratiques de santé. A partir d'entretiens individuels avec 13 enseignantes d'écoles élémentaires nous explorons comment les messages dominants de santé sont appropriés et aussi contestés par les enseignantes dans la culture scolaire. Une analyse thématique des narrations des enseignantes met en relief les valeurs morales utilisées dans la promotion de la nourriture saine et de l'exercice dans les salles d'école réservées aux employés, la visions sexuée et parfois romantique du passé en tant que méthode pour communiquer les préoccupations contemporaines sur la santé, la lutte pour contester les discours dominants de la santé et finalement les tensions qui émergent quand les individus pensent de façon plus complexe à la santé et la vie en santé. Les subjectivités mouvantes des enseignantes et la préoccupation pour la pratique biopédagogique montrent comment elles contestent continuellement, mais aussi participent à la production de l'impératif de la santé.

Mots-clés : biopédagogie, santisme, culture de l'école, enseignants, alimentation, exercice

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Introduction

Having our own time zone, half an hour ahead of everyone else, is more than a product of our geography. It's an unusual, compelling part of this place. And it's a metaphor for who we are as a people. We've never been afraid to be ourselves or go at our own pace. And we don't really measure time in seconds or half hours, but in moments and experiences.

—Newfoundland and Labrador Tourism (2011)

Epidemiological data construct the population of Newfoundland and Labrador as being one of the most obese populations in Canada (Eastern Health, 2010). The concern for child and youth health is particularly pertinent within school culture (Rich & Perhamus, 2010) as there is an immediate need to reduce future health complications that may face Newfoundlanders and Labradorians. Based on biomedical health indicators, schools become sites to promote and assist students in making “good” health decisions to decrease the risk of chronic disease. Using interviews with 13 female elementary school teachers, we explore the ways in which dominant health messages are taken up but also resisted within school culture.

To unpack ideas related to health within school culture we draw from Crawford's (1980) notion of healthism, which focuses on issues of health as being the responsibility of the individual. The notion that individuals can assume a status of healthiness is emblematic of a “process that also serves the illusion that we can as individuals control our existence, and that taking personal action to improve health will somehow satisfy the longing for a much more varied complexity of needs” (p. 368). Learning to be responsible for one's health happens in many locations. Healthism grips contemporary schooling contexts through the intended and unintended practices of teaching individuals to develop a health consciousness; a concept that assumes individuals can learn skills and knowledge to apply to any life circumstance such that health becomes an individual responsibility. In this process, healthism becomes something to be worked at, and if not adopted into one's lifestyle, moral failure can result (Lupton, 1995; Peterson & Lupton, 1996). Within a school context, health is assumed to be readily available to all and is taught through curricula, school policy and teaching, and via interpersonal interactions. The power relations involved in promoting health suggest that there are specific ways of living healthily. Consequently, moral readings of unhealthy practices position individuals as negligent

to the broader collective good and deviant from the dominant trends of promoting good health practice. How people think and feel about health and what people see in relation to health are always shifting depending on cultural, political, and social contexts. Within this article we highlight how eating and exercising in particular conjure ideas and feelings about health in the context of schooling and school culture.

We highlight how teachers use healthy living messages in diverse ways in school contexts to position themselves as “good” teachers professionally and “good” people personally. To this end, we focus on the social construction of healthy lifestyles by documenting the ways in which neoliberal discourses of health are shaping school cultures and shifting subjectivities of teachers as they position themselves to be good healthy subjects. With an emphasis on individual responsibility, specific lifestyle practices dominate the language and behaviours teachers use to convey ideas of health.

Theoretical Framework

As children and youth are increasingly positioned as being at-risk for chronic health conditions, schools have increasingly become primary sites of health messaging to address concern for lifestyle-related diseases (Evans, Rich, De-Pian, & Davies, 2011). To unpack the complexity of health messaging used to address concerns about chronic disease, we frame our examination of elementary school contexts using Wright and Harwood’s (2009) theoretical notion of biopedagogies. This approach suggests that learning how to care for the body requires individuals to take up and use self-disciplining and self-regulating practices in such a way that ideas about what is healthy and what is not are normalized and used consistently and persistently in current everyday contexts. Biopedagogies are based on broad concepts emerging from biophysical markers of health that ultimately shape how people see and feel about their bodily experiences. Harwood (2009) states that the power associated with needing to think and feel about a body in a uniform manner suggests a specific need to preserve life (Harwood, 2009). Thus, as concerns for children’s health circulate within health messaging and as a so-called physical inactivity and obesity crisis emerges within dominant biophysical health research, the public response is to place greater emphasis on individuals to take control of their lives and ownership of their future, and to be responsible for the prevention of chronic disease.

We understand these public messages as biopedagogies based in the framework of Foucault's discussion of biopower (1978), whereby the state is invested in regulating populations to have greater control over their life while maintaining a safe distance and less penetrative approach to governing bodies. According to Harwood, populations are positioned as groups of living beings who have power to make life choices through continuous and persistent means, targeted most specifically at monitoring biomedical bodily practices (Harwood, 2009). As such, learning how to self-monitor while in school teaches populations how to live life; biopedagogy works to both produce knowledge and individuals. Using this approach we aim not to distinguish between good and bad approaches to healthy living, but we focus on the workings of power in relation to health discourse and its effects in schools.

