Shaken or Stirred? Considering the usefulness of critical pedagogy in preparing teachers to implement socio-critical health education.

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Abstract
According to Garth Boomer, “teachers teach who they are” (quoted in Tinning, 2004, p. 245). This quote acknowledges the centrality of the self as inextricably linked to readings of curriculum and enacted pedagogy. Which is all very well, unless a teacher’s subject identity aligns with traditional, dialectic and biomedical views of health and is therefore at odds with contemporary sociocultural health education curriculum. Can teacher education training be mobilised to ensure greater consistency between the intended and enacted curriculum socio-critical health education?

This ethnographic doctoral research sought to consider whether a critically-oriented HETE program be an effective means of creating/moulding/shaping ‘good’ socio-critical teachers of health education? To provide insights, an undergraduate health education teacher education course implemented at a major metropolitan university in Queensland, Australia provided the case study for this doctoral research. The designer and lecturer of this course mobilised critical pedagogy to create teachers that reflected her vision of good teachers of health education.

Drawing on the work of Michel Foucault, Rose’s (2000b) Five-Component Analytic, The Regimes of the Person, was engaged to assist in illuminating the complex forces and factors that contribute to forming teacher subject identity. This framework consists of five analytic concepts - problematisations, teleologies, technologies, authorities and, strategies. The case study included two cohorts of undergraduate students: 124 from the Bachelor of Primary/Middle Years (primary generalists) and 44 from the Bachelor of Human Movement Studies degree (HPE specialists). Of these, 12 students agreed to be interviewed at the end of the teaching semester of the courses EDU27 & EDU39 Educating for Better Health. Interviews with students were also conducted following the completion of major practicum, 18 months after the initial interviews, with seven of the original 12 students consenting to this follow up interview. Course materials, observation notes, power-point slides, examples of student assessments and group work all formed the qualitative data set for this project.

Findings from this research identify and describe specific teaching strategies employed in the name of critical pedagogy. A combination of pedagogy of discomfort, arts-based pedagogies, personal reflection, personal narratives and student-centred/inquiry-based learning, were mobilised to achieve one educator’s vision of good health education teachers. Students reported
varying levels of engagement with these strategies. The impact of the suite of strategies varied depending on student’s personal biographies and existing identities. Some students were shaken by the pedagogical encounter and embraced the concepts and pedagogy of the course and some were stirred (or disturbed) by the course and did not possess the inclination, or had been afforded opportunities to incorporate into their teaching practice. Finally, some students remained stationary or unmoved, in these instances, messages, content and pedagogy from the course was avowed, refuted and/or dismissed.

According to the course designer and lecturer, an espoused goal of this course and the associated suite of pedagogies, was to make pre-service teachers aware of the potential impact of their privileged identities might have on their future students. Findings from this project suggest, however that what was witnessed was not pure critical pedagogy per se, but modest social justice pedagogy in action. Additionally, it is argued that understanding socio-critical health is consistent with Meyer and Land’s (2003) concept of a threshold concept, a transformational understanding that must first be established before a teacher can successfully implement contemporary sociocultural HPE curricula. Transformational learning of a threshold concept may be developed over time, and this study confirmed that for those students who received consistent sociocultural messages across their undergraduate courses and their practicum experiences, transition to understanding was achieved. These students could subsequently incorporate this understanding into their teaching practice when they were afforded opportunities to do so. Therefore, the inclusion of sociocultural courses within HPETE programs is critical to achieving understanding of sociocultural approaches to health. Additionally, this research recommends the careful selection of practicum sites where students will receive opportunities to view and ideally, teach sociocultural health education is the preferred approach.

However, this research also acknowledges the webs of tension across the HPETE field. As the analysis revealed, what is implemented in the name of curriculum and pedagogy is a hybrid of competing authorities and demands. Finding time in the crowded curriculum to enable consistency and contemplative practice is easier said than done, particularly when imperatives more demanding than curriculum best practice dominate the landscape in higher education.

Methodologically, this study provides some insight into the phenomena of a type of role reversal in doctoral studies, where mentor becomes mentee and the supervisor’s practice
becomes the focus of attention of the supervisee, combining to produce a non-traditional, somewhat ambiguous doctoral supervision. Although potentially problematic, the rewards in terms of improving teaching practice and thus the student experience proved extremely worthwhile. If there are sufficient supports in place for both supervisor and supervisee potentially by provision of a third party/co-supervisor to mitigate interpersonal issues and ensure validity and credibility in the data reporting process, there appears to be much value in this process from a professional growth perspective.

In conclusion, as the pedagogical strategies employed in EDU27&39 gained traction in varying degrees with students, the author ultimately turns to the Deleuze and Guittari (1987) and their concept of a Rhizome. Comparing this pedagogical work to the rhizome proved to be particularly useful when thinking about the impact of pedagogy on learners. There is much truth and wisdom in Tinning’s (2002) claim that we cannot be certain that our pedagogical endeavours will yield our intended results but to take comfort within the rhizome that there is always that possibility, perhaps not immediately, but ultimately over time. The possibility of contributing to addressing inequities and inequalities in health and society more broadly is surely worth the pedagogical effort.
**Declaration by author**

This thesis is composed of my original work, and contains no material previously published or written by another person except where due reference has been made in the text. I have clearly stated the contribution by others to jointly-authored works that I have included in my thesis.

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To my four children, I hope that one day you will realise the enormity of this project and how difficult it was for me to complete, and that you will be proud, as I am, of this accomplishment.

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I would also like to thank the 12 students who generously gave their time to become part of this research project. There would be no project without them. I admired their openness and willingness to be a part of something bigger than themselves and to ultimately contribute to improved practice in their undergraduate courses (even though they would never directly benefit from this). I wish them all the best in their future careers.
Keywords
health education, sociocultural, socio-critical, critical pedagogy, health and physical education teacher training, threshold concepts, social justice pedagogy, rhizome

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<tbody>
<tr>
<td>ACARA</td>
<td>Australian Curriculum and Reporting Authority</td>
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<td>AC: HPE</td>
<td>Australian Curriculum: Health and Physical Education</td>
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<td>AIHW</td>
<td>Australian Institute of Health and Welfare</td>
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<td>AQF</td>
<td>Australian Qualifications Framework</td>
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<td>AITSL</td>
<td>Australian Institute for Teaching and School Leadership</td>
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<td>CP</td>
<td>Critical Pedagogy</td>
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<td>HAES</td>
<td>Health at Every Size</td>
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<td>HE</td>
<td>Health Education</td>
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<td>HMS</td>
<td>Human Movement Studies</td>
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<td>HPE</td>
<td>Health and Physical Education</td>
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<td>HPETE</td>
<td>Health and Physical Education Teacher Education</td>
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<td>HRE</td>
<td>Human Relationships Education</td>
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<td>KLA</td>
<td>Key Learning Area</td>
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<td>NPH</td>
<td>New Public Health</td>
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<td>PA</td>
<td>Physical Activity</td>
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<td>PE</td>
<td>Physical Education</td>
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<td>PETE</td>
<td>Physical Education Teacher Education</td>
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<td>PST</td>
<td>Pre-service Teacher</td>
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<tr>
<td>QCT</td>
<td>Queensland College of Teachers</td>
</tr>
<tr>
<td>QSA</td>
<td>Queensland Studies Authority</td>
</tr>
<tr>
<td>QSCC</td>
<td>Queensland School Curriculum Council</td>
</tr>
<tr>
<td>TEQSA</td>
<td>Tertiary Education Quality and Standards Agency</td>
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<td>WHO</td>
<td>World Health Organisation</td>
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1. Introduction

1.1 Sociocultural health education. How did we get here?
Health education (HE) has long been part of schooling (Leahy, Burrows, McCuaig, Wright, & Penney, 2016) and over the years has taken on many forms. HE has emerged from hygiene and safety practices at the beginning of the 20th Century, for a detailed description of this evolution see McCuaig (2008) through, the 1970’s and 1980’s lifestyle and behavioural eras and finally to the current era which has been heavily influenced by international health policy and agendas, more specifically “the New Public Health” (Baum, 2008). As Leahy et al. (2016) acknowledge, HE broadly is “without question an immense and unwieldy field” (p. 2), has been described as having an “eclectic nature” (Lewis, 1993, p. 163), and as “the cannibalised product of many influences and agendas” (Dinan-Thompson, 1998). Indeed this is true, as curriculum documents are representative of “what the government consider should (or must) be taught in the school subject” (Rossi, Tinning, McCuaig, Sirna, & Hunter, 2009, p. 75) and as such, provide a window through which to view the impact on the political and policy contexts on schools. The importance of HE as part of the school curriculum cannot be overstated, and it is considered a “social, economic and political issue and above all a fundamental human right” (People’s Health Charter, quoted in Baum, 2008, p. 3).

According to Baum (2008), one of Australia’s leading international experts on the social and economic determinants of health, the New Public Health (NPH) began to take shape during the 1980s with the release of the World Health Organisation (WHO) Ottawa Charter for Health Promotion (1986). Baum (2008) describes two driving forces behind the Ottawa Charter, the first being, the Alma-Ata Declaration (1978) strategy was not being adopted by industrialised countries. Limitations of the lifestyle and behavioural approaches to health were becoming apparent, and there was a feeling that it was time for a new conceptualization for health promotion. Secondly, it was an opportune time for a major health promotion statement as government health care budgets across the globe were expanding, and the prospect of cutting budgets and improving health was appealing to many governments.

For Baum (2008), part of the reason for the success of the WHO’s Ottawa Charter (1986) was that it integrated many perspectives on health promotion. It did not simply reject the behavioural and lifestyle approaches but incorporated them into the acquisition of personal skills for health. According to Tinning (2008) the inclusion of lifestyle and behaviour means
that the NPH discourse is still “underpinned by the science of epidemiology in which population data are used to determine risks associated with various lifestyle factors” (p. 24). Baum (2008) believes that the Ottawa Charter combined “numerous and diverse health movements” (p. 36) to give public health more radical and cohesive direction, as well as legitimising health promotion as a professional discipline. The Charter is based on the premise that good health requires peace, shelter, education, food, income, a stable ecosystem, social justice and equity. The New Public Health is “concerned with looking at the underlying causes of ill-health and tackling these on a community-wide basis” and acknowledges the myriad of factors that influence health (St Ledger, 1999, p. 36).

In response to the growing realisation that health exists on a social gradient, the New Public Health moved both public health promotion and school health education towards sociocultural views of health. According to the WHO (2016),

The poorest of the poor, around the world, have the worst health. Within countries, the evidence shows that in general the lower an individual’s socioeconomic position the worse their health. There is a social gradient in health that runs from top to bottom of the socioeconomic spectrum. This is a global phenomenon, seen in low, middle and high-income countries. The social gradient in health means that health inequities affect everyone (p. 1).

Lawson (1992) states succinctly that “health…is unequally distributed in the population” (p. 109). Therefore, the WHO adopted a social determinants approach to addressing and solving health issues on a global scale, as mounting evidence confirmed that social factors are at the root of inequalities and inequities in health, and explain why huge discrepancies exist between the morbidity and mortality of different communities and societies i.e. Aboriginal health in Australia. The social determinants of health have been described by the WHO (2017) as “the conditions in which people are born, grow, work, live and age and the wider set of forces and systems shaping the conditions of daily life”. These include the broader political, economic landscapes, social systems and environment and the natural and built environments (Gregg & O'Hara, 2007). Professor Sir Michael Marmot (2005) argues that action to address these “gross inequalities” (p. 1099) in health is both “possible and necessary” (p. 1102), and stresses that social problems necessitate social solutions. Marmot (2005) is also cognisant of the fact that there is still a place for medical and behavioural solutions to certain health issues, but considers medicine and individual lifestyle changes alone to be insufficient responses to solve complex health problems across populations that have social causes. Arguably, as a society we have a greater moral obligation to attempt to address the inequality that exists in health. Health
education is strategically placed to address these inequities and produce young people who have the knowledge and skills to not only improve their own health, but the lives of others. Health education therefore requires teachers who have the knowledge and pedagogical expertise to achieve this.

Moving to embrace these lofty ideals, Australian curriculum documents were not remiss in adopting “best practice” in health promotion and public health. In Queensland, a new Health and Physical Education (HPE) syllabus was implemented across the state in 1999. The new curriculum was a complete change from its predecessor. It continued to incorporate both health and physical education together in the one subject, something that is peculiar to Australia and New Zealand. Elsewhere health education (HE) is separate from physical education (PE) and addressed in schools as two distinct subjects (Tinning, 2004b). The new syllabus introduced the notion that teaching and learning in HPE should be underpinned by sociocultural perspectives (Dinan-Thompson, 1998). The 1999 syllabus outlined the major content to be covered in schools, with student learning outcomes organised around three strands: Promoting Health of Individuals and Communities; Developing Concepts and Skills for Physical Activity (PA); and Enhancing Personal Development. Reflecting a sociocultural perspective, the document stated:

A sociocultural perspective underpins the key learning area. This perspective highlights how health is multi-dimensional in nature and is linked to personal behaviours and interactions among the physical, social and cultural environments (QSCC, 1999, p. 2).

A sociocultural perspective has been defined more broadly in the literature as follows:

...the ‘social’ elements of a sociocultural perspective are concerned with power and social relation, political and economic factors, and dominant and subordinate groups. The ‘cultural’ aspect refers to shared ways of thinking and acting (ideas, values, beliefs and behaviours), which differ from one culture to another and even within cultures (Cliff, Wright, & Clarke, 2009, p. 3).

One of the philosophical underpinnings of a sociocultural perspective is that health is socially constructed and problematised. Cliff et al. (2009) maintain that sociocultural HE is not based on the premise of students accumulating “factual knowledge”, and therefore it should represent a move away from the rationality and certainty of science that underpinned previous approaches to HPE. The authors claim that a sociocultural perspective provides a lens through which teachers can understand the content of HPE, and is distinct from more traditional, biomedical approaches.
In response to ongoing curriculum review and renewal, the Queensland Curriculum (1999) was rewritten and implemented in schools across the State in the Essential Learnings and Standards (2007). The 2007 HPE curriculum was in many ways an extension of the 1999 version with the three strands of the KLA continuing as Health, Physical Activity and Personal Development. The sociocultural focus of the syllabus was still evident. For example, The Essential Learnings by the end of Year 9 state that students will:

…individually and collaboratively make decisions, take action and apply skills to address inequities and promote health and wellbeing, movement capacities, and personal development of individuals, groups and communities (Queensland Studies Authority, 2007).

The Essential Learnings was less prescriptive than its predecessor, in that it did not specify a specific weighting for the strands: all had equal value. It described outcomes for the end of each juncture of learning, years 3, 5, 7, and 9, and teachers could decide when to address content with their classes, over the two-year study period. It therefore provided teachers with professional freedom to decide when, how and to a significant extent, what was taught to ensure the outcomes were finally achieved. Some would argue that the document was not prescriptive enough, leaving substantial room for teachers who were unsure of the key learning area (KLA) to revert to teaching what they perceived as being safe or to continue with existing practices. For example, research by Shelley, O'Hara, and Gregg (2010) in 2007, found that the primary generalist teachers in their study were unaware of the sociocultural focus of the syllabus.

Currently Australia is experiencing major curriculum change as it moves toward implementation of another iteration of a National Curriculum (AC:HPE). The Shaping Paper for HPE (ACARA, 2012) was released in March 2012 and the sociocultural perspective continues to be evident in the curriculum. The new curriculum comprises of two strands – Personal, Social and Community Health and Movement and Physical Activity. The curriculum suggests integrating the strands by drawing explicit links between the two and therefore promoting a more holistic approach. It refers to flexible, inquiry-based and learner-centred approaches to HPE. Significantly the AC:HPE also advocates a strengths based or salutogenic (Gregg & O'Hara, 2007) focus, and explicitly directs attention away from incorporating deficit or risk-based models where victim-blaming is prominent. There is also a caution against the tendency to see HPE as the “cure all” for young people’s health and social problems, establishing realistic outcomes for the subject. Overall, the new AC:HPE, was generally implemented in 2016 and is currently operating from the second version (8.5), seems to be a
continuation of previous sociocultural documents’ emphasis, but has also encapsulated many of the lessons learned about HPE over the last decades, particularly around moralising, victim-blaming and problem-based approaches (Fitzpatrick & Tinning, 2014). However, the combining of HE and PE into one subject remains and enduring issues surrounding this union persist.

It has been suggested that “whilst HE and PE share common concepts, they have different teaching methodologies and classroom management strategies” (Anonymous, 2006, p. 13), and the relationship between the two subjects “remains uneasy” (Sinkinson & Burrows, 2011, p. 58). Since Australian school curriculum reform in the 1990s, PE teachers have become more responsible for teaching HE within the HPE KLA (Macdonald & Kirk, 1999), a task which, some have argued, they may be ill-prepared and reluctant to undertake (Tinning, 2004b). However, in Australian and New Zealand primary schools it still remains the responsibility of the classroom generalist teacher to implement the HPE curriculum (Welch & Wright, 2011). The result of this is fracturing of the combined school subject with perennial debate over who will teach what parts and where it fits in an already crowded curriculum. In the context of Queensland education, it is therefore difficult to separate HE from PE. Indeed, the majority scholarship on HPE issues come from a PE and/or Physical Education Teacher Education (PETE) perspective.

1.1.1 Lack of traction in practice

In simple terms, international health authorities have acknowledged sociocultural health perspectives (i.e. social determinants of health) and Australian curriculum writers have acknowledged a sociocultural turn. All that remains is for teachers to implement the sociocultural curriculum as intended. While this may be “all very well in theory” (Macdonald, Kirk, et al., 2002), Leahy et. al. (2016) remind us that “we are not all on the same page in conversations about curriculum” (p. 44). Research over the past several decades in HPE has repeatedly confirmed that complexities around implementation have resulted in minor changes to classroom practice (Leahy et al., 2016). Tinning (1985) first raised criticisms about the Australian PE profession failing to educate young people to become critical consumers of physical culture, despite curriculum direction. Four years later, Kirk and Colquhoun (1989) found that teachers do not always implement HPE programs as intended. In their examination of the Daily PE Program implementation by classroom generalist teachers, a commercial
curriculum package developed in South Australia and introduced into Queensland schools in the early 1980’s, the authors noted that:

Teachers used the program in an ad hoc way. They rarely followed the carefully sequenced lessons…and few teachers actually planned their daily PE lessons in advance. They used the Program instead as a source of ideas, something to dip into rather than a prescriptive formula to be followed to the letter (p. 425).

Although there were three versions of Daily PE identified as being implemented by teachers, essentially the program was reduced by teachers to mean “daily fitness” (p. 424). Authors found that teachers implementing Daily PE constructed their own meaning of the content of the program, however this meaning was embedded in broader societal ideologies, particularly that of healthism (Crawford, 1980). Further evidence of curriculum modification was identified by Curtner-Smith (1999), who found that teachers implementing the British National Curriculum “were adapting, modifying and recreating it to fit with their own beliefs about physical education teaching so it was manageable within the unique contexts in which they worked” (p. 76). More recently Fitzpatrick and Tinning (2014) note the perpetuation of healthism in schools within health education lessons, viewing it as a form of “health fascism” (p. 133) claiming possible negative consequences of contemporary health education practice such as increased anxiety and mental health issues for students.