The education system is complicit in the process of promoting healthy bodies. Its approach to governance gently but powerfully guides teachers' and students' ideas about health, further shaping how individuals relate to one another and their own bodies. Learning to care for one's body by attending to healthy messages comes to determine one's worth as "good" person (Harwood, 2009; Shilling, 2010). This healthy "good" person becomes a productive and responsible citizen, which means, at the very least, being able to present a body that appears to be healthy and cared for. Peterson and Lupton (1996) further Crawford's work and outline how healthism operationalizes "discourses of personal responsibility and good citizenship" and how this discourse has "potentially great appeal to the late modern subject who has been acculturated to accept and privilege the notion of autonomous individuality" (p. 175). Through this type of health messaging, both teachers and students take part in a complex system that positions and re-positions individuals as being responsible for their health and lifestyles. This type of responsibility relates to Foucault's notion of biopower, whereby populations had to take control over their bodies in conjunction with the state's ideas and techniques for learning how to contribute rather than burden society. In this sense, power operated at different levels targeting individual and entire populations. Much the same way, dominant ideas of health pass through individuals, calling them to self-monitor and self-control, while at the same time, health messages delivered through schools perpetuate the circulation of ideas about how one should live one's life (Foucault, 2003). Foucault identified a shift from an individualizing sense of power relations to a population-based, "biopolitics of the human race" (p. 243). This shifted the idea of man-as-body to man-as-species, where individual bodies

form what Foucault defined as “a global mass that is affected by overall processes characteristic of birth, death, production, illness and so on” (p. 243). The masses appeared to be disciplined and regulated, thus creating a normalized approach to man-as-species. The shift toward the species body, away from the individualizing of bodies, carries with it a technology of power that revolves around teaching the masses how to regulate life—“that is how to eat, how to move and how to live” (Rail & Lafrance, 2009, p. 76).

Literature Review

Body monitoring and surveillance practices are not novel to contemporary contexts, but the moralism that corresponds with bodily practices has become one way of both regulating and normalizing the masses. Studies in professional health fields have identified how weight bias affects the relationships health professionals have with patients and fellow medical personnel (Puhl, Luedicke, & Grilo, 2014). Students training to become health professionals identified that patients who were overweight were treated with negative attitudes and often ended up being the focus of derogatory humour. The bodies of teachers are not immune to this type of surveillance and mocking. In particular, educational researchers have begun to uncover how physical education teachers understand and use body knowledge in their lives as health educators (Cliff & Wright, 2010; Webb, Quennerstedt, & Ohman 2008; Webb & Quennerstedt, 2010; Welch & Wright, 2010). In physical education, teachers’ bodies are also teaching tools; teachers have identified knowing how to move the body as only part of their professional responsibility. Pre-service teachers express how their own healthy living practices are being read on to and from their bodies (Welch & Wright, 2010). As a result, “teachers use their own body as a source of their own ‘health’ and as a tool for their work” (Webb, Quennerstedt, & Ohman 2008, p. 785). The physical education teacher is to be visibly physically fit, healthy, and skilful—a readily identifiable role model, so to speak. In fact, Sykes and McPhail (2008) highlight how this role model does little to engage bodies that do not replicate dominant ideals, and how fat phobia is an oppressive component of physical education experiences for students. This research, with adults recalling their physical education experiences, demonstrates how having a slender body in physical education is part of the culture of weightism that resides in physical education spaces. In a culture of health surveillance, schools

have become one place where bodily practices and body ideals are being both produced and scrutinized simultaneously. The current research study suggests that biopedagogies directed at the self (i.e., man-as-body) and others (i.e., man-as-species) are not limited to physical education teachers, and that in fact all teachers, given their status as role models, fall within the gaze of healthy living discourse. Thus, this study provides empirical data to better understand how elementary teachers are positioned within biopedagogical spaces of today's schools.

Research related to teachers' understanding of neoliberal contexts and healthy living discourse is a burgeoning line of inquiry, particularly in physical and health education fields globally; however, the Canadian pedagogical context remains relatively unknown. This study provides an opportunity to better appreciate health as a relational concept. Health is enacted within local spaces and places, thus, we argue that foregrounding local contexts and place-specific knowledge within broad-based approaches to health promotion reveal the tensions and struggles within biopedagogical approaches to healthy living. Local discursive practices of health provide opportunity to consider how dominant and subjugated notions of health are both personal and professional aspects of working within school cultures today. These more personal experiences are rarely discussed in formal educational settings in Canada.

The Setting

The setting for this study is Newfoundland. The quotation that opens this article depicts a romantic and idyllic province with a unique history. Newfoundland and Labrador, the last province to join Confederation, a place with rugged beauty nestled within the northeast Atlantic Ocean, its own time zone, and a cultural sensibility and identity that romanticizes both the place and its inhabitants. As a result of a rich and welcoming cultural persona, the colonial past of Newfoundland and Labrador is often overlooked and the resiliency of European settler communities is noted as a point of pride. Acknowledging the effects of colonization and settler communities, the history of Newfoundland and Labrador is commonly based in British, French, and Irish immigration and seems founded on periods of hardship and isolation. Living and working conditions are based in both a romanticized and tortured relationship with the land and sea. It is some of the traditions of the "old

world” that continue to conjure a unique sense of place. Ormmer, Turner, MacDonald, and Sinclair (2007) outline the living conditions of communities within coastal Canada, Newfoundland in particular, noting that for settler communities, “especially those on the East Coast where white settlement took place more than two centuries ago, many people have not so much a seamless embeddedness of community and place, as a learned and cherished relationship with the places in which they live” (p. 116). It is this sense of place and community that is constructed through schooling practices, and that is learned and felt through the social relations with teachers, family, and friends.

Methods

Using qualitative data generated from interviews with teachers from four schools on the east coast of Newfoundland, we explore the implications of health messaging in relation to the everyday practices of people’s lives and within the context of Newfoundland and Labrador’s education system. Data were collected and analyzed using a feminist post-structural approach as a way to conceptualize the multiple subject positions teachers occupy within health discourses. In keeping with the post-structural framework, we are not claiming to be capturing any one truth. We are interested in the ways teachers construct ideas about health and healthy living to better understand how subjectivities are formed in relation to language, institutions, and geographical location. In addition, we are examining the power relations operationalizing health discourse and its effects on bodily relations. In using a post-structural framework we are hoping to better understand how health discourses constitute the various subject positions teachers hold. Teachers occupy various subject positions: woman/man, mother/father, adult, expert, educator, or counsellor. These positions are continuously shifting, depending on the context and setting. Ideas of identity are less fluid and more rigid, assuming people can easily slip between identities or that identities are formed and then become stagnated (Weedon, 1997; Wright, 2004, 2009; Youngblood Jackson, 2001). Post-structuralism allows us to see “how some meanings are more powerful than others” and also how these investments shape personal desires and needs in relation to how individuals socially construct themselves and their environment (Wright, 2004, p. 30).

After receiving university and school board ethical approval, schools were notified of the research project. Four schools from the Avalon Peninsula, an area on the eastern coast of Newfoundland, volunteered to participate in the study. In each of the schools, all second and fourth grade classes ($N=13$) participated in the larger study, which involved the implementation of a curriculum resource promoting body shape and size diversity and health. Elementary teachers from the participating classes were invited to participate in semi-structured interviews. In total, 13 ($N=13$) female teachers participated in a 45- to 60-minute interview session with the researcher-moderator. Interview data were transcribed verbatim and entered into Nvivo software. Transcripts were then returned to teachers for review. Upon receiving approval to use transcripts, the researcher-moderator initiated data analysis, from all data sets, by generating a series of preliminary codes related to health. These codes were then collapsed and revised into general themes through a comparative process involving the researcher-moderator and the co-authors. By reading and rereading both transcripts and coded data, the thematic analysis evolved through a cross-collaborative approach between data sets and researchers (Morse & Field, 1995; Wetherell, Taylor, & Yates, 2001). Based on the thematic analysis of teachers' narratives, the following themes illustrate how discourses of health are produced and resisted through biopedagogical life lessons shaping teachers' subjectivities.

Findings

Within the context of educational settings, teachers play a key role in both producing and reproducing knowledge. With healthy living being a dominant component of individual and population health, how teachers talk and feel about health are important aspects of schooling that can go unnoticed given the wealth of responsibilities assigned within the educational contexts. The following four themes are indicative of the tensions, challenges, and struggles teachers encounter as they desire to uphold dominant healthism beliefs and practices, while at the same time, recognizing and understanding the complexity of living out some of these reductionist tenets of being healthy. The subject positions of teachers are fluid, both producing and challenging dominant health discourse.

Theme 1: The Health Imperative in the Staff Room

Social relations emerge differently across school spaces. When asked to discuss the health culture of school, most teachers talked about their eating and exercising strategies both at home and at work. Activities within school staff room culture illustrate the ways in which nuanced notions of healthism are appropriated to shape and guide the language and actions of individuals and concomitantly construct the staff room space. In particular, issues related to healthy living exemplify the surveillance practices constructing dominant notions of health. In this study, teachers shared how they themselves and their colleagues take up and use biopedagogical discourse within their schools. The staff room was a pivotal and unique space to question the relational components of healthism. Learning to eat well and exercise more are normalized discourses used to express healthy ideals by many teachers and part of the talk within the staff room. Taking ownership of their bodies and applying biopedagogical practices related to being a good citizen were commonplace ideas shared by many teachers.

Interviewer: Can you talk about the health culture of the school and among the staff?

Darlene: Well there's an exercise class after school, most of the teachers do an exercise class. There's a bunch of teachers on staff who are runners. It's a supportive staff. Everyone kind of eats healthy, and you know, everybody's got a lot of dietary issues...some food allergies and stuff. Everybody's aware and they're there for each other. We all discuss stuff as a staff. Like we used to have treats. Two teachers used to bring homemade treats every Monday, [then] everybody was starting to complain about it.