In reflecting on the implementation of the new socio-critical New Zealand HPE curriculum, Salter (1999) observed that after its first year of implementation, teachers were still “struggling with new ideas and different visions of PE and its relationship to health” (p.4). Culpan and Bruce (2007) have described the socio-critical approach as one in which teachers and students “explore questions that challenge assumptions, expose inequalities and seek out and establish practices that are more socially equitable” (p.5). In Queensland schools, Macdonald, Hunter, Carlson, and Penney (2002) found that despite the rhetoric of an integrated approach to HPE in the Queensland syllabus (1999) documents, teachers were unsure as to how they could combine the seemingly three distinct strands of the syllabus which were described as Health/Home Economics, Physical Education and Personal Development. These authors found that teachers preferred to teach the strands in isolation to each other. Macdonald and colleagues (2002) concluded that there was a “disjuncture or contradiction or conflict between teacher education in tertiary institutions and the knowledge and understanding required for …teaching in schools” (p. 260).
Research by Petrie, Jones and McKim (2007) provided a “snapshot” of how PE was understood and practiced by generalist teachers in ten New Zealand primary schools. Here teachers were predominantly employing teacher-centred approaches to teaching, and researchers concluded that seven years after the implementation of the 1999 socio-critical HPE curriculum, teachers had “limited knowledge of, or experience with” (p. 71) the curriculum. Petrie et al. (2007) hypothesised that this stemmed from a lack of confidence and comfort in teaching PE and a reversion to the ways in which they themselves were taught PE during their own schooling. The issue of curriculum fidelity is persistent with Alfrey, O’Connor, and Jeanes (2017) noting that even when HPE teachers co-construct a HPE unit underpinned by critical inquiry approaches, “fluidity of curriculum mobilisation persists” (p. 107).

Zhu, Ennis and Chen (2011) discuss the issue of curriculum fidelity and describe it as “the extent to which a curriculum is implemented faithfully as planned” (p. 83). They point out that curriculum fidelity issues may arise due to philosophical or belief-system differences, or as the result of barriers that become apparent in particular settings. Rovegno (1993) posed the question “how do teachers learn curricular approaches that are discrepant from traditional approaches?” (p.56). One answer to this question is provided by Macdonald (2004) who noted that in some instances, when faced with curriculum change, many teachers simply conduct ‘business as usual’. Macdonald (2004) found that when dealing with curriculum change teachers initially engage with new initiatives, but then frequently “return to entrenched practices and resolutely await…the next innovation” (p.70). In examining the implementation of a HPE unit by Australian teachers underpinned by a critical inquiry approach as dictated by the Australian Curriculum (AC:HPE), Alfrey et al. (2017) noted the lack of curriculum fidelity persists concluding that “it is the ideologies and histories that permeate teachers’ philosophies” (p. 108) that inform teaching practice.

In the context of sexuality education in Australia, more recent research by Sanjakdar et al. (2015) noted that conservative pedagogies which focus on disease prevention and perpetuate normative ideals are still dominant in contemporary health education classrooms. Quennerstedt, Burrows, and Maivorsdotter (2010) discovered that, despite the evolution of sociocultural HE in schools in New Zealand and Sweden over the 20th Century, the opportunities afforded by curriculum reform have not been fully realised. They maintain that many teacher’s pedagogical approaches are still “individualistic, instrumental, biomedical and morally normative…directed towards behaviour change, disease prevention and individual lifestyle choices” (p. 103). This
research affirms the necessity for more radical pedagogies in health education, and in considering how health promotion and critical health education could serve to empower students, schools and communities. Across HE content areas more broadly, scholars have noted impoverished health education pedagogical practice. In Australia, New Zealand and Sweden, despite holistic sociocultural syllabi, the enacted curriculum “often yield[s] to a risk and deficit driven HPE practice” (McCuaig, Quennerstedt, & Macdonald, 2013, p. 5).

Seminal research providing insight into why the sociocultural perspective of health had not gained traction with teachers was conducted by Cliff and colleagues (2009). This study involved two practising teachers in schools in New South Wales Australia attempting to implement the new Personal Development, Health and Physical Education syllabus for years 7-10 (New South Wales Board of Studies, 2003). The projects’ central question focused on “what happens when you introduce a unit of work planned with the aim of developing a sociocultural perspective into the HPE curriculum?” (Cliff & Wright, 2010, p. 225), provides valuable insight into factors that enable or constrain teachers’ understanding of the sociocultural approach to HPE. The authors identified more constraints than enablers.

According to Cliff et al. (2009), discomfort was observed around the sociocultural discourse within the classroom. The authors reported instances where their study’s teachers stopped student discussion when it reflected aspects of the sociocultural perspective. They conclude that “teaching HPE from a sociocultural perspective does not require the teacher to be an ‘expert’. Rather, they need to be a facilitator…” (p. 13). Writing over ten years later, Leahy et al. (2016) acknowledge that schools and teachers are “still struggling to come to terms with the role of teacher as facilitator of learning” (p. 81). Cliff et al. (2009) also found that the school organization limited the implementation of a sociocultural perspective that is reflective of constructivist and student-centered approaches to learning, as it was often not accommodated in some school timetables, indicating marginalization in the school system. Access to facilities including technology was also an issue for teachers. Years later, O'Connor, Jeanes, and Alfrey (2016) noted similar issues regarding the implementation of one of the five underlying proposition of the Australian Curriculum HPE – to include a critical inquiry approach. The authors noted that the teachers in their study “lacked the foundational knowledge of the discipline and a sound understanding of a critical-inquiry process” (p. 202), calling for more support for teachers to enhance their knowledge of critical inquiry approaches.
Given these challenges, understanding the sociocultural view of health, and thus the sociocultural-oriented syllabus, can be conceived, according to Meyer and Land’s (2003) a threshold concept. The authors define this concept as:

…akin to a portal, opening up a new and previously inaccessible way of thinking about something. It represents a transformed way of understanding, or interpreting, or viewing something without which the learner cannot progress. As a consequence of comprehending a threshold concept there may thus be a transformed internal view of subject matter, subject landscape, or even world view. This transformation may be sudden or it may be protracted over a considerable period of time, with the transition to understanding proving troublesome. Such a transformed view or landscape may represent how people ‘think’ in a particular discipline, or how they perceive, apprehend, or experience particular phenomena within that discipline (or more generally) (p. 1).

Arguably, if a teacher does not possess the necessary holistic, sociocultural view of health, then their ability to implement the syllabus as intended will be compromised. It seems difficult to imagine that one can “think” in a biomedical paradigm and teach in a sociocultural one. According to Meyer and Land (2003), threshold concepts incorporate Perkins’ (1999) concept of “troublesome knowledge”, described as being “alien” knowledge. The sociocultural health paradigm may represent troublesome knowledge for teachers whose natural paradigmatic habitat lies in the biomedical/scientific/technocratic space (Fane & Schultz, 2017). Additionally, contemporary HPE syllabus documents not only privilege a sociocultural perspective, but also a socio-critical one. This builds on the sociocultural paradigm by engaging students in social issues about health, while providing opportunities for critical reflection and social action, so that instead of “viewing health from a deficit perspective and as an individual’s responsibility, … [it would] encourage[s] students to critically analyse their own and others’ health and the social, political, environmental and historical influences upon it” (Macdonald, 2013, p. 7).

1.1.2 Lack of traction in PETE
The sociocultural paradigm may represent alien or troublesome knowledge particularly when we consider who is teaching HE in Queensland schools. As mentioned above, HPE in Queensland has largely been the responsibility of PE trained specialists. Western scholarship consistently confirms that these individuals are often white, middle class, predominantly males (Macdonald & Kirk, 1999; Schempp & Graber, 1992), who enter the physical education (PE) teaching profession to continue their successful sporting careers and associations with sport (Cancela Carral & Aya'n Perez, 2010; Capel & Blair, 2007; Dewar & Lawson, 1984;

… in ‘western’ countries come from narrow sections of the community and hold similar values. Male and female students are attracted to careers in PE teaching in order to continue their extensive and positive experiences of sport…and to work with young people; frequently from a community service perspective” (p. 33).

Another characteristic feature of PETE students reported in the literature is their conservative orientations (Curtner-Smith, 1999). Tinning (2004) claims that PETE students are “insensitive to social issues, elitist, sexist, pragmatic sceptics, anti-intellectual and uncritically accept the assumptions underpinning healthism” (p. 137).

Macdonald and Tinning (1995) found that a PETE program at an Australian University was utilitarian, sexist, scientific, technocratic and absent of a socially critical perspective. Subsequent research by Macdonald and colleagues (1999) argued that, since the advent of the socio-critical liberal curriculum documents, there has been a question as to whether University teacher training courses are able to prepare students who can “deliver the official knowledge of the KLA focusing on HPE” (p. 260). They report that the predominant knowledge in tertiary PETE programs draws upon such disciplines as chemistry, biology, physiology, sociology, psychology, physics, biomechanics, sport pedagogy and exercise physiology. According to Macdonald, Kirk, and Braiuka (1999), in most teacher preparation programs, disciplinary knowledge comprises a key part of the tertiary experience, and lays the ‘foundation’ for what constitutes the focus of a specialist teacher. There is evidence of these problems enduring in PETE, with Enright and O'Sullivan (2012) noting more recently that:

Student teachers must be engaged in imagining possibilities and facilitated in developing the confidence to work with young people in collaborative ways both in school and out. We need to begin to think creatively about which pedagogical practices within physical education teacher education will support the notion of student-led, boundary-crossing physical education (p. 266).

It is not however, solely PETE experiences that determine what prospective teachers come to know. Teachers come to know and establish beliefs through a complex web of socialisation that begins at birth. Through the initial acculturation phase, individuals develop values and beliefs by being indoctrinated into dominant cultural ideologies, of which healthism is predominant. HPETE students beliefs and practices are influenced by their identities, which have evolved from participation in physical activity (Macdonald, Hunter, et al., 2002). Students are the products of their schooling (Tinning, 2004b), and it is through their own
experiences of school PE, sport and interaction with PE teachers and coaches (Hayes, Capel, Katene, & Cook, 2008), that many of their core beliefs about teaching and teachers are formed. Unfortunately, research has confirmed that what HPE teacher recruits have witnessed and experienced in schools was not always ‘best practice’, with PE often being reduced to supervised play (Wright, 1997), game-focused and competitive PE (Kirk & Colquhoun, 1989; Morgan & Hansen, 2008), and focusing on skills and techniques with a preference for the teacher-centred transmission of content knowledge (Hayes et al., 2008). If this is the type of PE experience reported, then it is highly unlikely that HPETE recruits have experienced a sociocultural HPE curriculum in their own schooling, and as a result, have formed an uncritical acceptance of what HPE is, an idea that does not contain a sociocultural or socio-critical perspective.

Thus, students do not come to PETE as “blank slates” (Ennis & Chen, 1993), instead they arrive with well-established knowledge, beliefs and ideas of what teaching is about, students then enter HPETE programs and undergo professional socialisation. Typically they encounter a context and culture (Gillespie, 2011) of people who perpetuate a sporty perspective (Capel & Blair, 2007), privilege scientific and technical knowledge, are conservative and where critique and reflection are not routinely undertaken or encouraged (Curtner-Smith & Sofo, 2004). In this environment, recruits beliefs about teaching remain largely unchallenged and intact (Philpot & Smith, 2011), and prospective teachers succumb to the dominant health discourses – accepted uncritically as biomedical expertise and considered certain. Evans (2003) uses the uncritical acceptance of Crawford’s (1980) notion of healthism (exercise=fitness=health) to illustrate this point. He believes that:

[healthism] which trades ideology as ‘fact and knowledge’, especially when circulated in the popular media and academic texts, is not likely to be seen as mere opinion by those understandably ill-equipped to deconstruct its putatively serious certain, surface claims and who therefore have to take on trust the authority of the scientific community and the journals from which it flows (p. 88).

HPETE is a crucial time for teacher recruits as new knowledge about teaching is presented. Ennis (1994) points out that the acceptance of new knowledge is instrumental in curriculum innovation and in the enhancement of student learning in PE. It is therefore important to know what knowledge and beliefs HPE recruits bring with them to HPETE programs, as “teachers teach who they are” (Garth Boomer quoted in Tinning, (2004b, p. 245). A teacher’s identity
will be enmeshed in the curriculum and pedagogy they implement in their classrooms. According to Goodwin (2008), as teachers:

… implement, deliver, direct and often even create the curriculum; they become, in essence, guardians of the country’s collective sociocultural legacy. What knowledge is of most worth and whose values are emphasised or understood represent fundamental battles that continuously play over time… (p. 399).

However, as evidenced in the preceding discussion, the majority of the scholarship into Australian HE teacher preparation has been from a PETE perspective, with Leahy and McCuaig (2014) acknowledging that HETE scholarship is akin to taking “a road less travelled” (p. 221). These authors, and others (Fane & Schultz, 2017), claim a curious, but general lack of scholarship explicitly concerned with HETE. Leahy and McCuaig (2014) conducted a “‘stocktake’ of courses, units, approaches, enablers and barriers that assemble together in different versions of HETE” (p.221) in Australian universities. The authors found that academics working in HETE reported their work as being primarily concerned with disrupting problematic practices and understandings associated with Healthism and Neo-liberalism, with general acknowledgement that this was challenging work. However, as previously discussed, HE in Queensland is combined with PE into the one school subject and therefore generally sits within HPETE faculties in Queensland universities.

1.2 How can the sociocultural gain traction in HPETE?
Given the identified issues surrounding the interpretation and implementation of sociocultural HPE curriculum over the past two decades, the question as to how can HPETE better prepare teachers for the complicated task of interpreting sociocultural health education syllabi? Some scholars have endeavoured to identify the kind of preparation that can interrupt time honoured practices (Cassidy & Tinning, 2004), the enormous influence of socialisation, and the acquisition of knowledge and beliefs developed over a lifetime that has implanted ideologies and beliefs that have been accepted as certain? How can HPETE programs make students see the conflicting roles that schools play in offering the promise of justice and equality, but operating as “agencies of social control serving vested interests” (Giroux, 1981, p. 143). How can HPETE be mobilised to disrupt narrow ideologies and encourage pre-service teachers to embrace ideologies that are consistent with the sociocultural HPE curriculum, and breaking the cycle of the poor teaching practices (Morgan, Bourke, & Thompson, 2001) that have plagued HPE for the last few decades?
As Tinning (1995) reminds us, we do not have ways of making HPETE students think, and so our most realistic hope of impact might well be in focusing, not on what to think, but on how to think of health in sociocultural ways. **If HPETE student teachers have at least a modest and partial understanding of a sociocultural curriculum and effective pedagogies for delivering it, we may be able to lay claim to ‘slippage minimisation’, and thus to reducing the dissonance between the intended and enacted curriculum.** Arguably, if one does not understand sociocultural forces that determine health and instead believes that health status is purely the result of individual healthy choices and actions, then one cannot also understand socio-critical health education. The effect of this is to inhibit and constrain a teacher’s ability to implement the sociocultural HPE syllabus as intended.

Clearly if we are to have any hope of HE teachers understanding, let alone realising, the social justice (based on concepts of human rights and equality) and emancipatory underpinnings of the HPE syllabus, we must employ pedagogies in training teachers that are consistent with these ends. One approach that has been discussed at some length in the literature is the use of critical pedagogy (CP) in HPE teacher training programs. Tsangaridou (2006) believes that:

> Critical pedagogy offers a solution to interrupt the cycle of knowledge certainty in both health education and physical education, as a critical pedagogical approach implicitly seeks to “sensitize teachers to the ways in which knowledge is being used and the values that are implicit within it” (p. 504).

In adopting this approach, teachers may come to understand the content of the sociocultural syllabus, and gain some insight into processes and pedagogies that can be employed in the teaching of HE in schools. Simpson and Freeman (2004) believe that CP is a way by which to interrupt a “folk pedagogy of didacticism” (p. 242), they state that it is “…arguably a utilitarian creation better suited to a bygone age and is now rightly criticised as an ineffective way of encouraging and developing positive learning and understanding” (p. 242). Therefore, a central question for this doctoral research is **whether a critically-oriented HETE program can be an effective means of shaping ‘good’ socio-critical teachers of health education?**

There are enormous opportunities and “significant potential” (Cliff et al., 2009, p. 18) for HE to make a valuable contribution to the lives of children and young people. However, there are also substantial barriers in the form of ideologies and existing practices that need to be overcome to reach this potential. I am comforted here by Meyer and colleagues (2010) threshold concept. The authors maintain that once the threshold has been crossed and learners
have acquired new understandings, the transformation is irreversible and will “dramatically change [their] way of being in the world” (p. xiii).

If we, as a profession, continue doing what we have always done, then we will get what we have always gotten – the reduction of “the aspirations of [HPE] to the triumvirate of fitness, exercise and food” (Evans, Rich, & Davies, 2004, p. 387), and the massive emancipatory potential of the sociocultural curriculum will remain unrealised. If we can effect some meaningful change, it is hoped that:

Children, properly [health] educated, would leave schools with a profound and critical understanding not only of their unique health needs, but also of the ways in which these have been constructed, manipulated and perhaps obfuscated by the interests of the health industry (Evans, Rich, et al., 2004, p. 388).

As a former HPE teacher with 17 years classroom experience, and a current academic working with undergraduate teachers, I am hopeful that critical pedagogy is in fact an effective means of preparing pre-service teachers to implement the sociocultural health education curriculum in schools. To expose my bias, I have witnessed the power of HE when implemented as intended, and I want to believe that there is a means of ensuring that more teachers have the knowledge and skills necessary to achieve this. Producing HE teachers who possess a sound understanding of sociocultural and socio-critical health education, may contribute to educating and empowering young people to be change agents in a more equitable society, is a lofty, but socially equitable ideal, and one surely worthy of pursuit. In what follows, an examination of the scholarship regarding attempts in HPETE to address and minimise the dissonance in teachers’ socio-critical knowledge, attitudes and beliefs will be undertaken. As it will be shown, critical pedagogy has been a favoured, but troubling solution for like-minded academics who recognise the need to shake and stir pre-existing knowledge and attitudes of the fledgling teachers in their care.
2. Review of the Literature

2.1 Critical pedagogy in HPETE
The preceding chapter considered some of the problematics and issues surrounding the implementation of contemporary Australian HPE curriculum in schools, particularly the lack of engagement with, and implementation of, school-based sociocultural health education. It has been hypothesised that a curriculum based on a sociocultural view of health necessitates a more inquiry-based approach to teaching (Wright, 2004). In response, has been proposed that critical pedagogy is a useful inclusion in HPETE programs for addressing the dissonance between pre-service teachers existing knowledge and beliefs, and the knowledge and beliefs necessary to implement a sociocultural HE curriculum. Simpson and Freeman (2004) state that “CP is expressed in both content and process” (p. 346). Therefore, a CP approach is useful for two reasons. First in terms of content, to understand the principles of the socio-critical liberal curriculum, that has emancipation and inequality as underpinning principles. Secondly, CP as a process because it models appropriate pedagogy in HE that pre-service teachers can then mobilise when implementing the curriculum with their own classes. Whist the PE dimension of the curriculum is also reflective of sociocultural perspectives, other pedagogies can be successfully employed in PE for example sport pedagogy or performance pedagogy, particularly if focusing on the physical activity component of the discipline. However, as the following discussion will demonstrate, while CP, in all its forms, has been a favoured solution to addressing problematic knowledge, attitudes and enacted curriculum, scholars are divided on whether it is panacea or placebo for curing health education’s ills.