Interviewer: Really. How did you change the idea and practices of those couple of people who made the treats?

Sharon: Everybody agreed.

Darlene: We all discussed it.

Interviewer: Cause you know with some people it is not easy, they will be like, well why can't I bring treats?

Darlene: Well, you can...

Sharon: If people are doing their individual things, then that is fine, like with their food allergies and that, but everybody decided this was too much junk. Let's do it once a week and then that got to be too much too. (School 1, Gr. 2, Teachers)

Healthy living discourse is normalized within the construction and regulation of the school staff room spaces. Through seemingly democratic processes, only those foods that are identified as healthy are permitted in the staff room; thus, clear inclusion and exclusion policies for food translates into what teachers describe as junk food. Research focused on adults' categorization of food, the binary division between what is healthy and unhealthy, seemingly offers only an either/or approach to both describing and consuming food (Welch, Mahon, & Wright, 2012). In this current example it is unclear how the two staff, who share (un)healthy and homemade treats, are silenced or removed from the many voices of a school staff room in what is referred to as a democratic process. With a focus on individual responsibility and a commitment to the greater good, there is limited dialogue among participants related to the social relations transpiring with food preparation and sharing, when it has been noted that the sociality accompanying food production can be a communal and potentially health-enhancing practice (Conveney, 2006).

In the case of teachers in this study, the self-monitoring for unhealthy snacks in the staff room is illustrative of the biopedagogical approaches to food health. Staff who may find pleasure in the creation of homemade foods are excluded from a dialogue that focuses on nutritional content and the move to erase any temptation that may encourage deviation from healthy practices. Focused on the collective effort of the school to promote health, what is valued within the staff room for food sharing is limited to what some people define as healthy. Conveney (2006) explains how human relationships with food are one of both pleasure and fear. He writes

Warnings and admonitions are constantly alerting us to the fact that we could be digging our own graves with our knives and forks. These concerns are usually couched in terms of our health, especially in terms the scientific, calculated understanding of food that we recognize as a field of nutrition. However, nutritional knowledge does not merely consist of facts, figures and recommendations from scientific experts. As knowledge about what, when and how much to eat, nutrition provides a guide for individuals to assess their eating habits in terms of what is "good." (p. xii)

As a result of the health imperative circulating within society, school staff room spaces can be places to witness how some individuals exercise their knowledge of what is good in ways that are seemingly beneficial for everyone. In an effort to support individual

practices of healthy eating, the collective space then becomes one of individual and group monitoring to ensure a more productive, healthy environment free from temptation.

Health surveillance in the school staff room does not end with food consumption. Embedded in what seems to be the normative discourse of school health culture, teachers in two different schools note the trend toward physical activity promotion in the school. In fact, “*The Biggest Loser* challenge” is a regular part of their staff room culture. In both schools, a weight scale figures prominently in the staff room. In one school, Ursula, a Grade 4 teacher, recalls the staff challenge: “I know this year there is a group of teachers doing *The Biggest Loser*, like they do on TV. If somebody loses weight, you know, people make an effort to congratulate them but people also try not to be too critical of weight loss” (School #4). In a different school, Christine, a Grade 2 teacher, notes that health is an important part of the school environment, especially for staff. Although she does not go into the staff room often, she does recount the prominence of the weight scale in the environment. She states, “Our staff is concerned about health, but I try not to go into the staff room too much. We have a weight scale in there which I think is for those who are in the walking and weight-loss group” (School #2). The trend toward promoting physical activity and eating nutritiously is identified as a taken-for-granted practice within participating schools.

The communal space of the staff room becomes one of the many social spaces where individual bodies can demonstrate their uptake of dominant health messaging through self-regulating approaches to food sharing and eating. In addition, a process of monitoring weight is linked with physical activity initiatives that are not always focused on pleasure but directed at learning self-regulatory and self-monitoring behaviours (Gard, 2011; Gard & Wright, 2005). Contests like *The Biggest Loser* or *Village on a Diet* serve to teach us affective ways of relating to health. According to Norman, Rail, and Jette (2014), the lessons about health “are not isolated to the discursive level, but also circulate affectively, teaching about health to be sure, but also about happiness, marriage, parenting, gender identity, and so on, lessons about the good life that are literally felt into reality through the mobilization of affects of shame, guilt and disgust” (p. 20). The discourses of eating and exercising presented by teachers in this way suggest that learning to follow dominant health trends is paramount as other tempting or shame-inducing options are removed from common spaces. In addition, there seems to be a visceral connection with what lessons about health are supposed to offer and how nonconforming practices

can be policed. To achieve the so-called good life, any temptations or distractions should be removed so as not to interfere with reaching a more healthy status. In school spaces, individuals are encouraged to conform to dominant behaviours as they are under surveillance for their willingness to take up and commit to dominant health messaging. Indeed, the performativity that comes with self-monitoring leads to being a “good” citizen, which is a citizen who wants to be recognized for her or his efforts to follow trends that are valued as ways of developing healthy relationships with oneself and others (Evans, Davies, & Rich, 2009; Leahy, 2009; Peterson & Lupton, 1996; Rich, Evans, & De-Pian, 2011). Biopedagogies provide life lessons that call on individuals to change their existing practices in relation to trends or group practices that are deemed healthy. This sense of obligation falls under scrutiny if dominant health lessons are not adopted into public spaces and people’s everyday lives.

Theme 2: Teachers’ Use of Health Discourse

Healthism is based on a preoccupation with personal health as something to be achieved through lifestyle (Crawford, 1980). The common response to those who resist following dominant health trends seems to be moral reaction. The shame that seemingly coincides with resistance is met with an increase in surveillance, monitoring, and scrutiny. Any individual’s lack of self-monitoring and self-managing contradicts the collective effect life lessons have for promoting exercising and eating well (Wright, 2014). Learning to take care of one’s self for the good of the population is central to biopower and exemplifies 21st-century approaches to population regulation and the power over life (Foucault, 2003).

Food is a necessary component of life, thus it serves as a key topic when teachers discuss life lessons and health. Learning to eat well is a utilitarian and functional approach to valuing food consumption. The biopedagogical perspective, presented by participants in this study, is applied in a functional way, fostering ideas about preparing foods from a nutritional perspective. Much like the school staff room, teachers are invested in others’ willingness to think and act in healthy ways. Many teachers in this study take up a parent-blaming approach and have noticed the lack of investment by parents in the preparation of students’ lunches. There is a belief that less effort is put into food preparation in today’s context, thus children come to school with unhealthy lunches and

snacks. Similar situations can be drawn from other educational contexts across Canada. Teachers and other health professionals attribute children's poor health choices to their parents' lack of knowledge about healthy eating, in this case, but parents' lack of knowledge related to physical activity or screen time is commonplace in many survey reports (AHKC, 2012). For us, however, there is a fine line between knowing/not knowing, following/resisting, and accessing/refusing healthy foods, but these are just a few of the often contradictory and contested ideas about food, eating, and health. Despite acknowledging the benefit of eating home-cooked meals when they were young, teachers explain how difficult it is for them to find the time in their own schedules to prepare foods for their family. Regardless of the recognition for the time, energy, and resources needed for home-cooked meals, teachers nonetheless draw upon these health ideals—ideals emerging from their own childhoods—to articulate what parents ought to do, albeit with more reverence, today for their kids.

Allysa: It's what you're brought up with to like. Some of the children, I'm thinking of in my class, their parents probably have really bad eating habits too. And that's just what they know. You do what you know, what you grow up with. You grew up eating healthy, so it's just second nature to you to do that.

Marie: Exactly, but that's what I'm saying you start with the parents...

Allysa: Right.

Marie: ...and how to inform them on healthy eating and to prepare the food....

Allysa: We always ate healthy as children, healthy meals, but the snacks weren't available, right, so you know. But mom always had a home-cooked meal every day...

Marie: Yes...every day.

Allysa: ...and a home-cooked lunch everyday but she was a stay-at-home mom. Right. So for me the challenge is trying to work it in, in a way that's easy to do.

Marie: It's important but it is...it is work.... (School 1, Gr. 4, Teachers)

These teachers note the considerable time and energy, in addition to money, involved in planning and preparing family meals. Looking back to childhood days conjures romantic memories and stories similar to the singular image constructed about Newfoundland and Labrador in the opening quotation. While it is not bad to romanticize the past, it can be a

dangerous position to occupy. Just as colonial practices constituting Newfoundland and Labrador erase a violent history, romanticizing access to food during different times may gloss over the struggles related to family food preparation or food security. For teachers in this study, the desire to assist families in managing their health is a positive practice. In many ways, the very idea of educating today's parents fulfills what other scholars in education have identified as teachers' beliefs in their professional responsibility and commitment (Rich, 2010; Welch & Wright, 2010). Social practices constructing ideas of good eating practices shift over time and can follow dominant ideological trends as well. Yet, for participants, when health is questioned, a return to previous days of home-cooked meals and stay-at-home moms is a way of constructing the past as being more concerned with family and child health.

Gender dynamics in relation to health play out at various points within this study. In particular, gendered practices of daily food preparation have historically been women's responsibility (DeVault, 1991). The female teachers in this study recount their own upbringing as gendered processes of food preparation, reifying the role of women in caring for future generations. It seems that food and food preparation, like other processes of caring, continue to be positioned as women's work and responsibility. Female educators are embedded within the power dynamics of broader social systems shaping their personal and professional lives (Youngblood Jackson, 2001). Recalling the personal experience of their own mothers, the women in the study identify the commitment women bring to shaping other people's eating practices. From a professional perspective, these female teachers take up and use an ethic of care in addressing their students' current eating practices. Feminist scholars have identified the dangers of comparing historical timeframes and their impact on the subject position of women (Ellsworth, 1989; Razack, Smith, & Thobani, 2010). As social structures shift, the legacy of institutional beliefs often remains intact. When teachers talk about who should be responsible for addressing the current health conditions of today's children, women (including themselves) are subjected to gendered and institutional beliefs that place them in a seemingly powerful position to provide life lessons that will assist young people in taking up dominant health practices. Health imperatives and the ethics of care circulate within a gendering discourse of responsibility.