2.2 Emergence of CP
Critical theory evolved from the Frankfurt School (Crotty, 1998; Tinning, 1991), and is associated with the concepts critical thinking, critical reflection and critical inquiry. It has been generally described as being “... about understanding the relationship between power and knowledge. It is also about identifying inequalities and empowering individuals and groups to take social action to achieve change” (Culpan & Bruce, 2007, p. 3). Pedagogy has been more generally defined as the ‘art and science of teaching’ and is linked to instruction, curriculum and learning. This is however, a simplistic definition for an extremely complicated and complex process involving how teachers teach, what is taught and how one learns (Cassidy, 2000). As Macdonald (2002) notes, there have been three dominant, although not mutually exclusive, paradigms that have informed thinking about pedagogy: positivist, interpretive and
the critical paradigm. Within the positivist paradigm, technical skills, objectivity and certainty are valued. The interpretive paradigm, developed as a response to the positivist objective viewpoint, seeks to understand social reality. It is individual and context-specific and is “sensitive to learners, their needs, interests and motivations” (Macdonald, 2002, p. 169).

The critical paradigm is described as “a collection of critical theories” that are concerned with power and inequalities generally (Casey & Taylor, 2004), and more specifically considers:

…the study of limiting relationships, structures and conditions based on social class, gender, sexuality, disability, age, race/ethnicity and/or geographical location but also the need for action. To arrive at what is just and right in a given situation” (Macdonald, 2002, p. 170).

The relationship between critical theory and critical pedagogy is unclear, which Kincheloe and McLaren (2002) suggest is because there are many critical theories in the field. The authors suggest that the critical tradition is constantly changing and evolving, and provides room for dissent, even among critical theorists. In presenting one view of critical research and critical theory, Kincheloe and McLaren (2002) maintain that the critical researcher accepts basic assumptions which include the idea that thought is mediated by power that is socially and historically constructed; ‘facts’ are tied to dominant values; language is central to the formation of subjectivity; certain groups in society are privileged; oppression has many faces; and, “mainstream research practices…are implicated in the reproduction of systems of class, race and gender oppression” (p. 164). The authors view critical research and critical pedagogy as a means for researchers to “get behind the curtain” (p. 171), but acknowledge that before this work can be undertaken, critical pedagogical researchers in educational settings “must first understand what is happening in the minds of their students” (p. 166).

A critical pedagogical approach in PETE aims to “sensitize teachers to the ways in which knowledge is being used and the values that are implicit within it” (Tsangaridou, 2006, p. 504). Within the PE literature, critically–focused research appears under the terms of critical pedagogy (Culpan & Bruce, 2007; Macdonald & Brooker, 1995; Muros Ruiz & Fernandez-Balboa, 2005); critical inquiry (Wright, 2004; Zeichner, 1983); critical education (Ellsworth, 1989); critically-oriented (Curtner-Smith & Sofo, 2004); inquiry-oriented (Kirk, 1986); socially critical research/work/discourse (Devis-Devis, 2006; Hickey, 2001; Rovegno & Kirk, 1995); critical thinking (Gillespie & Culpan, 2000) and reflective teaching (Gore, 1987). Tinning (2017a), maintains that critical pedagogy is part of the larger discourse community known as “transformative pedagogies”. According to Tinning (2017b), transformative
pedagogies “require students to critically challenge their beliefs, values and knowledge with the intent of developing a sense of critical consciousness and agency” (p. 286). An underlying assumption is that the goal of empowerment lies at the heart of such endeavours, embracing a spirit of social justice, and having two dimensions of personal and social change. Thus, the critical project assumes many guises, one of the most widely utilised by academics and scholars in PETE is personal reflection.

Tinning (1995) identified three types of reflection based on Habermas’ (1973) concept Knowledge-Constitutive Interest as being technical, practical and critical. Critical reflection is concerned with “moral and ethical considerations and concerned with identifying the ideological forces which constrain practice” (p. 27). For Tinning, reflection is a key element of teacher education that is interested with the “social constructivist vision” (p. 27) of education. He emphasises the point that reflection is not purely an individual process, but must consider the broader project of schooling that is not simply ‘what I did’ or ‘how I did it’, but moves to address questions such as ‘whose interests are served by what I have done?’. Tinning (1995) advocates for pedagogies in PETE that assist in developing reflective teachers. Students themselves need to have dispositions that are open to reflective practice in a deep and significant way. Those who are accepting of knowledge and do not question knowledge, ‘just tell me what to do and I’ll do it’ students, are typically not good at critical reflection. Not surprisingly, Tinning (1995) warns that pedagogies for “developing reflective practice in the broad sense of the term, seem illusionary” (p. 51).

Considering sexuality education in schools, Sanjakdar et al. (2015) argue that critical pedagogy, as influenced by the Frankfurt School of thought and further developed by Freire (1973, 1974), is “a vehicle to explore and expand existing teaching pedagogies and cultural investments …as well as a way to contribute toward more effective teaching and student learning…” (p. 53). These authors examined four ways in which teachers enacted pedagogy in sexuality education classrooms that communicated a “critical intent” by considering dialogue, critique, hegemony and praxis. However, Sanjakdar et al. (2015) found that all too often the teachers in their study did not give students a chance to develop their critical thinking and therefore the reproduction of the dominant social system remained intact in classroom practice. These author’s concluded that… “crucial to a critical pedagogical approach to teaching sexuality education are teachers’ attempts to help student’s question and challenge domination” (p. 67).
2.3 Advocates for a socio-critical pedagogy in PETE

In response, and writing about teacher education more broadly, Zeichner (1983) considered what forms of pedagogy are best suited to foster a “critical spirit” (Zeichner, 1983, p. 6) in PST? Tinning (1991) also contemplated this question and concluded that the answer depended on the central objective of teacher education (Tinning, 1995). This could include purely training students to become effective teachers, however, Tinning (1993) states that teacher training programs have a responsibility to “train teachers to be reflective of their work in ways which embody a critical social perspective” and that “teacher education programs should be considered as sites of cultural production and reproduction and a key problematic for teacher education is to engage the power relations which mediate these processes” (p. 30). In fact, Sage (1993) noted the lack of critical perspective had “prevented the profession from forming meaningful interpretations about the connections of the wider society to the consequences of [PE] programs” (p. 153). Sage warned that PE needed to adopt a broader socially critical perspective because:

…by not employing a socially critical perspective to human movement practices, we are unable to see the extent to which PE practices are socially constructed by particular interests; we have difficulties recognising how hegemonic political and economic interests shape and mould the values of our world and how human movement practices reinforce and reproduce these same values (p. 153).

Sparkes (1991) considered a teacher’s beliefs, thoughts and assumptions as barriers to curriculum change because they form part of the shared community of beliefs, and become a part of the culture of teaching in schools. He concluded that critical reflection was a vitally important process through which “cultural interruption” (p. 10) could occur and curriculum change could take place.

Many agree that the adoption of a critical approach should be the preferred pedagogy in PETE (Curtner-Smith, 2007; Curtner-Smith & Sofo, 2004; Gillespie & Culpan, 2000; Hickey, 2001; Kirk, 1986; Kirk & Macdonald, 2001; Macdonald, 2002; Macdonald, 2005), and that PE is an excellent site for critical pedagogical approaches, due to the uniqueness of the subject area (Casey & Taylor, 2004). Other scholars have claimed that critical pedagogy actually provides a clear purpose for PE (Culpan & Bruce, 2007; Gillespie & Culpan, 2000) to challenge assumptions, beliefs and question the nature of physical activity and the movement culture in society (Gillespie, 2008). Moreover, other researchers and academics believe that CP in PE will have a vital role to play in making the subject more relevant to postmodern youth
(Macdonald, 2003, 2004a; Tinning, 2006), and for a “world of rapid change in which both flexible attitudes and enduring values have to play a part” (Penney & Chandler, 2000, p. 73). There is general consensus within the PE literature that CP provides a way to move PE beyond the idea of sport techniques alone (Smith, 2011) and is actually necessary for contemporary PE programs (Gillespie & Culpan, 2000), as it:

…promotes critical thinking and questioning about physical activity within a society, as well as informing actions regarding issues in the movement culture that affect both individuals and the social communities in which they live (p. 88).

With the turn towards the sociocultural curriculum over the past two decades in Australia, PE teachers have become increasingly responsible (at least in theory) for teaching the HE dimension of the HPE curriculum (Macdonald & Kirk, 1999). In response, PETE faculty have had to reimagine themselves as HPETE, to acknowledge this new role. Scholars not only advocate for the use of critical pedagogical approaches in PE, but also in HE. It is therefore a favoured and consistent approach across the two dimensions of the HPE KLA.

Advocating for the use of CP in HE specifically, Simpson and Freeman (2004) believe that the critical pedagogical approach advocated by Freire (1970), Bruner (1996) and Gardner (1999), “is the key to unlocking the potential of school students” (Simpson & Freeman, 2004, p. 341) and is of “enormous benefit” (p. 341) to education professionals. Speaking also from a HE perspective, Welch & Wright (2011) maintain that HPE teacher education programs should allow students to investigate their ideas and values about health, and actually have a “responsibility to destabilise, and interrogate truths pertaining to ‘obesity’, ‘overweight’, ‘bodies’ and ‘health’” (p. 202).

As far back as 2002, Tinning called for university teacher education programs in Australia to:

“… actually set about teaching student teachers how to implement a HPE curriculum that is coherent with social justice principles that are inscribed in contemporary policy and curriculum documents. Student teachers should learn how to implement a socially critical curriculum” (p. 229).

In seeking guidance for this work, Gillespie & Culpan (2000) have proposed a model for teachers working within the critical paradigm in sociocultural curricula. They describe this as a four-part model (Figure 1). Importantly, the author’s caution that the pedagogical role of the PE teacher will have to change to accommodate the sociocultural emphasis of the new
curriculum and so too will teacher education programmes. However, the authors fall short of describing pedagogical strategies suitable to achieve these goals.

Curtner-Smith and Sofo (2004) provide advice for improving PETE and for academics interested in using critical pedagogy in this space. They suggest the need to recruit more intelligent people to the profession. As they are commenting from the perspective of PETE in the United States, this has been identified as an issue. It may be less problematic in Australian Universities where PE teacher education courses have enjoyed relative popularity and consequently have had higher university entrance score requirements than other areas of teaching – particularly primary school teaching. These authors also suggest that PETE programs need to reconsider recruiting people on their sporting backgrounds (again, more widespread practice in the United States) and recruit students who view PE as more than just coaching. Instead, Curtner-Smith and Sofo (2004) recommend more attention be paid to the backgrounds and biographies of recruits with a view to understanding the kinds of socialisation that they have undergone at school. Controversially perhaps, these authors suggest that PETE should only take place in “universities where there is less focus on research and graduate education and more on undergraduate teaching” (Curtner-Smith & Sofo, 2004, p. 137).

2.4 Criticisms of CP in PETE
Critical pedagogy is not a panacea for PETE and has not been without its critics (Ellsworth, 1989; Muros Ruiz & Fernandez-Balboa, 2005). There is limited evidence of its success in PETE (Macdonald & Brooker, 1995; Ovens & Tinning, 2009; Tinning, 2002) and critics
question whether it is clearly understood or successfully applied (Muros Ruiz & Fernandez-Balboa, 2005). Tinning (2004) notes that, “…attempts to date by teacher educators to introduce HPE student teachers to some of the ideas and principles of the socially critical curriculum by means of critical pedagogy has been less than enthusiastically received…” (p. 244).

CP has been criticised for being rich in academic debate and light on the practicalities of implementation (Macdonald, 2003; Tinning, 2002). Culpan & Bruce (2007) call for more research into these issues and suggest the following questions could guide further development in this regard:

- To what extent do PETE programs examine philosophical positions in PE?
- Has CP been introduced to PETE programs?
- Are teacher educators held accountable for understanding pedagogical theories that are consistent with and applicable to the curriculum?
- In what ways do PETE programs provide examples of praxis that impact upon the larger community?
- Do PETE programs foster a balanced development of PE content, particularly in terms of the biological science and sociocultural aspects of movement?
- What do PE teachers know about becoming critical consumers within the movement culture?
- Are PETE programs teaching social responsibility? (p. 8)

Ellsworth (1989) is highly critical of the claims made by those undertaking practices in the name of critical pedagogy. Writing over two decades ago, Ellsworth argued there was scant evidence that practices implemented in the name of critical pedagogy altered power relations either inside or outside school. Additionally, she cautioned that critical pedagogues need to be transparent in claiming their political agendas, as “the critical education ‘movement’ has failed to develop a clear articulation of the need for its existence, its goals, priorities, risks or potentials” (p. 301).

Years later, Ruiz & Fernandez-Balboa (2005) remain critical of the effectiveness of CP in pre-service teacher education, stating that studies have in fact reported a “bleak picture”, and agree with Tinning’s attempt to address this through a “modest pedagogy” (2002). Research conducted by Ruiz & Fernandez-Balboa with 17 PETE students who claimed to practice CP (although had received no formal training in its methods), found that more than half of the participants did not fully understand the main principles and purposes of CP as presented in the literature. They report that many of these teacher’s methods were incongruent with the principles and purposes of CP, and this lack of understanding could be contributing to the limited success of PETE.
Concluding their paper, Muros Ruiz & Fernandez-Balboa (2005) question whether CP “... is a dream that cannot be realised, or is there a chance to actually implement it in ways that contribute to a better society (P. 245)”. The authors contend that the success of CP might rest with PE teacher educators who interpret and practice it. They strongly recommend caution and critical reflection on practice regarding the use and claims of CP effectiveness in PETE courses, while calling for more research into the area. **They criticise the current body of research for being based on small case studies of one or two teacher educators and for not delving deeply enough into the personal perspectives of PE educators in relation to their own pedagogy.**

Despite these limitations, CP has been widely advocated for in PETE in an attempt to encourage pre-service teachers (PST) consider the broader sociocultural impacts of PE (Tinning, 2002; Wright, 2004), to think beyond the scientific/technocratic nature of PE (Culpan & Bruce, 2007; McKay, Gore, & Kirk, 1990), so that a more significant contribution can be made to education (Macdonald & Tinning, 1995). Therefore, CP may have the potential in HPETE to:

...emancipate the teacher from lore and mysticism and to provide...a vocabulary for expression of practical experience. This process of emancipation lies at the heart of critical pedagogy, as it is only by relating the knowledge gained through the teacher education process to his or her own biography that the teacher can operate as an intelligent practitioner, capable of reflective self-development and wise to the complexities of the educational process (Kirk, 1986, p. 167).

Whilst acknowledging the lack of evidence around the effectiveness of CP in preparing HPE teachers to understand and embrace the socially critical curriculum, CP’s use in pre-service teacher training for classroom generalist teachers who must implement the HPE curriculum has rarely been tested. Research by Hickey (2001) reported modest claims of success, and recommended that more research into this area is needed. Additionally, most of the research has focused on **short-term impact of single** undergraduate courses in shaping sociocritical teacher identity. Given the lack of evidenced-based effectiveness, coupled with calls for more research, the question becomes to what extent can pre-service teacher education training lay claim to producing any particular **type** of teacher?

In considering this question, Tinning (2002) acknowledges that one of the issues for PETE is that:
Some students come to their course with an emotional commitment that might be said to be coherent with the agenda of critical pedagogy. For such students, there is a possibility of making a connection. For others (the majority), the intellectual rationale for a socially critical curriculum and reconceptualist vision of schooling is insufficient to change their practice (p. 234).

Can CP be useful in changing the beliefs and hence practice, of the students who are not intuitively or emotionally aligned to the critical agenda? Tinning (2002) considered whether the implementation of a socially critical curriculum does in fact require a critical pedagogical approach. He concluded that while there may not be a definitive answer to this, however, what other pedagogy might be appropriate? Tinning (2002) postulated three alternative socio-critical pedagogies: critical pedagogy, postmodern pedagogy and modest pedagogy, that may be of assistance in enhancing PST understanding of sociocultural HPE curricula.

More recently, a study by Ovens (2017) sought to address this gap and considered the effectiveness, problematics, aspirations of transformative pedagogies (including inquiry-oriented practicum learning, place-based learning, lesson studies, case studies, storytelling, peer teaching and negotiated learning) as applied in PETE. Ovens (2017) concluded that “students appear to initially struggle to embrace unconventional approaches and push back against the unfamiliar, particularly if these experiences are confined to individual courses or activities” (p. 304). However, he states that there is support for the contention that “overtime, sustained involvement in transformative pedagogical experiences does lead to deeper and more critical thinking about the purpose of education, one’s personal disposition, stereotypes and previously held beliefs as well as the needs and interests of the students” (p. 304). Oven’s (2017) cautions that these outcomes are difficult to predict, and aligns himself with Tinning (2002) in advocating for more modest declarations of the intentions of this work. Ovens (2017) also maintains that the effectiveness of these pedagogic devices are enhanced in PETE faculties when teacher educators are working together and not in isolation.

Additional issues for CP have focused on privileging the approach while marginalising other useful pedagogies (Fitzpatrick & Russell, 2015). Tinning (1995) cautions that adopting a critical pedagogical approach does not seek to deny the importance and worth of technical competence in teaching. Rossi and Cassidy (1999) acknowledge that “whilst this [technical] learning is important, it is sometimes elevated to a significance perhaps out of proportion with its functional utility and reduces the teacher to little more than a technician” (p. 189), with teaching being regarded as a low-grade activity undertaken by trained technicians having
served their apprenticeship. Thus, for example, trainee teachers know what teaching approach to use to achieve particular learning outcomes, but may not be able to articulate why that outcome is important. The focus is therefore on a process-product, ‘if you do this, then that happens’, model, rather than a model which focuses on why, and in which the complex, problematic nature of teaching, learning and of physical education are promoted. The traditional approach to teaching the subject is likely to be reinforced because trainee teachers generally deliver the curriculum without questioning how or why an activity is being taught and its impact on pupils. Thus, there is a self-perpetuating cycle and prior socialization is reinforced. These same teachers are also teachers of health education. Is it possible in a PETE program to challenge some of the deeply held assumptions by students, to shake up their knowledge and beliefs in a way that moves them along the socially critical paradigmatic continuum?

2.5 Attempts to implement CP in PETE

There has been some research on CP and its effectiveness in University contexts (Tinning, 2002) with PETE students and courses that focus on the movement culture more broadly and not health education specifically. Many of these studies have attempted to incorporate critical reflection with students attempting to have them question and critique their own practices, attitudes, values and beliefs and broader sociocultural issues. It has been thought that the ability to critically reflect on practice and knowledge is at the heart of fostering a socio-critical perspective. Grant and Zeichner (1984) note that if teachers want an active role in shaping their own occupational identities then it becomes important to be “constantly critical and reflective about that which is presented…and that which has been omitted” (Grant & Zeichner, 1984, p. 113). A summary of the research into critical pedagogy’s strategies and practices, including critical reflection will now be undertaken with a view to highlighting problematics, potential and questions raised by existing research.

Almost three decades ago, Kirk (1986) pre-empted the change to a sociocultural curriculum in HPE and called for the development of critical pedagogy through teacher education and outlined a framework for an Inquiry Oriented approach to PETE. The proposed solution involved grounding theory in student’s own experiences and encouraging them to distance themselves from their practice to enable reflection. Kirk’s (1986) framework aimed to establish knowledge that supported the teaching act itself by focusing on knowledge about general procedures or courses focussing on situations arising in the classroom. The second
focus was to be on “curriculum studies” which was to involve an examination of the political, social and ethical dimensions of:

…curriculum design, innovation, evaluation and the nature of knowledge in PE, how this knowledge can be taught and possible consequences of different approaches and how students can and should be assessed (p. 240).