What remains interesting within teachers' narratives of health is the use of biopedagogical practice and its gendered application in furthering the gendered construction of

health. Surprisingly, the complexities of individuals' lives are negated for broader social subscriptions for what it means to be healthy. Yet, when pressed to talk about their own personal lives or the realities of taking up the dominant health discourse, teachers clearly note the struggles and the tensions associated with healthy living as not being easily accessible and available to all. When health messaging is directed toward taking greater control of one's health, the message is not new within education contexts, but the impact of the messaging continues to reproduce dominant ideas of who is responsible for the health of others (Peterson & Lupton, 1996; Wright & Harwood, 2009).

When faced with the growing concern for chronic diseases among youth, teachers knowingly turn to healthism as a strategy for dealing with the uncertainty surrounding individuals' health conditions. Female teachers employ their professional subjectivities to inform supposedly unknowing parents about how to take up healthy lifestyle practices. Conveney (2006) suggests "a focus on children, the home and the family are regarded as the safe haven for the pedagogical improvement of children's eating habits and the introduction of exercise regimes" (p. 161). Females are traditionally concerned with children's health, thus elementary teachers are positioned to impart "good" and helpful knowledge about eating and exercising to children who will then relay the message to parents. A Grade 4 teacher's comments about the do-it-yourself approach to health illustrates this point further. Joanne states,

[We need to educate] the parents on how to plan meals appropriately, you know. I mean half of the parents...if you're in a situation where you're not working all day long you can watch for the sales. When the sales come out you can go into the stores and go pick up your cheaper, healthier products.

Joanne conveys both concern and judgement about other people's lifestyle practices. With some effort, lifestyle changes are assumed to be available to individuals who have the responsibility of looking after themselves and their families, regardless of their circumstance. The specific economic realities of families within participating schools remains empirically unknown in this study, but what does become clear is the effect of the moral tone around which those who are not paid to work face increased scrutiny for taking responsibility of their families' health practices. Food security issues are usually a social issue, but when children's health is central to the dialogue about healthy living, parents' parenting skills are identified as a moral issue. Food is a gateway to both critiquing

parenting practices as well as an outlet for explaining the complexity of social settings. Contrastingly, teachers also discuss family circumstances within their school communities. For example, teachers describe the families of children in their schools as complex entities: there are issues related to fathers working away in Western Canada or offshore, while other families consist of single parents with a low income. Some families have multiple generations living in one household with limited income, and some are middle-class and upper-class families who approach parenting as a programmed responsibility that requires the fulfillment of commitments for their children from dusk to dawn, seven days a week. While not uncommon discourses in any contemporary school setting, in this instance, the contested nature of taking up biopedagogies and following “good” health tenets often results in a moral response of wanting other people to be healthy. The diversity of the economic, social, and material realities of families in a school system is difficult terrain to navigate, as teachers desire to help children and their families participate in healthy behaviours. We argue that the subtle and gentle ways teachers identify their conflicting subjectivities denotes how their role as an educator is complicated by the need to be a “good” and healthy teacher on the one hand, and their desire to intervene in the complex realities students and their parents encounter on the other (Welch & Wright, 2010). Teachers are often well intentioned to want to change health practices of students through a family’s actions or inactions as a way to address the community’s well-being and promote health.

Theme 3: Teachers’ Challenging Dominant Views of Health

Framed by neoliberal discourse of individual responsibility, the need to pursue health becomes a preoccupation for many people, teachers included. Teachers regularly identify their own practices of trying to pursue health imperatives, and they openly recognize the challenges of following restrictive and regulative approaches to eating and exercise. One teacher explains how difficult it is, stating, “I find it hard to look after my exercising and eating. Plus, you add on preparing food for the kids and my husband and it’s really time consuming” (School 1, Gr. 2, Teacher). The traditional family dynamic and middle-class commitment to following dominant health practices of enrolling children in multiple activities, attending to their eating and exercising practices, and simultaneously being committed to their own health pursuits is common for many participants.

What emerges in our research is the tension surrounding the need to be understanding and the self-perceived expectation of guiding others toward healthier lifestyles. For teachers in our study, given the dynamic of knowing the complexities of individuals' lives, it is difficult to balance the pressures of biopedagogical practices and people's life circumstances. The power relations that circulate around what it means to be healthy and how to act healthy become a real, tangible friction of knowing the complexities of individuals' life circumstances and desiring to be instructive and useful in shaping the future health of the population. This tension illustrates the shift from health as a personal, individual bodily responsibility, to health as a population, or man-as-species, responsibility. The power relations involved in constructing health and healthy ideals circulate through networks in which individuals participate. Individuals "are never the inert or consenting targets of power; they are always its relays. In other words, power passes through individuals. It is not applied to them" (Foucault, 2003, p. 29). Teachers are part of a network positioned both personally and professionally as subscribing to dominant messages associated with living the "good" life, while at the same time, are highly aware of the complex relations involved with taking up health imperatives.

The challenge of living within a biopedagogical lens is that any and all bodily practice is scrutinized. Ideals about health are written upon the body, and with this looking and thinking about health, bodies are consistently read. Thus, the moral imperative that coincides with normative ideas of bodies are read through the visible body (i.e., fat/thin, tall/short, fit/unfit) and its practices (i.e., active/inactive, smoker/nonsmoker, drinker/non-drinker, etc.) as these dualisms become "either 'acceptable' or 'unacceptable' in relation to the normal/pathological binary equation for health" (Murray, 2009, p. 78). For instance, when asked about her personal health practices, Tammy, a Grade 2 teacher, explains her effort to become healthier and the subsequent changes in her bodily appearance:

Tammy: I'm probably healthier than what I was. I was, I was a smoker, so I just quit smoking in July. I've got that little tummy. Since I've quit smoking, I've put on a little extra weight.

Interviewer: Okay.

Tammy: Which is kinda, it goes hand in hand with smoking. But now, I wouldn't say no I'm not really the healthiest person, but because I did quit smoking, I'm a lot healthier than what I was. (School 2, Gr. 2, Teacher)

Norman et al. (2014) argue that “the way that we *think* and *feel* about fatness has a direct and material grip on how we perform and relate to our bodies, as well as how we relate to other bodies” (p. 20). In this example, Tammy illustrates how one personal practice is substituted for another and the resulting shift in discourse related to what is considered healthy. Acknowledging how the body’s weight is read as healthy or unhealthy, Tammy expresses how the visible change in her body may not be read as healthy. Biopedagogical practices produce this kind of thinking and feeling about health.

Theme 4: Confronting the Myths of People and Place

Beliefs about individual responsibility for health are common social perceptions, with some ideas emanating from epidemiological approaches that position groups of people in need of greater biopedagogical intervention. For teachers, the desire to help improve children’s health while also attempting to understand everyday living conditions creates ongoing concern for children’s well-being. The following example illustrates the tensions surrounding individual health behaviours as a means to address population health concerns:

Jeannette: With the food, there’s this one child in my class, who comes from a wealthy family and who brings junk after junk after junk.

Rose: And I’m thinking about one student in my class, who comes with junk but money is an issue...

Interviewer: Okay, right...

Jeannette: ...and they don’t have a lot, right.

Rose: Yah....Yah. And I think really deep down, when you look at the situation that’s happening, and I’m not professing to be able to solve all the world’s problems but I think, I think here in Newfoundland you gotta start with the families.

You gotta go back and educate.... (School 1, Gr. 2, Teachers)

In this example, learning to take care of the self is a discourse readily available and used to address the masses of children passing through educational institutions. As a result, the desire to be a good pedagogue is part of a contemporary health imperative needed to change the public perception of Newfoundlanders as unhealthy, fat, lazy, and irresponsible (see McPhail, 2013).

The social construction and cultural context of Newfoundland position people within a beautiful setting where the land is cherished for its rugged beauty, and people's embedded connections with each other are nurtured relationships where the desire to help others is commonplace (Ormmer et al., 2007). In contrast, epidemiological findings suggest that Newfoundlanders are obese and overweight, and their shocking health conditions are suspicious and even dangerous (Eastern Health, 2010). The two images conjure different relationships with bodies and place and have differing reductionist perspectives, erasing the complexities of everyday life. In confronting the mythical construction of Newfoundlanders as lazy and unhealthy, McPhail (2013), in her research with adult Newfoundlanders and eating practices, identified the disingenuous and disservice of labeling specific populations as "problem populations" in relation to obesity markers and identities. With much of the bioscientific data suggesting that the population is susceptible to chronic illness, McPhail critiques how lifestyle choices are identified as both the means to success and explanation for the health conditions of many Newfoundlanders. To address the reductionist and harmful effects of these discourses, McPhail advocates for the need to disrupt "universalistic stereotypes about problem populations and health behaviours" (p. 301). There is no identification of problem populations in this study, but the common approach to shift health practices is to note traditional ways of thinking as one way to enact change or the need for more education as primary approach to assist parents with their healthy living strategies. The home and family are not uncommon sites of pedagogical intervention for population improvement (Conveney, 2006; McPhail, Chapman, & Beagan, 2011; Murray, 2009), and when faced with stories about children's risk of chronic disease, parents are readily identified as intervening agents. What is common among teachers is the willingness to use biopedagogical approaches to health—what they know and how they can help shift population health practices—as well as an unwillingness to gloss over the contextual realities and embedded connections to the parents and the students who are members of their schools and communities.

Conclusion

In this article, we have demonstrated how eating and exercising serve as examples of contemporary schooling cultures and the promotion of healthy living. Participants'

stories serve to illustrate the pervasive use of biopedagogical discourse within the school context; in particular, among a group of public voices who continuously negotiate the dominant effects of healthism, the desire to be “good” people and “good” teachers, while simultaneously resisting the universal approaches proclaimed about what to think and how to act in a healthy way.