Kirk (1986) felt that this approach would assist students in making sense of the knowledge they gained during teacher education; enable them to relate it to their own biographies and through the process of reflection, apply it to their professional lives and “so make a significant contribution to an emancipatory educational experience through schooling” (p. 241).

This idea of critical reflection in PETE was explored further by Gore (1987) in her attempts to implement CP through a reflective teaching approach. Gore articulates concern over the trend in teaching towards technocratic rationality – a focus on how to teach rather than why we teach certain content, and maintains that this intellectual approach devalues and marginalises feelings. She critiqued Cruickshank’s (1985) approach to reflective teaching that divided pre-service teachers into small groups and gave them an identical lesson to prepare. Lessons were content free and teachers had to decide how to teach the lesson within specified guidelines. Following the lessons, students engaged in small group reflection, then reflected as part of the larger group.

Gore (1987) concluded that there was little evidence that the reflective teaching model was better than other models of reflection on practice, and is based on the erroneous assumption that “how one teaches can be separated from what one teaches” (p. 35). She concludes that the content-free nature of the approach may inhibit the development of reflective teaching as “material which is unfamiliar and about which the student is not impassioned is unlikely to produce good teaching” (p.35). Thus, Gore recommends that future reflective approaches with pre-service teachers include students questioning their assumptions and biases and how they affect their teaching, reflection by students on their own socialisation into teaching, and reflection on different paradigms that shaped attitudes towards classroom practices.

Continuing this work on reflection on practice, Macdonald & Brooker (1995) acknowledged broader pressures that tertiary institutions were under to be more accountable and performance-oriented and to create graduates “who are not only technically and intellectually competent but who are also likely to practice…in a socially responsible way” (p.99). They were interested in
exploring ways to create independent, creative thinkers and to develop deeper approaches to learning and thinking that included “reflecting on knowledge, skills and experiences” (p. 101). To this end they conducted an action-research project with PETE students at their university. Their intent was to implement a CP in which socially critical subject matter, negotiation, reflection and praxis worked together in developing “socially responsible professionals”.

They monitored student’s reactions to CP over two years. They concluded that not all students valued the focus of the course and for many it was “initially perceived as being peripheral to their major interests, practice teaching and scientific knowledge” (p. 107). They noted opposition also from other faculty members and suggested that the course itself was unique compared to other coursework on, offer particularly regarding the emphasis on reflective practice. Some encouraging outcomes were reported, for example, students were more confident, socio-politically aware, innovative and caring when they moved into their subsequent major practicum, however, they still valued technical knowledge. The authors concluded that “...much unlearning has to occur for many students before they are willing to accept the need for a more critical orientation to professional preparation” (p. 107). Macdonald and Brooker (1995) further point out that change needs also to occur at the university level, between staff ownership of courses and the competitive and individual nature of assessment. More recently, Fane and Schultz (2017) attempted reflective writing in HPETE to encourage students to think about health in socially critical ways found evidence of pre-service teacher’s individualistic thinking about health. These scholars call for more disruptive pedagogies to be employed in HPETE to challenge these narrow constructions of health.

Devis-Devis and Sparkes (1999) report the impacts of an indirect critical pedagogical approach to PETE in a Spanish University. In a course that was focused on theoretical aspects of physical activity, games, sport and physical education, students were required to read three texts, one of which focused on a socially critical perspective of sport in society. The authors reported that one student, after reading the text, actually burnt the book. The student in question was confronted for the first time by what he perceived as a negative view of sport which instigated a personal crisis for him, threatening his ontological security. After conducting a series of life history interviews with the student, Devis-Devis and Sparkes (1999) made recommendations for the inclusion of CP in pre-service teacher education and caution that academics undertaking this work might:
…find themselves swimming against the tide of the explicit and hidden curricula of their PETE programmes, but their approach might also cause what might best be called a narrative anxiety for the students. These students are then likely to adopt a range of coping strategies that, even though they are less dramatic than …book burning, are none the less as effective in protecting their preferred identities and senses of self and thereby deflecting them from any engagement with the implications of critical reflection (p. 148).

While falling short of recommending CP not be undertaken in PETE, but rather doing so with caution and informed by an “ethic of care” (p.148).

Working with four students at Deakin University, Cassidy (2000) experienced limited success implementing CP in a methods course for primary school PE. She concluded that it was not “easy and not possible to provide a how to guide” (p.240) on how to implement CP, but did offer the following advice:

Socially critical perspectives might be more readily engaged with if the PETE content was incorporated into student teacher existing knowledge frameworks rather than viewed as a replacement for such frameworks (p. iii/iv).

Cassidy (2000) agreed that the socio-critical liberal curriculum documents “behoves teacher education institutions and teacher educators to equip” prospective teachers with at least some of the principles of the socially critical agenda, but was sceptical about the capacity of those involved to realise this intention.

Hickey (2001) also attempted to implement a critical pedagogical course in PE at Deakin University to third and final year of Bachelor of Teaching (Primary) students. The course was called Pedagogical Studies in PE, and was designed to certify students as being able to teach PE from prep to year 10. Hickey intentionally constructed the course to “nurture greater critical consciousness in the ways student teachers thought about, conceived of, theorised and practiced their PE teaching” (p. 228). The course was also framed around praxis (bridging the gap between theory and practice) with reflection being a key component of the course. The course deliberately set out to present a problematic view of teaching with Hickey admitting that he was “…convinced, and still am, that critical theories of more just and equitable approaches to PE pedagogy should be an integral part of all PE programs” (p. 228). Hickey cautiously concluded that his study provided some grounds for optimism for the future of critically oriented teacher education programs, provided some additional support measures were implemented for students by staff which included:
a climate of unwavering respect and democracy; continuity of support across the range of contexts associated with their studentship; enough practical referents for change to be understood and experienced positively, and opportunities for pedagogical risk-taking or experimentation (p. 244).

Working in a large university in south-eastern United States, Curtner-Smith and Sofo (2004) considered the impact a 10 week critically-oriented methods course had on early field experience of 20 secondary pre-service teachers. These authors found that students in the study valued technical skills in PE and that the “purposes of schooling and education were taken for granted rather than viewed as problematic” (p. 134). Curtner-Smith and Sofo (2004) postulated the reason for this was due to the conservative socialisation that many of these pre-service teachers had experienced before their training. Their subjective warrants meant that they were “likely to resist any attempts to socialise them towards other perspectives” (p. 135). Amongst several reasons provided for this phenomena, the authors noted that critical methods course had a marginal status within the PETE program as a whole, confirming findings by previous research (Macdonald & Tinning, 1995). They also theorised that the stage of pedagogical development that students were at, meant that they were focused on the adoption of technical skills and classroom management issues, and were therefore not ready to embrace socially critical concepts.

Several years later, Ovens and Tinning (2009) were interested in determining whether student teachers enacted reflection differently as they encountered different situations within their PETE programs. In a case study approach, they found that students demonstrated the ability to be critically reflective when the context was constructed around the discourses of social justice and emancipation such as those in the sociocultural course. However, student reflection differed when it was situated in a practicum context when issues of classroom management and control dominated the discourse. Authors concluded that “certain contexts may be more conducive than others to promote critical reflection” (p. 1130). Additionally, four of the five students involved in the study choose to reflect, as fourth year students, on one of their first-year courses - The Sociocultural Foundations of Physical Education. The author’s report that two of the students reflected on the course as being a “transformative learning experience” (p.1128), recalling that the course represented the introduction of critical thinking to student’s worlds. Authors concluded that the course enabled students to make sense of their worlds in different ways and “had a reorienting effect on their personal epistemologies” (p. 1128). A possible explanation of the delayed impact of the critical methods course on the
student’s beliefs is offered by Smith (2005), drawing on Maslow’s Hierarchy of Needs to explain that:

Personal beliefs are probably deferred by trainee teachers until they have met their basic physiological needs...[and] more urgent priorities. Personal beliefs are increasingly important at Maslow’s higher levels which are usually reached later in the training process or teaching career (p. 211-212).

Continuing the exploration of changing perceptions of critically oriented PETE courses, Philpot and Smith (2011) used a case study approach to examine the different beliefs between beginning and graduating PETE students about the nature and purpose of PE. The authors found that graduating students could identify social perspectives in the role of PE. They claimed this was evidence of graduates’ awareness of broader social issues that the beginning teacher cohort were unable to articulate. Further, the graduating students saw a need to introduce a form of socially critical pedagogy into their teaching but were still “not sure how they would do this” (p. 42). The authors attribute this desire to the overall nature of the Bachelor of Physical Education program, that explicitly promoted critical pedagogy and reflective thought, presented knowledge as being problematic and explicitly encouraged students to participate in self-examination of their assumptions and beliefs.

In a final and more recent study, Fane and Schultz (2017) sought to engage pre-service teachers in socio-critical ways of implementing CP in HETE specifically. Students in this study were enrolled in a first-year course at an Australian university, with the study focussing on the effectiveness of the course in engaging students in a social view of health by specifically challenging notions of neoliberal individualised and ‘healthiest’ understandings of health. The authors found that despite their efforts, students frequently and “unknowingly slipped into individualistic ways of thinking” (p. 511)

2.6 Summary
This review of the literature has demonstrated there is a general lack of convincing evidence regarding the effectiveness of critical pedagogy in HPETE, although there are some glimmers of hope. The research also provides little guidance as to how critical pedagogy can be implemented in PETE so that the principles of the socio-critical agenda are adopted by students into their belief systems and therefore their teaching practice. The studies have by their own admissions have reported ‘limited’ success with respect to these outcomes. However, for those who remain committed to the view that it is the responsibility of education to play a part in the
transformation of society into a more just and equitable place, CP or a version of (including Tinning’s (2002) Modest Pedagogy or Post-Modern Pedagogy), can be useful in preparing teachers to interpret and teach the HE curriculum documents.

There is some evidence to suggest we should remain optimistic about the contribution that CP can make in moving students along the socio-critical continuum or “the critical project” (Cassidy, 2000, p. 8) in HE in particular. Simpson and Freeman (2004) maintain that the alternative positivist and traditional approaches are not capable of appropriately representing the nature and complexity of health education issues. On the issue of critical reflection, Ovens and Tinning (2009) suggested that some contexts in which PETE was undertaken were more conducive to critical reflection; and HE context may in fact be more conducive than a PE context. Cassidy (2000) suggested greater receptivity to sociocultural messages might be achieved by incorporating HPETE knowledge rather than replacing existing knowledge, stating that:

“socially critical perspectives might be more readily engaged with if the PETE content was incorporated into student teachers existing knowledge frameworks rather than viewed as a replacement for such frameworks” (p. iii/iv).

It could well be that student’s expectations and past experience with health education has been different to the predominantly biomedical/technocratic socialisation that many students have experienced in PE, making the PETE experience less like “science fiction” (Curtner-Smith & Sofo, 2004) and therefore less likely to be “disavowed” (Ennis, 1994). This may reduce the dissonance students experience between existing knowledge and beliefs and that imparted during their teacher education training courses.

Tinning (1995) posed the question as to what other pedagogies might be appropriate in pre-service teacher training programs and wondered whether it was indeed “possible to teach the ideas of CP by use of methods which are epistemologically located within a different discursive field”? (p. 83). If one agrees that the over-arching goal of education is emancipation and social justice, that is, committed to the “social reconceptualist project” (p. 34) then arguably from a HE perspective, the answer to Tinning’s (1995) question is no. CP is completely consistent with the philosophical objectives and explicit learning outcomes of the sociocultural HPE curriculum documents that emerged in Australia in the 1990’s - i.e. a socially critical agenda - and therefore I would argue that the inclusion of this approach in preparing students to embrace and implement the syllabus is more than desirable, it is imperative.
However, some important questions remain unanswered considering the scholarship concerning the use of critical pedagogy in HPETE. Notably, addressing criticisms levelled at the claims made by critical pedagogues regarding the effectiveness of their endeavours, and filling in the sketchy details around what CP looks like in practice. Enduring questions such as:

- How CP is being enacted in HPETE?
- How do students engage with this?
- What are the implications of this engagement (or otherwise) on students personally and professionally?
- Is critical pedagogy a useful strategy in HPETE to develop teachers of HE who possess sound understandings of the sociocultural HE curriculum and associated pedagogies?
- What are the implication of this for HETE? Is critical pedagogy a pipe dream that needs to be relegated to the ‘pedagogically interesting but largely ineffective’ domain?
3. Methodology and Methods
In the previous chapter I attempted to consider the voluminous and ever-increasing body of literature that concerns some of the problematics around teaching health education, particularly when personal attitudes, values, and beliefs of teachers, coupled with broader social health agendas, meet school health education curriculum. The review revealed that one way that HPETE is attempting to address these issues is by employing critical pedagogy to disrupt some of the problematics and taken-for-granted attitudes, values and beliefs of teachers that are discrepant to the contemporary sociocultural/critical HPE syllabus documents. As discussed in Queensland both in primary and secondary schools HE is taught by both HPE trained specialist teachers and; primary school generalist teachers who encounter health education through classroom teaching of one HPE as a key learning area. Drawing primarily from the PE literature, many critics maintain that critical pedagogy, and critical pedagogues, have failed to name specific practices used in the name of critical pedagogy. The literature is vague concerning the impacts on students because of this engagement, particularly in the context of HETE. Overall critics claim that strategies employed in the name of critical pedagogy have failed to establish traction with students and therefore live up to their lofty emancipatory claims. Of primary interest to this doctoral research project concerns whether the use of critical pedagogy in HPETE is an effective means of moulding good socio-critical teachers of health education, teachers who understand the intentions of contemporary sociocultural HPE curriculum and possess appropriate knowledge and pedagogical tools to implement it as intended?

In this chapter, I outline the design of a research project that will explore whether critical pedagogy is in fact a useful tool to employ when preparing PST to teach health education. In doing so, I situate this research ontologically, epistemologically, and will endeavour to align research theoretical perspectives, methodologies and methods to these world views (Figure 2). Ultimately, I propose and justify an analytical lens that can best illuminate the myriad of factors and forces that shape pre-service teacher’s sociocultural identity and finally arrive at the specific research questions that this research will consider.
3.1 Ontology and Epistemology

According to Crotty (1998) ontology is the study of being…with ‘what is’…the structure of reality” (p. 10) and sits beside epistemology which concerns what it means to know. Crotty (1998) notes that “[o]ntological issues and epistemological issues tend to emerge together” (p. 10). The epistemology for this research is constructivism and as such this research ontology also assumes the construction of meaningful reality. Richardson (1997) describes constructivism as a “learning or meaning-making theory” (p.3) which implies individuals: create their own new understandings, based upon the interaction of what they already know and believe, and the phenomena or ideas … they come into contact [with]” (p. 3). From this epistemological perspective, meaning is not discovered but rather constructed, as opposed to the positivist tradition which views knowledge as fixed, single, agreed on and measurable (Merriman, 2002). Crotty states that “meanings are constructed by human beings as they engage in the world they are interpreting” (Crotty, 1998, p. 43) and therefore, knowledge is constantly evolving over time and is primarily an individualist understanding that focuses on individual perspective. This research has been placed in the epistemology of constructivism as it is focused on individuals (and the researched) making sense of the world.

Crotty (1998) contends that “the knower cannot be conceived as being artificially objectified and a solitary individual isolated from a historical and sociocultural setting” (p. 6). Race,
ethnicity, class, gender and sexuality all set limits on what a person understands about themselves and the world’s they live in. Crotty (1998) says that “truth [and] meaning comes into existence in and out of our engagement with the realities in our world” (p. 9) and strictly speaking should be labelled as ‘social constructivism’. To this extent, this research supports the notion of multiple truths (Stake, 1995), as meaning is inextricably linked to the meanings of the study’s participants, which may be different to meanings constructed by different participants in alternative settings. As the researcher I am entangled in this constructed view of reality. On this issue, Crotty (1998) reminds us that:

We need to recognise that different people may well inhabit quite different worlds...[with] diverse ways of knowing, distinguishable sets of meanings, separate realities. At the very least, this means that description and narration can no longer be seen as straightforwardly representational of reality. It is no longer a care of mirroring ‘what is there’” (p. 64).

I acknowledge that my narration of events within this study is flavoured and biased by my own ontological position, with my culture, society and community and woven through the weft and warp of the account I present, reality I have co-constructed.

3.2 Theoretical Perspective

Poststructuralism is the theoretical perspective chosen for this research and is consistent with the constructionist epistemology, although it is interesting that “constructionists are not per se post[structuralists]”(Crotty, 1998, p. 186). For some scholars, poststructuralism and constructivism might make strange bedfellows and some scholars have argued a lack of alignment between the two, particular with regard to the issue of power (Richardson, 1997), however, for others there are pillars of consistency between the two perspectives. Pouliot (2004) argues that “social facts are the essence of constructivism” and these social facts “constitute an ontological common ground for constructivists” and poststructuralists (p. 319). Kincheloe and McLaren (2002) maintain that just as critical theory has informed critical pedagogy, post structural theory also has a critical lineage which will be unpacked here. Firstly though, clarification of some terminology in this space is required. As there is slippage between the terms postmodernism and poststructuralism in the literature and general confusion between these terms and critical theory, I will attempt to clarify the terms with a view to providing boundaries around this research. Adams St Pierre (2000) advises that we have a responsibility to bodies of thought and practices that attempt to describe them and to examine how they function in the world. Even for experts in the field, postmodernism is considered to be “the
most slippery of terms” (Crotty, 1998, p.183) and the confusion and complexity in defining the term comes from the realization that postmodernism means different things to different people. If ‘post’ is taken to mean after, then postmodernism occurred after modernism. Crotty (1998) informs us that the modern world is characterized by rationality which was embodied in the certainty of sciences. Thus, Modernism places “great faith in the ability of reason to discover absolute forms of knowledge” (p. 185), with science and scientific method the main ways in which truths and realities are revealed. Postmodernism on the other hand, is the rejection of what modernism stands for and in particular rejects all claims to truth. Postmodern scholarship sits comfortably in the ‘mess’ of “ambiguity “(Crotty, 1998, p. 185). To confound the use of the terminology, postmodernism and poststructuralism are often used interchangeably in the literature (Macdonald, Kirk, et al., 2002).

Fendler (2010) maintains that poststructuralism has its roots in linguistics and anthropology, while postmodernism emerged in architecture and the arts. Macdonald and colleagues (2002) differentiate further between the two terms, reporting that postmodernism is a term used primarily by North American education and social science scholars, and poststructuralism is more commonly used by Europeans. Wright (2003) notes the difference between the two terms, but also acknowledges commonalities, as both share a “need to problematize systems of thought and organization and fixed notions of identity or social relations” (p. 34).

In speaking of the contribution of postmodernism to scholarship, Scheurich (1997) contends that postmodernism is:

Western civilization’s best attempt to date to critique its own most fundamental assumptions, particularly those assumptions that constitute reality, subjectivity, research and knowledge (p. 2).

Moreover, this ‘critique’ is not an easy game to play and therefore Macdonald, Kirk, et al. (2002) advise a reflexive approach to the questioning of underpinning assumptions, in the spirit of a critical/social justice approach. These authors advise that postmodernism/structuralism do not fit with any one way of working with data and therefore “as a theoretical perspective, does not immediately suggest a methodological practice” (p. 143), and different researchers have engaged with the work in diverse ways. The idea of critical ethnography in poststructural contexts is explored by Kincheloe and McLaren (2002), who believe that this type of critical research empowers researchers to “dig more deeply into the complexity of the construction of the human psyche” (p. 92) and provide new tools with which to consider the relationship
between various modes of “power, identity, libido, rationality and emotion” (p. 92). The authors also acknowledge the importance of discourse in regulating and dominating human subjects.