From the public spaces of the school staff room to personal commitments of individuals to healthy eating and exercise, neoliberal approaches to health produce ideas about moral subjects and healthy living. This research demonstrates how schools become cultures where information about food, exercise, fatness, responsibility, and parenting come to constitute dominant discourses of health and what it means to be a healthy subject. This knowledge is, however, contextual, and always negotiated. In this study, teachers occupy dual roles in their desire to promote good healthy living practices for the population while also navigating their own personal relationships with health, history, and the body. It is evident that being an educator moves teachers to consider their role within contemporary biopedagogical conditions and circulating neoliberal discourses about individual responsibility. This role is not just one of being an educator; it is being a teacher in the province of Newfoundland and being female.

Traditional approaches to care are identified as gendered responsibilities for health, justified through childhood memories and ways of seeing current parenting practices. The effects of the temporal recollections of the past are applied to current circumstances, sometimes in ways that romanticize the complex processes and living conditions that contribute to how individuals can or cannot make healthy living choices today. Narratives claiming today’s parents are not taking responsibility for their families are based in gendered practices of care, and used to justify how conditions of health were much better in the past. Everyday conditions of living, working, and raising a family in Newfoundland will differ from several decades ago; thus, looking back to look ahead may be less helpful but more strategic as a way to both understand and challenge the current state of ill-health used to construct children and adults in Newfoundland and Labrador.

The use of the school staff room to promote what is defined as a healthy practice serves to encourage specific behaviours while limiting any threatening or distracting unhealthy behaviours from the space. Eating is seen as a functional practice with limited regard for any social, cultural, or relational aspect of food preparation or sharing within the public space of the school staff room. And, in an effort to promote health, weight

loss competitions are designed to facilitate individuals' responsibility for taking control of their health status. However, the centrality of the weight scale in the staff room conveys messages about the body, which focus on weight as defining feature of health. The monitoring of food and the surveillance of bodily practices seem to be accepted practices within school spaces. Life lessons about being responsible for one's health become a communal responsibility as school staff work to normalize what is identified as acceptable food sharing practices. In addition, modes of surveillance link exercise with weight loss to produce notions of what it means to be a healthy subject.

We have argued that the geographical location of this study is unique as there is a dearth of empirical-based studies about educational contexts in Newfoundland. This study also furthers Welch and Wright's (2010) notion that teachers are keen to identify, describe, and explain how they individually attempt to adopt dominant health lessons in their everyday living circumstances in ways that support and challenge dominant notions of health. Part of the interventionist strategies of biopedagogy speaks to teachers, as they want to position their health knowledge as valuable and worthy to others. The individualizing of health practice is applied to teachers themselves but also extended to fellow teachers and parents when it is deemed necessary for people to take responsibility for the larger population's health status. In this article we are using the relationships people develop with food, exercise, and the body as mechanisms for understanding how biopedagogical discourse circulates within society and in particular in relation to school culture.

The aim of our research focuses on the effects of biopedagogical practices in four elementary schools. Our analysis suggests that teachers are genuinely concerned about the future health conditions of the children they teach. Moreover, teachers are not condescending of the knowledge parents hold; rather, their subject position of being a female educator in the elementary school system suggests the effects of gendered responsibilities for health and the chronic health conditions awaiting the population of Newfoundland. While not subscribing to the problem population discourse, the ethic of care constituting female educators serves to both support and disrupt teachers' understandings of health. The processes of desiring to help others while simultaneously recognizing diverse social and cultural situations of children and their families in their school communities is nonetheless a balancing act: one of personal conviction and professional responsibility. As a result, biopedagogical lessons of how to live one's life are often well intentioned but in many ways it is not uncommon for "teaching cloaked in care, to disguise the

biopedagogical practices of body regulation, normalization, surveillance and intervention" (Wright & Harwood, 2009 as cited in McCuaig, Ohman, & Wright, 2013, p. 803). Teachers' subjectivities move between being someone who can support and encourage life lessons about health to someone who must navigate the complex realities of children and families living within the community. Mediating dominant discourses of health, which are readily available and seem commonsensical, teachers are thus continuously challenging but also participating in the production of the health imperative.

While this research explores teachers' navigation of health discourse from four schools on the east coast of Canada, the discourses share parallels to the context of schooling around the globe. The work in Australia, New Zealand, and England by other critical scholars highlights the impacts of health imperative discourse as reaching younger and younger children while also casting its net in more pervasive and diverse ways (Wright, Burrows, & Rich, 2012). Teachers' subjectivities, health discourses, and pedagogical approaches are continuously at play as each morphs and moulds individuals and the spaces they occupy (Burrows & McCormack, 2014). With a small number of participants but a strong reiteration of healthism discourse among educators, we would like to encourage others to think about new ways of engaging students and fellow colleagues in dialogue and practice that expands understandings and pleasures related to eating and exercising. Rather than reducing health discourse to reproduce normative and regulative approaches to healthy living, finding ways to explore and celebrate local eating and exercising practices will shift the regulative approaches to health that simplify the complexities of place and people. In a place like Newfoundland, where there is a half time zone difference and a creativity that underpins a culture of resistance, we encourage teachers, parents, and students to reconsider how life lessons are measured in moments and experiences and not always in medico-scientific approaches to health practices.

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