Within the poststructuralist project ‘discourse’ has occupied a central role and is taken broadly to encompass “systems of beliefs and values that produce particular social practices and social relations” (Macdonald, Kirk, et al., 2002, p. 143). Adams St Pierre (2000) suggests that Foucault’s work on discourse “changed the way we think about language and how it operates in the production of the world” (p. 484). Discourse is distinct from language – it is more than linguistic – and can broadly be described as “everything we can access with our minds” (Fendler, 2010, p. 36). Discourses are historically, socially and institutionally located. In a poststructural sense, discourse does not provide definitions or meanings – all meanings must be deferred (Adams St Pierre, 2000). According to Adams St Pierre (2000), discourse within the poststructuralist paradigm is concerned with questions such as how discourse functions, where it is found, how it is produced and regulated, the social effects and how it exists. The concept of discourse is important in the context of this current poststructural research project as it aims to describe “surface linkages between power, knowledge, institutions, intellectuals, the control of populations and the modern state as those intersect in the functions of systems of thought” (Adams St Pierre, 2000, p. 485). Discourse is more than a way of thinking – discourses become a way of acting in the world.

Macdonald, Kirk, et al. (2002) note, it is though discourse that meanings, subjects and subjectivities are formed. The author’s note the connection between these concepts and poststructuralism stating that, “…poststructuralism does by its very nature raise questions about how selves are constituted, how power-knowledge relations change across times, places and in the context of different social, political and cultural contexts (p. 143)”. Wright (2003) reminds us that some discourses are more powerful and are taken up more ubiquitously than others across multiple sites, however once discourse becomes “normal and natural it is difficult to think and act outside it” (Adams St Pierre, 2000, p. 485). Discourse studies do not explain why some discourses are taken up, or why some are adopted, but in diverse ways. Poststructuralism assumes that individual subjectivities are formed by drawing on existing discourses. In the context of this doctoral research, particular discourses are mobilized within HETE in an attempt to shape quality HE teachers. However, the complexities of this are evident as students do not arrive at pre-service teacher education as ‘cleans slates’, they come with subject identities.
already well established; they have firmly established ideas of what constitutes being a good teacher of HPE.

According to Adams St Pierre (2000), other concepts, apart from discourse, have been the focus of poststructural scholarship - power, resistance and freedom; knowledge; truth and the subject. On power, resistance and freedom she notes that, poststructuralism has “re-inscribed” (p. 488) these concepts due largely to the work of Foucault. Foucault has enabled us to view power as not belonging to an individual, but as being “mobile, reversible and unstable” (p.490), and power as being productive, rather than simply in a negative sense. Foucault speaks of ‘power relations’ or ‘relations of power’ as he sees power as being ever-present in all human relationships. Moreover, that power is not owned entirely by one person more than another, but that power is dynamic.

Foucault also examined the relationship between truth and power in what he termed genealogy and at the center of this is Foucault’s concept of discourse. According to Adams St Pierre (2000), genealogical studies are interested in “the discourses and social practices represented in historical documents” (p. 497) in order to learn how various socially constructed concepts for example madness, homosexuality, delinquency have become concepts which speak a certain truth. Genealogical analysis allows us to see how “operations of power have produced certain knowledge and truth about [concepts] that have become self-evident” (p. 499). Poststructuralism acknowledges the complex webs of power relations and, “…the grids of regularity produced by discourse and cultural practices, we are obliged to give up on the Enlightenment promise of an innocent knowledge, one that will lead us to the truth and set us free” (p. 499).

Williams (2005) maintains that poststructural works are political in that they change our world views in many ways, e.g. in relation to our bodies, sexuality, gender, relations with others, the environment and the unconscious. The author believes that poststructuralism shows that power is not limited to social organisations and Foucault demonstrated this in his work by tracing political power through practices, institutions, shapes of buildings, biopower etc. Williams (2005) therefore asserts that Foucauldian poststructuralism was developed through a series of historical studies, and that he can be classified as a philosopher-historian with his feet firmly planted in the poststructural camp, providing scholars with “a new poststructuralist
form of historical critique” (p. 106), looking at the relationship between individual and social structures in different ways.

Hallmarks of poststructuralist thinking involve the ideas of doubt and uncertainty – the deliberate questioning of truth claims as serving particular interests. Being comfortable with partial knowledge and a claim to not having all the answers, but rather opening spaces where new questions can be asked; new methodologies can be developed and explored, which themselves will become the subject of questioning and critique. This uncertainty is addressed by Britzman (1993) who acknowledges that in poststructuralism, “all categories are unstable, all experiences are constructed, all reality imagined, all identities are produced and all knowledge provokes uncertainties, misrecognitions, ignorances and silences (p. 22)”. Comfort in the discomfort of uncertainty is necessary for those wishing to undertake poststructural and Foucauldian research. Oksala (2007) cautions those embarking on such work “to get closer to Foucault’s intent, it helps if one is willing to question the ingrained social order, give up all truths firmly fixed in stone, whilst holding on to a fragile commitment to freedom” (p.1).

3.2.1 Foucault and Critical Pedagogy

As discussed previously, Foucault himself refused to be classified, particularly as a structuralist, however some scholars have classified him as a poststructuralist (Williams, 2005) or at least having poststructuralist elements to his work, particularly his work on power (Crotty, 1998). Again, in label-avoidance mode, Foucault would probably not categorise his work as critical in the pure Frankfurt sense of the word, but many scholars have used his work in critical ways across diverse fields, see for example work on poststructural discourse analysis (Graham, 2011); critical scholarship in medical humanities (Petersen, 2003) and critical social policy (McKee, 2009). Of interest to this doctoral research is the work of Sicilia-Camacho and Fernandez-Balboa (2009). In attempting to devise an alternative approach to critical pedagogy for use in PETE, the authors drew on Foucault’s work on sexuality, specifically ethical self-reflection and the care of the self. The authors discuss the connections stating that:

Perhaps sexuality may appear not to have much to do with education, and even less so with PETE or CP. Yet, Foucault, himself, did not dismiss the possibility of applying his ideas on this subject area to other fields (Foucault, 1992b). He recognized that his work on sexuality could be useful to many other domains due to the fact that his main interest was not sex, for its own sake; but, rather, the modes of self-relation and the practices through which individuals constitute and recognize
themselves as subjects (Foucault, 1990d). It is in this sense that Foucault’s analysis proves to be helpful to us for viewing CP in PETE (p. 446).

The work of Sicilia-Camacho and Fernandez-Balboa (2009) provides some justification for this current research project by placing Foucault’s work in the critical pedagogical domain.

3.2.2 Foucault and The Subject

The subject occupies a key position in poststructuralist studies and Foucault’s work (O’Farrell, 2005). Foucault himself acknowledged his profound interest in “how human beings are made subjects” (Foucault, 1982, p. 208). O’Farrell (2005) describes the subject as “a philosophical category which describes an entity which is able to choose courses of action” (p. 110) and emerges through, and can be modified by, discourse. Fendler (2010) acknowledges that Foucault uses the term “subject” in five separate ways in his scholarship – as a grammatical sense; topic or focus of investigation; a person who is governed; the opposite of object and as a disciplinary domain. She states that Foucault’s theory of the subject “included all these meanings simultaneously” (p. 53). For Ball (2013), Foucault had two meanings for the word “subject” – “subject to someone else by control and dependence, and tied to his own identity by a conscience or self-knowledge” (p. 125). In both meanings, a form of power is implicated, that both brings one under control and makes one subject to.

Subjectivity refers to identity or the self but it is “what we do, not who we are” (Ball, 2013, p. 125) - that is, the active process of becoming certain subjects. Subjectivity is the product of discourses, ideologies and institutional practices (Danaher, Schirato, & Webb, 2000). Fendler (2010) acknowledges that from a poststructuralist perspective, subjectivities are formed by “drawing on existing discourses or sets of meanings” (p. 43). Blackman, Cromby, Hook, Papadopoulos, and Walkerdine (2008) contend that subjectivities are “unfinished, partial and non-linear” (p. 16) and are formed through power relations. The authors point to the work of Deleuze and Guittari who remind us that subjectivity materializes in the social world, which is itself, socially constructed. The subject and subjectivities “are used to denote the ways in which selves are formed in and through language and other systems of meaning” (Macdonald, Kirk, et al., 2002p. 142/143)

Subjectivation is a term that features predominantly in Foucault’s work. This term captures the processes that produce subjects, as there exists no self, prior to power. Thus, the subject is produced in three diverse ways – through bodies of knowledge, through dividing practices
(mad from sane; criminals from law-abiding citizens; healthy from unhealthy etc.) and finally
the way individuals have learned to recognize themselves as subjects of particular kinds e.g.
enterprising, heterosexual etc. According to Ball (2013), these modes combine under the
Foucauldian term “government” which includes all the ways in which we are governed – from
political government to forms of self-government. Adams St Pierre (2000) acknowledges that
subjects are free to take up or resist certain subject positions resulting from discourses
circulating within cultures. However, “a different kind of agency must be theorized since the
discursive subject is not free to do as it will” (p. 502). Instead, the subject constructs itself by
taking up particular cultural discourses and practices, but it is also subjected by the same
phenomena.

It is anticipated that these concepts, power, knowledge, truth, discourse and the subject, will
feature in this research project and that poststructural ideology will inform my understanding
of these concepts as they play out in HETE. Thus, Poststructuralism sits comfortably with this
research as:

…people and practices are never seen in isolation but in the context of complex
webs of social relations and institutions. Poststructuralism research makes
visible what has been invisible; it provides new ways of seeing and therefore
(Emphasis not original)

3.3 Methodology
This research is conducted as case study research using reflexive ethnographical approach. Aull
Davies (2008) defines ethnography as:

…a research process based on fieldwork using a variety of mainly (but not
exclusively) qualitative research techniques …[and] draws its data primarily from
this fieldwork experience and usually emphasizes descriptive detail as a result” (p.
5).

The concept of reflexivity is considered significant in this research project due to complexities
concerning the methodology of this research and thus in the interest of ensuring trustworthiness
of the data gathered. According to

…reflexivity is the incorporation of the researcher’s background, knowledge, bias,
methodology, and perspective superimposed onto a study. Reflexivity represents
what the researcher knows about himself and the participants, continuously
recorded as a way to offset preconceived notions about the research which might
interfere with data analysis and interpretation (Malterud, 2001). In other words, to
what extent has the researcher worked to neutralize his or her own bias, motivation
or interest as findings are reported?
Shutt (2015) simply defines ethnography as the “study of a culture or cultures that some groups of people share, using participant observation over an extended period of time” (p. 333). This is consistent with this research which involves the study of a group of students and their experience of a university course over the period of one semester.

Ethnography focuses on human society and culture, on beliefs, values and attitudes that structure behaviour patterns of particular people (Merriam, 2009), and is a way of engaging “critically with and developing interpretations of ‘the real’ (Ball, 1994). According to Ball (1994) this work is often disruptive, focused on giving voice to the ‘unheard’, and about power-knowledge relationships in multiple settings which serve to divide marginalised perspectives. Working in this paradigm, the researcher attempts to view phenomena from the participant’s perspective. In this doctoral research, feedback from participants is sought on specific pedagogical strategies and techniques, therefore semi-structured instead of unstructured interviews have been chosen to ensure that opinions are captured, but to also leave scope for participants to tell their own stories and recall their own authentic experience of the courses at the center of this research.

Reflexivity is critical when conducting ethnographic research, as all researchers are to some extent “connected to or part of, the object of their research” (Aull Davies, 2008, p. 3). Therefore, questions will always be asked as to whether the results of the research are a part of the researcher’s presence and to what extent they have been influenced by the researcher. Reflexivity or “turning back on oneself, a process of self-reference” (Aull Davies, 2008, p. 3) is critical to ensuring the trustworthiness of the social research process. As Smith (1987) reminds us, qualitative research in general is marked by “self-examination and criticism of the roles established, of the methods used, and of mistakes made” (p.175), and therefore reflection is integral to the process. Reflection is critical in this particular research where

Smith (1987) notes that all qualitative research is context sensitive and necessitates the belief that “the particular physical, historical, material and social environment in which people find themselves has great bearing on what they think and how they act” (p. 175). Accordingly, the methodology chosen for this research is case study. Stake (1995) believes that case study research is useful when “the case itself is of very special interest” (p. xi) acknowledging the limitations of case studies which are bounded by time and place (Cohen, Manion, & Morrison, 2011; Philpot & Smith, 2011; Stake, 1995); however case studies seek depth in understanding
(Merriman, 2002). Stake (1995) suggests that case study research is most useful when we have a sincere interest in seeking to understand people and programs, which is consistent with this research project. Cohen et al. (2011) believe that case study research provides:

…a unique example of real people in real situations enabling readers to understand ideas more clearly than simply by presenting them with abstract theories or principles. Indeed, a case study can enable readers to understand how ideas and abstract principles can fit together. Case studies can penetrate situations in ways that are not always susceptible to numerical analysis” (p. 298).

Stake (1995) identified several types of case study research: intrinsic, instrumental and collective. This research is arguably more consistent with Stake’s notion of an instrumental case study as “the focus of the study is more likely to be known in advance and designed around established theory or methods” (Grandy, 2010, p. 474) and therefore exploring the impact of critical pedagogy as an established teaching method sits comfortably within this dimension.

Case studies have been utilised in similar research exploring the usefulness of specific pedagogies in PETE. For example, Hickey (2001) used case study methodology to report on two pre-service teacher’s engagement with a range of critical social discourses during a year-long PE unit at a regional university in central Victoria, Australia. This course, Pedagogical Studies in PE, a core unit offered in third and final year of a Bachelor Teaching (Primary) degree, focused on critical social theories in education and was intended to foster greater critical consciousness in the “ways students’ thought about, conceived of, theorized and practiced their PE teaching” (Hickey, 2001, p. 228).

Case study research is consistent with the socio-critical perspective of this doctoral study as it involves those being studied in the joint production of knowledge, thereby attempting to “overcome the marginalisation of those involved in the study” (Devis-Devis, 2006, p. 41). However it is important to recognise the limitations of case study research in that the findings may not be generalizable, and may not be open to cross-checking, “hence they may be selective, personal and subjective” (Cohen et al., 2011, p.290). However, Stake (1995) maintains that subjectivity need not be viewed as a failing, but more a “necessary element of understanding” (p. 45). Ethnographic case study should assist in illuminating the discourses, practices and principles circulating the context bounded by the case study.
3.3.1 Sample and Setting
Two groups of students were involved in undertaking versions of this 13-week Health Education course during semester one 2013 at a large metropolitan university in Queensland, Australia. This university is one of Australia’s oldest and arguably amongst the most prestigious, and is consistently ranked within the top 50-60 of global world rankings for universities. The first group, enrolled in EDU27 Health, Well-being and Education Pedagogical Content and Knowledge, consisted of 124 primary generalists who were at the start of their second year of teacher education, 74% were female students. The second group of 44, Human Movement Specialist (HMS) students, were enrolled in EDU39 Educating for Better Health and were commencing their third year of teacher education, 43% of this cohort were female. EDU27 and EDU39 were identical in content, consisting of one two-hour lecture in week one, which was replaced thereafter in favour of interactive workshop tutorials. The primary generalist students were split into tutorial groups of approximately 25 students, with a second tutor also involved in the delivery of the tutorials. The HMS cohort stayed together as a single tutorial group and underwent the same two-hour tutorial every week as the primary generalists. Additionally, the HMS students undertook an extra hour when they completed a session of dance to Madonna’s “Vogue”.

Prior to the commencement of lectures, a one-hour interview was conducted with the teaching team. Sally, as the principal lecturer and designer of the course and former secondary health, physical education and dance teacher; Kathryn – a former primary school teacher now working as a tutor at university and Rachel – a former secondary health education teacher now working as a tutor and research assistant at the university. This interview became part of the data collection for this project and was not audio recorded, but rather I compiled notes during the discussion. The discussion was guided by Rose’s (1990) Regime of the Person framework.

Students were recruited to interview after they had participated in the whole semester course, an email was sent to all students requesting volunteers. Sally encouraged students to participate in the research during workshops stating that information gathered from students would be used to assist in improving the course based on the feedback obtained. She stressed that all information gathered would be confidential and that she would not know ‘who said what’ about the course. Much to my disappointment, only one student responded out of approximately 160 students. A second email was sent to students offering a $20 iTunes gift card in return for their consent to be interviewed. Finally, 12 students were recruited – six primary generalists (three
from Sally’s tutorial group and three from Kathryn’s tutorial group) and six HMS students (all from Sally’s tutorial group). Ten of the 12 students who were interviewed also provided their first assessment task written reflective essay, six HMS students and four of the primary generalists. A final email was sent to the 12 students who agreed to an initial interview, requesting a follow up interview approximately 16 months after the first interview. This interview placed the HMS students near completion of their four-year degree and preparing to graduate, having completed all major practicum experiences. Five of the six HMS students agreed to the second interview, in return for a $30 Woolworths voucher. One of the HMS students who declined the invitation had changed degree and was no longer enrolled in the teaching program. Therefore, three HMS females, two HMS males agreed to a second interview, two female primary generalists - one from Sally’s tutorial group and one from Kathryn’s tutorial group (Table 1). Note that pseudonyms have been used throughout this research project to protect the identity of participants.

The end of semester interviews lasted from 30-90 minutes in duration and the post practicum interviews lasted 45-90 minutes in duration. Interviews were conducted in a meeting room in the HMS building on campus and were all audio recorded and transcribed by a professional transcription service.

Upon reflection, it was naïve to think that students would agree to volunteer their valuable time to assist me with this research project purely for the sake of contributing to the advancement of knowledge. The inclusion of the $20 iTunes card and the $30 Woolworths voucher were appropriate rewards for time and inconvenience caused by participating in the interviews which lasted 30-75 minutes, and are commensurate with lost wages from casual employment had that been an issue for participants. This could have influenced the data, perhaps only students who needed the money or valued iTunes purchases could have agreed to be interviewed and is something to be mindful of when reporting findings from this research.
Table 1: Overview of participants in the Shaken or Stirred? Doctoral research project

<table>
<thead>
<tr>
<th>Pseudonym</th>
<th>Sex</th>
<th>Age</th>
<th>Education</th>
<th>Place educated</th>
<th>Gap Year</th>
<th>School HPE studies</th>
<th>Agreed to 1st interview</th>
<th>Agreed To 2nd interview</th>
</tr>
</thead>
<tbody>
<tr>
<td>Billy</td>
<td>Male</td>
<td>22</td>
<td>Public</td>
<td>Hong Kong &amp; England</td>
<td>No</td>
<td>HE to year 10 PE in senior</td>
<td>✓</td>
<td>x</td>
</tr>
<tr>
<td>Nick</td>
<td>Male</td>
<td>26</td>
<td>Public</td>
<td>New South Wales</td>
<td>Yes</td>
<td>Core PE to year 10</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Anthony</td>
<td>Male</td>
<td>19</td>
<td>Public</td>
<td>Queensland</td>
<td>No</td>
<td>Senior PE</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Michelle</td>
<td>Female</td>
<td>23</td>
<td>Private Catholic single sex</td>
<td>Queensland</td>
<td>Yes</td>
<td>Core PE to year 10 Senior HE</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Kaycee</td>
<td>Female</td>
<td>22</td>
<td>Public</td>
<td>England</td>
<td>Yes</td>
<td>Core HE and PE to year 10</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Erin</td>
<td>Female</td>
<td>27</td>
<td>Private – religious single sex</td>
<td>Victoria</td>
<td>No</td>
<td>Senior HE &amp; PE</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Ryan*#</td>
<td>Male</td>
<td>21</td>
<td>Primary Public Secondary Private Lutheran co-ed</td>
<td>Queensland</td>
<td>No</td>
<td>Core PE to year 10</td>
<td>✓</td>
<td>x</td>
</tr>
<tr>
<td>Brittany</td>
<td>Female</td>
<td>19</td>
<td>Private – non-denominational single sex</td>
<td>Queensland</td>
<td>No</td>
<td>Core PE to year 10</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Martha*#</td>
<td>Female</td>
<td>20</td>
<td>International Private – non-denominational</td>
<td>Tokyo</td>
<td>No</td>
<td>Core HRE</td>
<td>✓</td>
<td>x</td>
</tr>
<tr>
<td>Ellen</td>
<td>Female</td>
<td>23</td>
<td>Public primary Private secondary - Catholic</td>
<td>Queensland</td>
<td>Yes</td>
<td>Core HRE</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Brooke</td>
<td>Female</td>
<td>25</td>
<td>Various private – both religious and non-denominational</td>
<td>Queensland</td>
<td>Yes</td>
<td>HPE to year 10</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Kirsten*</td>
<td>Female</td>
<td>22</td>
<td>Public</td>
<td>Queensland</td>
<td>Yes</td>
<td>HPE to year 10</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>

(* denotes student from Kathryn’s tutorial group
# denotes student who did not supply reflective essay)
3.3.2 Data Collection Methods

3.3.2.1 Semi-structured interviews

In considering whether a critical pedagogical approach is useful in shaping or moulding pre-service teachers into good sociocultural teachers of health education, the selection of methods – “the techniques or procedures used to gather and analyse data” (Crotty, 1998, p. 3) – is pivotal to addressing the main research question and associated sub-questions. According to Macdonald, Kirk, et al. (2002) data collection methods should “place primacy on participants telling their story” (p. 138). In the context of this research, in-depth semi-structured interviews with students who undertook EDU27 and EDU39 were chosen as the primary data gathering method to “allow participants to speak in an authentic and detailed fashion” (p.138) about the course and their experience with it. This voice is vitally important in keeping with the constructivist epistemology of this research, as these students are co-constructors of knowledge. The students who agree to be interviewed were also asked for the written component of their first assessment task for the course, the reflective essay that accompanied the Shoe Box Collage (Appendix 1). The shoe box collages themselves were not collected largely due to issues with size, portability and storage. It was envisaged that students would discuss their shoe boxes in the semi-structured interviews.

The students who agreed to be interviewed were asked to participate in a follow up interview approximately 16 months after their initial interviews and after they had completed major practicum. For the HMS students, this was towards the end of their final year of university studies and a few weeks from graduation.

A semi-structured pre-commencement interview was conducted with the teaching team which lasted 60 minutes. Additionally, a final semi-structured interview with Sally and I was undertaken. It was anticipated that conducting this type of research, where student is observing and commenting on the practice of the supervisor, could be potentially problematic on a personal level and may also lead to compromised fidelity of the data and findings. To address these concerns, an interview lasting one-hour and 19 minutes was conducted by Julie, who was the co-supervisor of this PhD project. The objective of this interview was to illuminate issues between Sally and myself that would impact on the credibility and robustness of the data. Questions were prepared by me and circulated to both Julie and Sally prior to the interview (Appendix 4). Validation of data collected by way of interviews is a perennial concern for qualitative researchers. Stake (1995) states that qualitative researchers “have ethical
obligations to minimise misinterpretation and misunderstanding…we need certain triangulation protocols…to find the validity of data observed” (p.109). To ensure validity and transparency, it was agreed that Julie would monitor the coding of the interview data in NVIVO. The relationship between Sally and I and the implications of that on this research will be considered in more detail in later in this essay.

3.3.2.2 Field notes
To complement the interviews, qualitative data in the form of observation notes, were taken during lectures and tutorials were gathered. A total of one lecture and 10 tutorials were observed over the semester for both the primary generalists and the HMS group, 20 tutorials in total. Only Sally’s teaching was observed, however Sally produced the workshop lesson plan and resources for all tutorial groups, so while individual variation would naturally have occurred between tutors, the same basic format for each workshop was followed. In making observations and note-taking, I placed myself in the role of a passive participant observer (Simmons, 2007). I was a bystander, not involved in the delivery of the teaching and had very limited engagement with the students during the lecture or tutorial. While I did walk around the tutorial group listening to group conversations and observing group work outputs, I had minimal engagement with the students during this time. Bonner and Tohurst (2002) describe this role as an “outsider” researcher and consider the advantages of this role as being that the researcher can be independent, non-judgemental and more objective. The author’s believe that an “insider” researcher (one involved with the organisation of activities in the case study) could lose sensitivity to every day actions and events that were “otherwise seen as routine” (p. 13). Bonner and Tohurst (2002) claim that the notes taken by a passive “outsider” researcher are more robust, as the researcher is not distracted by participation in events, and inspires other participants to trust and disclose information to an outsider over an insider.

Observation artefacts included notes taken during an initial interview with the teaching team for EDU27 & 39 which included Sally and the two course tutors – Kathryn and Rachel. At the start of the semester, a meeting was also held with the principal designer and lecturer of the course, Sally, and the two tutors, Rachel and Kathryn, who were also teaching into the course. Rachel ceased working on the course after week one due to health issues. Including all teachers was important as students who agreed to interview could come from any of the tutorial groups therefore it was necessary to ascertain whether the tutors shared Sally’s goals (telos) and objectives for the course.
All field notes taken over the course of the observations of this teaching semester were hand written, and while they are comprehensive, they do not represent a complete record of every word spoken during that time. Quotes indicated are para-phrased. I acknowledge the limitations of this as a method of data collection, as I have recorded much of what occurred, but have my own filter on and recognise that I may have focussed on collecting information that I found particularly relevant/interesting at the time and this does not represent a complete record of events. While taking notes I would think about issues to raise with Sally in the post-teaching, joint reflection sessions and make a note of them in my field note book (Figure 3).

Figure 3: Examples of field notes taken during the observations of teaching EDU27&39 (L= Lecturer; ST = Student)
3.3.2.3 Artefact and document analysis

There were a range of documents and artefacts collected over the course of the semester that have become part of the data collection for this research project, including:

- Artefacts produced by students participating in group work activities during tutorial were collected and included drawings, summaries of group work discussions, tables and diagrams.
- Documents that pertain to the courses were also analysed, and included course outlines (Appendix 2), descriptions of assessment tasks, and lecture materials including power point slides and material handed to students.
- Written pieces that Sally had authored reflecting on her experiences with the design and implementation of the course.

3.3.2.4 Data Analysis

Thematic analysis is the approach used to analyse the data in this research. According to Braun and Clarke (2006), thematic analysis is widely used in qualitative research analysis, but there is generally no clear agreement about what thematic analysis is, or how one goes about performing it results in thematic analysis not explicitly being claimed as a method. Authors caution that clarity often on both the practice and process of the analytic method is vital, and must include an articulation of how the data were analysed and what assumptions informed the analysis. In conducting this kind of thematic analysis, the authors advise researchers to make explicit their choices, and address the question of ‘what counts as a theme’ in the first instance. These authors have outlined a five-phase process for conducting thematic analysis (Table 2) which will be followed in this research project.

Consistent with the ethical clearance requirements for this research, all interview transcripts generated in this research were transcribed by a third party and analysed with the assistance of NVIVO 10. In the initial stages of thematic analysis, the transcribed data was read and reread as the authors suggested. This was particularly important because the data was transcribed by a third party. Coding of the data was then conducted by using highlighting in word to create codes depending on emerging themes. Themes were finally conceived, and the data then imported into NVIVO for more detailed analysis and at this point themes were reviewed, merged and changed.
Table 2: Phases of thematic analysis according to Braun & Clarke (2006)

<table>
<thead>
<tr>
<th>Phase</th>
<th>Description of the process</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Familiarizing yourself with your data:</td>
<td>Transcribing data (if necessary), reading and re-reading the data, noting down initial ideas.</td>
</tr>
<tr>
<td>2. Generating initial codes:</td>
<td>Coding interesting features of the data in a systematic fashion across the entire data set, collating data relevant to each code.</td>
</tr>
<tr>
<td>3. Searching for themes:</td>
<td>Collating codes into potential themes, gathering all data relevant to each potential theme.</td>
</tr>
<tr>
<td>4. Reviewing themes:</td>
<td>Checking if the themes work in relation to the coded extracts (Level 1) and the entire data set (Level 2), generating a thematic ‘map’ of the analysis.</td>
</tr>
<tr>
<td>5. Defining and naming themes:</td>
<td>Ongoing analysis to refine the specifics of each theme, and the overall story the analysis tells, generating clear definitions and names for each theme.</td>
</tr>
<tr>
<td>6. Producing the report:</td>
<td>The final opportunity for analysis. Selection of vivid, compelling extract examples, final analysis of selected extracts, relating back of the analysis to the research question and literature, producing a scholarly report of the analysis.</td>
</tr>
</tbody>
</table>

Importantly, Braun and Clarke (2006) highlight a number of pitfalls for researchers to avoid when conducting thematic analysis. First, they note that identification of themes sometimes results in no actual analysis being undertaken. Secondly, they suggest that researchers avoid using the data collection questions from the interview schedule as the “themes”, as this can lead to a reductionist approach to analysis and restrict the identification and emergence of other themes from the data set. In this research project, it happened that some of the pre-devised questions from the semi-structured interviews did in fact emerge into themes. While the author’s advice is sage, when a question is repeatedly asked across the number of participants it will almost certainly result in a theme emerging. With respect to Sally’s concept of “a good teacher of health education” this process was more organic and more closely followed Braun and Clarke’s (2006) guidelines as she was not directly asked this question, but elements of what Sally viewed as good HE teacher and teaching practice emerged out of the pre-commencement interview and various artefacts including the Think Piece she authored and the Course Outline she wrote for EDU27&39. Rose’s (2000) Regime of the Person categories also lent themselves to coding of the data in the initial stages of analysis, but only to provide broad conceptual guidance to what appeared to be a large and diverse data set.
Braun and Clark (2006) also caution against weak or unconvincing analysis, being mindful of mismatches between the data and the analytic claims being made, incongruence between theory and the analytic claims, or between the research questions and the form of thematic analysis used. Braun and Clarke (2006) remind us that interpretation of the data needs to be consistent with the theoretical framework. To that end, Rose’s (2000) Regime of the Person was utilised to assist in organising the interpretation of the data. Braun and Clarke (2000) have also devised a 15-point checklist for conducting good qualitative thematic analysis (Table 3), which was followed in this research project to ensure the robustness of the analytic process. This table was utilised as a guide for writing the findings and analysis and I kept returning to this table as a checklist while writing up the final thesis.
Table 3: A 15-point check list of criteria for good thematic analysis according to Braun & Clarke (2006)

<table>
<thead>
<tr>
<th>Process</th>
<th>Number</th>
<th>Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transcription</td>
<td>1</td>
<td>The data have been transcribed to an appropriate level of detail, and the transcripts have been checked against the tapes for ‘accuracy’.</td>
</tr>
<tr>
<td>Coding</td>
<td>2</td>
<td>Each data item has been given equal attention in the coding process.</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>Themes have not been generated from a few vivid examples (an anecdotal approach), but instead the coding process has been thorough, inclusive and comprehensive.</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>All relevant extracts for all each theme have been collated.</td>
</tr>
<tr>
<td></td>
<td>5</td>
<td>Themes have been checked against each other and back to the original data set.</td>
</tr>
<tr>
<td></td>
<td>6</td>
<td>Themes are internally coherent, consistent, and distinctive.</td>
</tr>
<tr>
<td>Analysis</td>
<td>7</td>
<td>Data have been analysed / interpreted, made sense of / rather than just paraphrased or described.</td>
</tr>
<tr>
<td></td>
<td>8</td>
<td>Analysis and data match each other / the extracts illustrate the analytic claims.</td>
</tr>
<tr>
<td></td>
<td>9</td>
<td>Analysis tells a convincing and well-organized story about the data and topic.</td>
</tr>
<tr>
<td></td>
<td>10</td>
<td>A good balance between analytic narrative and illustrative extracts is provided.</td>
</tr>
<tr>
<td></td>
<td>11</td>
<td>Enough time has been allocated to complete all phases of the analysis adequately, without rushing a phase or giving it a once-over-lightly.</td>
</tr>
<tr>
<td>Written Report</td>
<td>12</td>
<td>The assumptions about, and specific approach to, thematic analysis are clearly explicated.</td>
</tr>
<tr>
<td></td>
<td>13</td>
<td>There is a good fit between what you claim you do, and what you show you have done / i.e., described method and reported analysis are consistent.</td>
</tr>
<tr>
<td></td>
<td>14</td>
<td>The language and concepts used in the report are consistent with the epistemological position of the analysis.</td>
</tr>
<tr>
<td></td>
<td>15</td>
<td>The researcher is positioned as active in the research process; themes do not just ‘emerge’.</td>
</tr>
</tbody>
</table>
3.3.2.4 Ensuring Trustworthiness of the data

Lincoln and Guba (1985) describe four criteria that can be used in establishing trustworthiness of the data: credibility which relates to confidence in the 'truth' of the findings; transferability which involves showing that the findings have applicability in other contexts; dependability which involves showing that the findings are consistent and could be repeated and confirmability which relates to the degree of neutrality or the extent to which the findings of a study are shaped by the respondents and not researcher bias, motivation, or interest.

In order to address the issue of credibility in this research project, Lincoln and Guba (1985) recommend prolonged engagement, relating to spending sufficient time in the context and persistent observation. In the context of this study, observation over the course of the semester was chosen to address these issues as well as follow up interviews 16 months after the intitial interview had taken place to determine whether participants attitudes or behaviours had changed. Triangulation is another strategy recommended by the authors to ensure credibility, which involves using multiple data sources in an investigation to produce understanding. In this research project, as many data sources as possible were mobilised to enhance understanding from the in-depth semi-structure interviews with students, Sally and the teaching team, to the various documents and artefacts including student work produced in workshops, student assessment tasks and curriculum documents. Peer debriefing in the form of the brokered interview between Sally, Julie and myself was another strategy employed to ensure credibility and validity.

Lincoln and Guba (1985) recommend a thick description of phenomena in a study to ensure transferability. This is conceived of as detailed accounts to ascertain the extent to which the conclusions drawn are transferable to other times, settings, situations, and people. As this research project is a case study, bounded by time and place, it is difficult to make claims to transferability. However, effort has been made to provide future readers of this work with substantial detail to allow them to determine for themselves whether the findings are transferrable to similar contexts.

With respect to dependability, Lincoln and Guba (1985) recommend the use of external audits to ensure rigour. External audits involve having a researcher not involved in the research process examine both the process and product of the research study with the view of determining whether the findings, interpretations and conclusions are supported by the data.
In this research project, this is the role taken on by the co-supervisor, Julie. Due to Julie’s time constraints she was not closely involved in the minuter of the project and could sit back and look more objectively at what was being undertaken. Julie agreed to check the NVIV coding for consistency and potential bias and as mentioned, conduct the brokered interview between Sally and myself.

Finally, with respect to ensuring confirmability of the research, the authors suggest reflexivity as an approach that can be useful in illuminating perspectives or positions of the researcher and how this has shaped or biased the research. As discussed above, reflexive ethnography is the methodology chosen for this research project for that very reason. It is significant in this context of every study, but particularly this one where researcher is researching the practice of her supervisor, that issues such as biases and power relations that have potential to taint data are revealed in an open and honest way. These biases will be elaborated on in section 3.6.
3.4 Seeking an analytic and finding Foucault

In seeking alignment between theory, method and the analytical claims of this research, an appropriate theoretical lens was sought, one that would not only enable detailed analysis, but would also assist in revealing the complexities and hidden issues within the data. Simply put, this research project is about one tertiary educator’s attempts to use critical pedagogical techniques and strategies to shape pre-service teacher’s subject identities into a vision of “good” socio-critical health education teachers. Thus, this lecturer is attempting to shape and direct the conduct of pre-service teachers of health education using specific and targeted pedagogical strategies and techniques. As discussed in the previous chapter, these techniques have been mobilised due to a perceived ‘problem’ in the way in which practising teachers are implementing contemporary sociocultural HPE curriculum. The pedagogical strategies are also a response to the way in which broader public health agendas have been translated into school-based health education curriculum. This is consistent with Miller and Rose’s (2008) observation that “…if the conduct of individuals or collectives appeared to require conducting, this was because something in it appeared to be problematic to someone” (p. 14).

Part of the complexity of this project lies in the broad conception of pedagogy as being “a relational cultural practice that involves the negotiation of knowledge (ideas) in relations of power” (Wright, 2009, p.8), that extend well beyond the classroom. As noted earlier, there is consensus that pre-service teachers arrive at their studies with well-established attitudes and beliefs about health and health education, and well-formed subject identities which are then confronted by attempts in tertiary education to challenge, shape, mould or reinforce these identities (see p.31). Additionally, the strategies and pedagogies employed by this study’s lecturer had the dual purpose of shaping good sociocultural teachers of health education and modelling good practice that pre-service teachers might adopt and use with their future classes and students. In choosing particular ‘shaping’ strategies, the subject identity of the lecturer herself also needed to be understood and attention given to what she was trying to achieve in order to make sense of this “pedagogical soup” (Tinning, 1995). Additionally, broader influences on tertiary education and the requirements for the preparation of teachers needed to be considered, including accreditation of professional tertiary programs and internal program requirements and tensions.

Consequently I was seeking “conceptual tools [that] would enable [me] to understand these issues in a way that enhanced [my] capacity to evaluate their consequences” (Miller & Rose,
or at least to understand their consequences. Moreover, in order to tease out and understand the complexities, I required analytical tools that enabled me to understand “the complex intersection between teacher identity, embodiment, curricular and pedagogical practices” (Evans, Davies, & Wright, 2004, p. 41).

For the purposes of illuminating and understanding the multiple and intersecting axes that shape pre-service teacher’s subject identity, I arrived, perhaps not surprisingly coming from the poststructuralist perspective, at the work of Michel Foucault. Upon reflection, this seemed a natural progression, as the work of Foucault “…challenges us to view teaching and learning in dramatically different ways” (Fendler, 2010, p. 3), but also because Foucault’s contribution to scholarship in education and social sciences has been extensive and in certain academic circles is considered “the nec plus ultra of academic style” (O’Farrell, 2005, p. 13). Suffice to say that I found my first feeble attempts to understand the breadth and depth of Foucault’s intellectual work daunting, and in some respects soul-destroying as it was difficult and hard to read, and indeed felt akin to reading a foreign language. At this point I was comforted somewhat by the sage advice of Adams St Pierre (2000), who acknowledged the frustrations felt by those who “want to know what is going on” but advises “close readings” of poststructural theories, particularly those that “both describe and critique our fondest attachments” (p. 477). Indeed, I was frustrated initially by Foucault’s apparent refusal to offer answers to the questions I sought as a learner (perhaps the pain felt in breaking free from more positivist/humanist roots?), finding further comfort in the words of Adams St Pierre re (2000) confirming that this is the “hardest work we must do, this work of being willing to think differently” (p. 478). Persevering, the more I read, the more I came to appreciate how Foucault’s intellectual tools could illuminate and provide insights into complex issues that were both apparent and hidden in this research.

According to McNay (1994), there are four identifiable phases to Foucault’s work:

the cultural construction of madness and critique of enlightenment mentality;
archaeological phase and critique of the constitutive subject of thought;
reformulation of his theory of power and the notion of the self as derived from the understanding of government as a subjectivising force (p. 10).

In seeking an analytic to enable me to make visible “...all those devices, tools, techniques, personnel, materials and apparatuses that enable authorities to act upon the conduct of persons individually and collectively...” (Miller & Rose, 2008, p. 16), like many scholars before me who have been interested in health, I was first drawn to Foucault’s notion of power. Continued
reading however led me to his work on governmental studies and the Ethical Four-fold. Ultimately, I arrived at the work of Rose (2000) and his consideration of the formation of the subject. However, initial engagement with the Ethical Four-fold framework assisted with the broader organisation of interview questions for both Sally and the teaching team, and the semi-structured interview questions.

3.4.1 Regimes of the Person
Rose (2000) outlines a useful analytic in which he attempts to investigate “...the history of the relations which human being have established with themselves” (p.311), which he terms ‘Regimes of the Person’. Rose (2000) distinguishes his investigation into the formation of the subject from other scholarship that has likewise viewed the formation of subject identity, as being the consequence of broader social and cultural influences. According to O'Farrell (2005), the subject occupies a key position in Foucault’s work and is a “philosophical category which describes an entity which is able to choose courses of action” (p.10). The subject is a form of self that is the result of interaction with other people, history, culture and society and therefore encapsulates a greater depth and breadth of the forces at work when pedagogical tools are employed. Rose (2000) acknowledges this has a significant role to play, but argues that “transformation of humans is not the sole result of an experience because humans give meaning to experience to formulate their own histories” (p. 312). Devices of meaning production produce experience; they are not produced by experience. According to Rose (2000) these techniques need to be:

created, refined, disseminated and implanted in different ways and in different places e.g. schools, families, workplaces...[etc.]. Therefore, the term subjectification includes all of those processes and practices and means by which human beings come to relate to themselves and others as subjects of a certain type, then subjectification has its own history (p.312).

Rose (2000) claims that this view of subjectification is “more practical and less unified” (p. 312) than traditional sociological views of subject formation. Regimes of the Person include all the practices that create particular persons – “the norms, techniques and relations of authority that have acted to shape the ‘conduct of persons’” (p. 313). Finally, I felt that the Regimes of the Person framework would shed light on the “multiplicity of places, planes and practices” in each place where “repertoires of conduct are activated” and form “webs of tension across a space that accord human beings capacities and powers to the extent that they catch them up in a hybrid assemblage of knowledges, instruments, vocabularies, systems of judgement and technical artefacts...” (p. 322).
Rose’s (2000b) Regimes of the Person comprise a five-part analytic which consists of the following elements and associated probing questions:

1. **Problematisations**: Where, how and by whom are aspects of the human being rendered problematic, according to what systems of judgement and in relation to what concerns? Rose (2000b) points out that this can occur in everyday practices, in texts, and in programs. In the context of this doctoral research, problematisations include those problematic knowledges, attitudes, values and beliefs of pre-service teachers that impinge on their ability to successfully implement the socio-critical/cultural HPE syllabus.

2. **Technologies**: Considers the “means [that] have been invented to govern human beings, to shape or fashion conduct in desired directions and how programs have sought to embody these in certain technical forms” (p.313). For Rose (2000) human technologies are “hybrid assemblages of knowledges, instruments, persons, systems of judgement, buildings and spaces, underpinned at the programmatic level by certain presuppositions about, and objectives for, human beings” (p.313). In this study, the pedagogical devices enacted in the name of shaping good socio-critical/cultural teachers of health education are considered to be the technologies.

3. **Authorities**: This element identifies who has the authority to speak the truth about humans – their nature and their problems and analyses the apparatuses through which such authorities are sanctioned e.g. Universities as accredited deliverers of pre-service teacher education. This also extends to the personal authority of the lecturer devising and delivering this program. Rose (2000) argues that we also need to consider the extent to which the authority “…depend[s] on a claim to a positive knowledge, to wisdom and virtue, to experience and practical judgement, to the capacity to resolve conflicts” (p. 314). We also need to consider how the authorities themselves are governed, Australian Institution for Teaching and School Leadership (AITSL), Australian Qualifications Framework (AQF), the needs of schools, and too the relation between authorities and those who are subject to them. In this study authority is considered from the perspective of employee/employer (lecturer/university) and lecturer/student.

4. **Teleologies**: Poses the question of what forms of life are the aims of these practices? In this research, the telos or the goal is the creation of the good socio-critical teacher of health education. Secondly, what codes of knowledge support these ideals? In this instance, the sociocultural HPE curriculum is primarily used as support for the
formation of this teacher educator. Finally, one must consider the ethical valorisation that these knowledges tied?

5. **Strategies**: In this instance, Rose (2000) takes a macro view of strategies and refers to a consideration of how procedures that regulate the capacities of persons are linked to wider moral, social or political objectives concerning the undesirable and desirable features of populations, workforce, family, and society? In this research, this domain of inquiry draws attention to consideration of broader societal factors and agendas including the impact of neo-liberalism.

Rose (2000b) believes that this focus on authorities rather than power (as power is inherent) is a distinctive feature of genealogy of subjectification investigations that focuses on people, things, devices, association, modes of thought and the types of judgement that are accorded authority. This element distinguishes the Regimes of the Person from the Plane of Actuality and the Ethical Fourfold and adds a depth and richness to this research project as it not only considers various truths, but thereby addresses who is speaking these truths and under what authority. For Rose (2000), people are not only as an “entity with a history, but [also] the target of a multiplicity of types of work, more like a latitude or a longitude at which different vectors of different speeds intersect” (p. 321). He articulates a concept that provides a useful mental image of the Regimes of the Person which he refers to as “folds in the soul” (p.321). As such, the things that are infolded into one’s identity are ones that have acquired authority and consist of ‘injunctions, advice, techniques, little habits of thought and emotion, an array of routines and norms of being human” (p. 321). He explains further that these infoldings have become quite stable, in that individuals come to understand themselves as subjects of a certain biography, a biography that is not only psychological, but is “organised through rituals of storytelling, supported by artefacts such as photograph albums and so forth” (p. 321). The Regimes of the Person analytic will prove useful in unfolding the subject identities of the pre-service teachers involved in this research project, but also to understanding attempts to manipulate and shape these identities in HPETE, through a critical pedagogical approach.

**3.5 Arriving at Research Questions**

In reviewing Foucault’s toolbox to determine an analytic lens for this research project, I began to understand the breadth and complexity of the issues at play. In considering whether a critical pedagogical approach is useful in shaping pre-service teachers into good sociocultural teachers
of health education, I needed to understand the diversity of factors and players involved in the pedagogical moment. The pedagogical process involves a combination of how one teaches; what is taught; how one learns (Cassidy, 2000), but is also situated within society and is further influenced by both the teacher and learners’ personal biographies (Leahy & McCuaig, 2014). Pedagogy is socially and culturally constructed (Kirk et al, 1996), thus particular knowledge will be marginalised or privileged depending on the society or culture in which it is formed. Tinning (2010a) recognises these broader influences by describing pedagogy as being concerned with “knowledge (re)production and the (re) production of values, attitudes, dispositions, subjectivities and identities” (p.17). While Macdonald (2002) reminds us that pedagogies more broadly are reflective of different paradigms or world views as they “reflect and generate particular ideological and political positions” (p. 168). So pedagogy extends well beyond schools and is reflective of broader sociocultural and political influences, and, in classrooms, is ultimately combined with curriculum documents resulting in a very “messy and more inconclusive affair” (Tinning, 2010b).

How to understand this “messy affair” and to determine its impact on the target audience is a central challenge of this research, and drives the central question of this doctoral research: can a critically-oriented HETE program be an effective means of creating/moulding/shaping ‘good’ socio-critical teachers of health education? This central question inspires a number of important sub questions:

1. What does critical pedagogy look like in HETE in this case study?
2. How are critical pedagogies harnessed to shape the good teacher of HE?
3. How do students engage with these pedagogical endeavours?
4. What are the implications of their engagement, or otherwise, on students’ personally and professionally?
5. What are the implications of this for HETE?

3.6 Ethical Considerations: My Mentor My Muse
In the spirt of reflexivity I endeavor to reveal my background to illuminate my potential biases and the various lenses I use to view this doctoral research. Shutt (2015) reminds us that “good ethnographies” (p. 335) involve some reflection by the researcher on the influence that his history or background will have on the research. I have come to this research from a background as a HPE teacher career of 17 years in which I taught HPE in south-east Queensland High Schools, with most that time spent teaching senior Health Education. This
teaching included over 10 years’ experience on the Queensland Studies Authority (QSA) Health Education District Review Panel, where I spent many hours reviewing Year 11 and 12 student works across the state of Queensland to ensure syllabus standards had been consistently applied. Ultimately, I became increasingly dissatisfied with the quality of student health education work, and of what I perceived to be a lack of understanding by students’, and by implication their teachers, of a social view of health as enunciated in the syllabus. I was disappointed and disillusioned that a syllabus document I felt held so much promise for emancipation and the realization of social justice principles, was falling short of my expectations. In practice, it appeared that the study area was simply serving to reinforce some of the deeply held beliefs and prejudices of students and teachers, particularly as they related to the body, weight and to health more broadly. In fact, I had come to agree with Tinning’s (2002) assessment of the “bastardisation” of many curriculum reform initiatives, and began to wonder how the slippage between the intended and enacted HPE curriculum could be minimized.

Thus, I commenced a Master’s Research Project that sought to do things differently. In a collaborative project involving a local primary school, we (the project team) with a solid agenda in place, sought to in-service teachers on the possibility of Health at Every Size (HAES), weight neutral and body positive approach to health (Shelley et al., 2010). The intention was for teachers to subsequently create a holistic HAES-based teaching unit that was consistent with the Essential Learnings and Standards - that they would then (Queensland Studies Authority, 2007) implement with their year 3 students. The project was completed and by my own estimation through data collection with the teachers involved, was reasonably successful. The research was however, absent of a coherent theoretical perspective, although it borrowed predominantly from holistic health perspectives (Jensen, 1997). The Queensland Productive Pedagogies (Hayes, Lingard & Mills, 2000) were used as a tool to sort and analyze the data, and as a measure by which to evaluate the perceived effectiveness of the teaching resource that was collaboratively developed. In the process of conducting the collaborative design and implementation of the teaching resource, I witnessed what I would term “problematic” knowledge, understandings and practices of the teachers who so generously agreed to join the research project. Memorably, one teacher commented to me that it was “disgusting” what some children brought to school in their lunch boxes, as she routinely inspected children’s lunch boxes and questioned the year three students as to the quality and healthiness of the food they had brought to school.
Instances such as this, coupled with 17 years of teaching, where I witnessed many and varied troubling approaches to teaching health education, shaped my views on school-based health education. I realized that working with experienced teachers, as I had done in my Master’s research was productive, but their knowledge, attitudes, values and beliefs about health and HE were well established and difficult to influence. I began to think that we needed programs that could influence the shaping of HE teachers at the source, in pre-service teacher education. This realisation led me to the door of my current PhD supervisor.

Sally was a teaching colleague who was the same age as me. We were educated in the same town at separate universities at the same time in the mid 1980’s. Although I had not had an association with her personally, I did have friends that lived and taught with her at various schools in far North Queensland. I had met her professionally through the Queensland Studies Authority (QSA) Health Education Review Panel – both at State and District level. From that association, I felt confident that Sally and I were “on the same page” in our attitudes about, our commitment to, and our vision for, health education. So, I approached Sally fresh from having completed my master’s research, with no specific idea of what I wanted to do for my PhD study, but with a desire to contribute to improving HE teaching practice.

As the project evolved, it was suggested during my Colloquium presentation by other academics, that I could focus my attention on HE courses that Sally had developed, and was implementing with her undergraduate students as part of the Bachelor of Human Moment Studies (Teaching) degree and the Bachelor of Education (Primary and Middle Years) degree. Consequently, my mentor would become my muse. There are ethical and methodological challenges inherent in this type of research that have been documented in the scholarship. Smith (1987) cautions that when a researcher becomes personally situated in the subjects’ natural setting, notions of the “personhood of the qualitative researcher and what roles and relationships are formed between the researcher and the subject” (p. 175) are illuminated, or should be. Nonetheless, scholarship in this area is limited, so I have had to draw largely from research in other fields for guidance. There is voluminous research on pre-service teachers and their teacher mentors, but the work is generally considered from the perspective of the ways in which mentors can provide meaningful feedback and constructive criticism and mentees can respectfully observe mentor practice. This work acknowledges the difficulties in conducting observation of teaching practice. Hargreaves (1982) was very clear in stating that teachers do not like being observed, and even less like being evaluated as they “suffer competence anxiety
and are fearful of criticism that may accompany evaluation” (p. 206). Furthermore, they can mask these anxieties behind the concept of teacher autonomy, which is often used as a justification to exclude those wishing to observe their practice. Orland-Barak (2010) acknowledges these challenges, but further maintains that we need to be cognizant of the issue of power in mentoring relationships:

…the interpersonal layer of power relations and authority created when the mentor comes to ‘observe’ or ‘supervise’…embeds not only power relations but also the personal interpretations that both mentor and mentee bring to the act of observing – as rooted in cultural rituals of practice and authoritative discourses they have experienced (p. 53).

Fair warning indeed of some of the inherent dangers in undertaking observation of practice, even when the goal of such work is not evaluation per se. Suffice to say that there naturally exists a high degree of ownership over what is done, and there are difficulties and problems inherent in separating who one is with what is being done, ergo identity from practice. This includes the emotions, self-perceptions and vulnerabilities all tied up in professional practice.

Work conducted in health care settings to explore the issues in mentor/mentee relationships more comprehensively, complements this scholarship. Specifically, student teachers relationships with their mentor teachers (Hall, Draper, Smith, & Bullough, 2008), selecting a mentor (Johnson & Nelson, 1999), how to be an effective mentor (McNally & Martin, 1998), the role of mentors (Hawkey, 1998) and studying the practice of colleagues (Simmons, 2007). Simmons (2007) undertook an insider observer role as a researcher and senior manager undertaking research in her own nursing organization, and has grouped the methodological and ethical challenges into four areas:

1. Recruitment and access to the field
2. Relationships with peers and seniors
3. Role and loyalty conflicts
4. Reciprocity (p. 7).

In this doctoral research project, recruitment issues became apparent from the outset. As mentioned, an initial email was sent to all students enrolled in EDU27&39 by myself, which resulted in one student volunteering for interview. The email was resent a few weeks later with no response. Sally attempted to encourage participation in the interviews when she placed course notices on Blackboard, the university’s learning management system, and during tutorials. She framed her request for participation around the fact that we were interested in more detailed feedback on the course and valued students’ insights and inputs. This may have been a barrier for student participation, as students might have been concerned that negative
feedback on the course may not have been totally anonymous and would impact on their own relationships with Sally and/or her grading of their work.

Relationships, roles and loyalty conflicts are central concerns of this research. It can be a confronting situation for a PhD advisor to have his/her practice opened to the level of scrutiny that is an inherent component of doctoral research. As mentioned, the literature was very clear in warning that teachers in general do not like having their practice evaluated and scrutinized (Hargreaves, 1982). In seeking guidance on this issue, I was drawn to Tania Cassidy’s (2000) doctoral research project that involved approximately the same set of circumstances, a PhD supervisor who became the researched. Cassidy observed Frank, a teacher educator who was also himself Cassidy’s PhD supervisor, delivering a course within a two-year post-graduate Bachelor of Education degree. Specifically, Cassidy was looking at the factors that enable and constrain student teachers’ engagement with a socially critical pedagogy in PETE. Cassidy reports tensions between herself and Frank that evolved over the duration of the research, which she refers to as “ambiguous relationships” (p. 224). As Cassidy (2000) points out, there has been very little written about the relationship between supervisees researching the practices of their supervisors. She acknowledges that it was naïve, in hindsight, to progress this kind of research without having systems in place to support both parties. The dangers inherent in this type of relationship, as Cassidy reports, resulted in a shift and partial breakdown of their relationship. Ultimately, Cassidy reports that this breakdown resulted in her feeling that Frank had lost confidence in her doctoral work, and this compromised her ability to critique his pedagogical practices for fear of further alienating him. This experience highlights the power differentials at play in the supervisor/supervisee relationship.

In the 14 years since Cassidy’s research, there has been considerably more research into doctoral supervisor/supervisee relationships, however very little on the supervisee researching the supervisor. In a paper by Avison, Shaik, Malaurent, Gaur, and Mousavi (2013), the author’s report that relationships between supervisors and doctoral students are often conveyed through metaphors – the most common of which include a journey, child-parent, pupil-teacher, survival test, apprenticeship and servitude. The authors conclude that many supervisor-student relationships do not work well or are problematic for a variety of reasons, but they postulate that when the metaphor that describes the relationship is different for both parties, problems arise. In the case of Cassidy (2000), the doctoral relationship began to change, moving from an equitable, collegial relationship to one with a greater power differential and, according to
Cassidy, much less supportive. To borrow from Avison & colleagues (2013), the relationship changed to be more of a pupil-teacher/survival test. This rift in the fabric of the relationship caused Cassidy some personal angst and self-doubt.

Sally and I are agreed, that the relationship cannot be accurately described by any one of the Avison et al. (2013) metaphors. It commenced collegially, and as I live in another town some 100km away, our relationship, although friendly, was not able to progress to the social level that was reported by Cassidy. There is an inescapable power differential between Sally and myself however, to date the relationship has aligned with Kitchener’s (1985) principles for ethical decision-making in advising in a university context: respect for autonomy, non-maleficence, beneficence, being just and being faithful (fidelity). Lofstrom and Pyhalto (2012) confirm past research has shown that a lack of autonomy, too much independence or too much isolation, creates problems in the supervisor/supervisee relationship. Again, the issue of fidelity proves problematic, when there is little alignment between expectations and beliefs about working practices. The key to success appears to be dependent on maintaining some commonality on expectations within the context of unequal power relationships.

According to Schulze (2012), the student-supervisor relationship can never be free of power dimensions, and in true Foucauldian spirit, the author reminds us that power in and of itself is not a bad thing, but “everything is dangerous – which is not exactly the same as bad” (Foucault, 1983). As Cassidy (2000) foreshadowed, it would be naïve to think that the supervisor/supervisee relationship between Sally and I would progress unproblematically. Indeed, I needed to be cognizant of what Sally had at stake in opening her professional practice up to intense scrutiny.

It is timely here to pause and consider for a moment exactly what Sally did have at stake in participating so openly and willingly in this research. Sally had a significant personal investment in this course. She had developed and had devised a suite of learning experiences that, by her own admission, fell loosely under the umbrella of critical pedagogy. Sally was consistent in her objectives for the course and the students enrolled in it. She deliberately sought to disrupt students’ ‘taken-for-granteds’ about health and life whilst adopting and modelling a student-centred approach that meets students ‘where they are at’. Sally had in fact won a National teaching and learning award for her work in this course, had published and presented at conferences on her pedagogical approaches, and was the HPETE program leader.
in her faculty. She had much at stake. Sally had voiced an opinion early in the project about using the findings to improve her own practice, which is a noble sentiment, but I needed to consider the possibility that the findings may not be all positive. If that were the case, what would be the implications on her personally and for future publications pertaining to this research, even with the relative protection of anonymity? What would be the impact of findings on my relationship with Sally? Would any of these issues compromise the integrity of the research itself as Cassidy found?

To ensure continued alignment of expectations and beliefs, and continue to maintain Kitchener’s (1985) principles, and to heed Cassidy’s advice and have support mechanisms, it was decided to incorporate quality assurance measures into the research design. During colloquium, it was agreed that the co-supervisor would broker this difficult space, by being available for weekly reflection meetings with me after observations of Sally’s teaching. Unfortunately, only one of these sessions was held, due to time commitments of the co-supervisor. Despite this, the relationship with Sally and I continued unproblematically, I believe, due to our open and honest dialogue and Sally’s genuine interest in improving the student experience by improving pedagogy.

An initial interview with the entire teaching team was conducted prior to the commencement of lectures and tutorials, and this included the two female tutors who were teaching into this course. The interview focused on questions concerning the aims and objectives of the course, and the strategies, tools and techniques used to achieve these ends. It was hoped that this interview would give voice to others involved in the teaching of the unit, reflecting a more collaborative perspective of the design and implementation of the course. It was also agreed that after the weekly observation of the teaching, Sally and I would meet to debrief, a time for me to ask questions about what I had observed, during which Sally agreed to be completely open and approachable, with no questions off limits. This reflection time therefore raises the fourth of Simmons (2007) considerations on the ethical and methodological issues inherent in “insider” ethnographic research, that being reciprocity. Again, in the complexity of this research space, it raises the question, “who is whose critical friend?” Sally as my supervisor was my critical friend, but ironically and by default, in asking questions about her practice and bringing my own observations to joint reflections on her practice, I too had become Sally’s critical friend. In a ‘life imitating art’ moment, a reciprocal relationship was formed and Sally had become both mentor and protégé (Banschbach, 2008).
Finally, it was acknowledged that addressing the power differentials within our relationship and enhancing the objectivity and full reporting of the data, that an interview be conducted between Sally, myself and the new co-supervisor, Julie, who would adopt a mediator-type role. During the interview, it was hoped that concerns, problems and issues inherent in the supervisor-being-researched scenario would be raised and addressed and would contribute to the data collection for this research. Specifically, questions needed to be raised about the nature of Sally and my relationship in so far as it enabled or restricted open dialogue around the pedagogical processes, the anonymity of participants and the sharing of their insights into the course and the extent to which our relationship could compromise the open and honest reporting of the findings of this doctoral research (Appendix 4). In the quest for maintaining trustworthiness of the data, Billups (2014) recommends peer debriefing as one strategy that “may address questions of bias, errors of fact, competing interpretations, convergence between data and phenomena, and the emergence of themes, all of which comprise a lengthy but important process for reinforcing credibility” (p. 2).
3.7 Summary
The preceding discussion has covered substantial and important territory from considering ontological and theoretical perspectives, methods and methodology of this doctoral research, to discovering Foucault and Rose’s (2000b) Regime of the Person as a five-dimensional analytic lens to assist in illuminating the assemblages that combine to shape teachers of health education. The issue of alignment between poststructural methodologies and critical pedagogy was also considered. Importantly, potential methodological issues were identified, as problematics inherent in a PhD student researching her supervisor’s practice emerged from the scant literature on this research methodology. While the warnings concerning involvement in this process were not particularly encouraging, it did not deter from our research endeavours, as opportunities for reflective practice in tertiary education settings is limited, but the potential in terms of opportunities to improve practice could be significant. Thus, armed with a strategy to minimize harm to both researcher and researched, and in the spirit of a poststructural acknowledgement of our enmeshment in complex webs of power, we boldly ventured into largely unchartered research territory. Our hopes were to open spaces where new questions could be asked about the formation of subject identity of health education teachers. Specifically, I wanted to know how pre-service teachers engaged with Sally’s concept of a critically-oriented HETE course and, how a critically-oriented HETE course shaped the ethical constitution of prospective teachers. Also, I was interested in discovering what this course looked like, the aims, technologies and mechanisms of incitement utilized by Sally in attempting to shape health education teachers and where, how or even if, critical pedagogies are situated within the ethical regime of good teachers of HE.
Chapters 4, 5 & 6: Findings Overview
In the following three chapters, the findings of this research will be reported, as discussed in the Methodology Chapter, using Rose’s (2000b) Regimes of the Person five-point analytic. The five elements of this analytic are not always clearly separated or distinguished. In this section, problematisations, technologies and teleologies will be used as separate analytic components with authorities and strategies being woven through the other three elements where appropriate. For example, in discussing the teleologies, one of Sally’s goals was to present herself as a credible health educator to the students in her own right, as an “authority”. Curriculum authority is also considered in teleologies, as the production of health education teachers who possessed deep knowledge of the health education curriculum was another goal of Sally’s work. With respect to strategies, Rose (2000) takes a macro view, referring to a consideration of how procedures that regulate the capacities of persons are linked to wider moral, social or political objectives concerning the undesirable and desirable features of populations, workforce, family and society. In this doctoral research, this analytic domain draws attention to consideration of broader societal factors and agendas, including the impact of neo-liberalism and other “ism” (sexism, elitism), that mostly arise under the analytic element of problematisations.

The presentation of the findings (Figure 4) will commence with Chapter 4, the problematisations, a consideration of where, how and by whom aspects of the HPETE students are rendered problematic, according to what systems of judgement and in relation to what concerns (Rose, 2000b). Logically, if we have no problems, then we have no issues to address, so it seems appropriate to commence the presentation of findings here. We need to be mindful here that the ways in which Sally designed her pedagogical approaches to achieve these problematisations also illuminates specific technologies employed, however, in Chapter 5, technologies will be considered in isolation. These are the specific pedagogic devices employed by Sally to address the problematisations and achieve the espoused telos, with specific attention given to student voice in reflecting on these specific pedagogical endeavours. In Chapter 6, teleologies or goals of this work will be considered. In response to the perceived problems identified in Chapter 4, what were Sally and her colleagues hoping to achieve in the design and teaching of this course and what the students involved in this pedagogical process made of this pedagogical soup (Tinning, 1995)?
Figure 4: Summary of the presentation of findings using Rose's (2000b) Regimes of the Person
4. Problematisations
Where, how and by whom are aspects of the human being rendered problematic, according to what systems of judgement and in relation to what concerns? As Rose (2000) points out, this can occur in everyday practices, in texts and in programs. In the context of this doctoral research, problematisations are taken to be the problematic knowledges, attitudes, values and beliefs of pre-service teachers that impinge on their future ability to successfully implement the socio-critical HPE syllabus. What evidence of the students’ problematisation of knowledge, attitudes, values and beliefs can be found in the collected artefacts? This analysis also encompasses the “isms” – elitism; individualism; sexism and racism. Furthermore, is there evidence in the course artefacts of the problematic nature of the broader factors that impact on the work of health education teachers? These broader factors are taken to refer to problems associated with curriculum implementation, policy or issues with external partners. Finally, these findings provide evidence of Sally’s problematisation of her work in delivering pre-service teacher training. In this research, this analysis refers to pressures internally within the university, other academic staff or higher powers within and beyond the university regarding program accreditation. To provide insights into these questions, the course materials, including course outlines and materials handed out to students during the semester, and observation notes will provide the source of findings presented in this chapter.

The presentation of data in this chapter is in three parts. The first will draw primarily on observational data gathered during the teaching of this course, with specific emphasis on the first three weeks of the semester. This will demonstrate how Sally set up the problematisations for the course and wove these issues through the pedagogical strategies she mobilised throughout the workshops. Secondly, I will endeavour to give voice to the opinions and awareness of students of the problematisations by drawing on data collected during the two interviews – end of semester and post-practicum.
4.1 EDU27&39 Lecture 1
Fundamentally the entire initial two-hour lecture, delivered twice, once for the primary
generalist cohort before they broke into smaller tutorial groups, and once for the HMS group
(Table 4), was dedicated to problematizing the work that was to be done in the course over the
semester. The same slides and materials were used in each lecture. The only noticeable
difference in the delivery by Sally was a change in the anecdotal stories and examples she used
to illustrate or enhance her explanation of concepts or ideas. For the primary generalists, Sally
mobilised “PE Jock” examples in a slightly ‘facetious’ way. I interpreted this to be an attempt
by Sally to make connections with the generalists and perhaps for her to be seen more as “one
of them” and less as a PE Jock herself, or as a PE Jock who could acknowledge the stereotypes
of PE Jocks.

Table 4: Overview of EDU27&39 course program activities

<table>
<thead>
<tr>
<th>Workshop and Date</th>
<th>EDU 27&amp;39 Activities</th>
<th>Additional EDU39 Vogue (Real Jocks Can’t Dance) Tutorial</th>
</tr>
</thead>
</table>
| Lecture One 25 Feb 2013 4pm (Whole Cohort) | Introduction and assessment overview
  • Part One: Education Matters for Health
  • Part Two: Assessment Overview | Curriculum Planning – Creating an integrated Health & Physical Education unit of work. Australian Curriculum, Assessment and Reporting Authority, (2012). |
| Workshop Two 4 Mar 2013 | Assessment Task One
  • Personal reflection on school health education experiences
  • Implications for future practice as teachers of health education – what don’t I know? [Hot Potato activity]
  • Assessment literacy: Constructing paragraphs and integrating primary and secondary data – essay overview sheet | Real Jocks Can’t Dance – Workshop 1 |
| Workshop Three 11 Mar 2013 | Addressing young people’s health issues in schools
  • What are the major health concerns facing Australian children and young people?
  • Establish key information/facts/figures regarding the six major health issues according to the National HPE curriculum
  • Identify credible internet sources of this information. |
| Workshop Four 18 Mar 2013 | Health promoting schools in action
  • Part One: Unpacking the Health Promoting Schools Model
  • Part Two: Conducting a HPS Audit of "The Bush School"
Bush school [videorecording] | Real Jocks Can’t Dance – Workshop 2 |
| Workshop Five 25 March 2013 | Health promotion and education: principles and practices
  • Identify the five propositions and the theoretical perspectives that inform them
  • Individual groups to report and then collate health promotion/education jigsaw | Real Jocks Can’t Dance – Workshop 3 |
4.1.1 Challenging Space
Within the first few minutes of the first lecture, Sally addressed the question of “Why this course”? She proceeded to tell students that they will face challenging students and families in their teaching careers and that they must educate the “whole child”. She also stressed that some schools themselves are challenging, and significantly, that “you, yourselves are challenging”, continuing to elaborate that students must “know yourself to know what you bring to this [challenging] space”. To illuminate these issues, Sally then showed students a YouTube clip entitled “To this day”, which chronicle a young man’s reflection on the bullying he was subjected to while he was at school. Sally used this to encourage students to “think about the impact of schooling on young people”; to think about how learning and teaching can impact on young people, and to consider what these students as teachers can change, and what they can’t change, in a school setting.
At this point, Sally reminded the group that “bodies matter” and that health education did not just address young people’s minds, but also their bodies. However, I did note the lack of body size diversity on the slides presented (Figure 5). Sally highlighted the fact that in schools, as well as in society, bodies determine who is in and who is out. Sally therefore concluded that health education is a “moral minefield” – a complex space (Figure 6).
4.1.2 Curriculum Imperatives: AC:HPE (Curriculum Authorities)
Sally took the opportunity in the first lecture to introduce students to the new AC:HPE and, in so doing, also problematized the curriculum. She discussed the underlying propositions of the AC:HPE curriculum, that it is strengths-based, values health literacy, is educative, has a movement/physical dimension and values a critical inquiry approach (ACARA, 2014) (Figure 7). She then cautioned students that HE is not an “easy game”, as successful implementation of the curriculum contains “enormous barriers” which included the dangers of the guest presenter, the use of scare tactics and sensationalism. She advised students that HE is best done by using interactive, student-centred approaches. Sally concluded her discussion of the national curriculum by saying that “we don’t have expectations that HE will be for all of you – but you cannot ignore the consequences of this”. She also expressed a desire that students would value add to their schools, in their roles as health educators.

4.1.3 Broader health agendas and other players in the field
During the lecture, Sally reminded students that health education has an economic and social cost, and that schools are increasingly called upon to produce “healthy, productive citizens” and more specifically “schools are ideal places for health inoculation”. Sally informed students that schools are recruited to help incite behaviours in young people considered to be healthy or...
to produce healthy citizens. To this end, Sally introduced students to the Health Promoting Schools framework, identifying it as one way to think about health and wellbeing in schools, but was quick to caution that there was a need for evidenced-based learning that was grounded in educational outcomes, as opposed to measurable health outcomes. She told students that the Health Promoting Schools Framework was a health promotion model and that students should be aware of the “great health education debate”. Sally informed students that public health/health promotion has a health and wellbeing focus that utilises the language of health outcomes and health goals. On the other hand, she identified educators as being learning-focused and concerned primarily with education outcomes and goals. At this juncture, Sally also advised students that as teachers, their curriculum and policy obligations were pre-defined or “set” and that their challenge was to know the policy and what to do about it.

4.1.4 Impact of privileged positions

The second half of lecture one was titled “It’s all about me” and was dedicated to introducing and considering the impact of teachers’ principled positions and lens of identity on the lives of the young people they teach. Sally explained that “as teachers we are shaped by values, beliefs and life experiences. These influence the way we read syllabus documents…our identity lens privileges the way we see young people. Teachers teach who they are”. Students from both cohorts found this comment amusing and many laughed in response. Sally challenged students to think about their own identity lens and to think about what it allows us to see, what it hides from us and why they might connect with some young people and not others. At this point, Sally introduced students to Foucault and reiterated that the lens was not a bad thing – just dangerous. She challenged students to think about how they could limit the dangers and to consider how their identity lens had been shaped by their own personal journeys.

Sally then began to introduce the assessment tasks for the course, focusing on the shoebox collage task, which was to be the first assessment task for the course (Figure 9 and Appendix 2). In introducing this concept of reflective writing, she shared an article she had written that chronicled her own biography and how she perceived it to intersect with the lives of the students she had taught in HPE. She described these insights as being “light bulb moments in [her] early teaching career”. She rhetorically asked, “why the shoebox collage?” and answering her own question stated that it was to “protect your future students from you..., but also to protect you from the social forces at play in your future classrooms” (Figure 8). Sally then reminded students that one in five early career teachers makes it to their fifth year of teaching.
At this point I would like to examine more closely how Sally continued to problematize these recurring themes throughout the workshop series. I will focus on the first three weeks of the semester, to illustrate how opportunities were taken throughout the course to continually reinforce three dominant problematisations (Figure 10). This was on-going across all workshops throughout the semester, but I have focused on presenting findings from the first three weeks as space dictates that I cannot represent the entire semester’s work. This examination will also illustrate in more detail, the specific pedagogical strategies employed by Sally, particularly her use of student-centred, inquiry-based approaches. This examination will
also highlight the slightly different approaches Sally took in delivering the same content to the two different cohorts – the HMS specialists and primary generalists.

Figure 10: Problematisations concerning health education articulated in EDU27&39

4.2 Workshop 1: Generalists
A total of 20 primary school generalists attended the first observed workshop. Of these students, 18 were enrolled in the Bachelor of Education (Primary) and two enrolled in the dual primary/middle year’s degree – Bachelor of Education (Primary/Middle Years). Most of the students indicated that they had been for at least two years out of school themselves, but no more than 10 years out of school. One student identified as being an international student, three students were male, 17 female and half the students indicated they were from a state schooling background, with the remaining attending private schools.

In this tutorial, Sally modelled a teaching strategy called “Hot Potato”. The group was broken into 6 smaller groups and each group was given an open-ended statement or question to brainstorm and answer. The six stimulus positions were:

- What is health?
- HE in schools is made up of these components…
- HE should try to achieve…
- For HE to be effective, teachers need to…
- For HE to be effective, school leaders need to…
- For HE to be effective, the community needs to…
The groups were given time to discuss their topic and list some responses, after which they reported back to the whole class on what their small group had found. During the reporting phase, Sally availed herself of the opportunity to continue to problematize or to trouble student responses. For example, the group “What should HE try to achieve” reported that they felt that it should try to develop a sense of community through team sports; to develop a sense of achievement through sport and to challenge students by getting the balance right between theory and practical HPE. Sally responded by highlighting the problematic of schools being responsible for delivering health outcomes for students, saying that: “schools have pressure to deliver measurable health outcomes, but how can we measure success? There is debate about how we should judge and what we should achieve. Behaviour change is beyond your remit”.

The group that considered the issue “for HE to be effective, teachers need to…” reported that teachers need to be supportive; inclusive; passionate; understand diversity; to lead by example. A student also paused to consider if teachers needed to understand barriers to behaviour change. To this Sally replied: “do HE teachers themselves need to be healthy? Are you [yourselves] expected to be the epitome of health?” to this Sally answered her own question: “maybe, but what messages are we sending to young people?” Sally stressed that this course was about giving students “the opportunity to think about these issues”.

This format was followed for all groups, students would report back, and Sally would take the opportunity to problematize something that had been reported. In doing so, she covered all of the problematisations covered in the first lecture, plus the issue of working with parents as partners in HE, stating that “parents can be challenging and difficult, but we want them to be effective partners with us. She also reiterated the problematic of policy, stating that students “need to know what is sanctioned by the principal, you must pass things up the line”.

Sally also took the opportunity to highlight the fact that she was attempting to model good HE pedagogy. She reminded students that the group work activity they had just undertaken was a student-centred approach, that utilised the productive pedagogy of ‘connectedness’ – “where you are at and what you already know”. Sally stressed that it was important in HE lessons to provide opportunities for students to discuss issues. However, in setting up such a space, Sally cautioned that students need to be aware of bullying and therefore it was important that students establish group rules or codes of conduct, and that teachers be hyper-vigilant in listening for
specific comments from students that might be inappropriate or over-revealing, stating: “you don’t want a child to reveal something that will result in them being stigmatised”.

The lecture then moved into a more didactic approach with Sally covering the issue “what is health”. She briefly informed students that there had been a shift from a biomedical view of health to a social view of health in contemporary curriculum documents, and to a determinants approach with a focus on risk factors and protective factors. She asked students if they were aware of any health concerns of young people. This part of the tutorial was not problematized, and I reflected at the time that I did not think that this was unpacked in sufficient detail for the students, particularly the issue of the social view of health. I felt that it was a good opportunity to problematize some of the neo-liberal discourses around personal responsibility for health, and the social view of health represented a good opportunity for students to understand the breadth and complexity of health in terms of the issue of personal control over health.

The second session of this tutorial was dedicated to an introduction and unpacking of assessment task one, and included a discussion of the literacy requirements of this task. At this point Sally covered the functional literacy demands of the written reflection task for the student’s first assessment. Sally commented that she was doing this as part of her obligations under the Australian Professional Standards for Teachers, Standard 2.5 Literacy and Numeracy Strategies (AITSL, 2017). After this, Sally raised several questions for students to consider in problematizing the content of the task:

- Why do you want to be a primary school teacher? Do you want to work with or help young people? Because of the holidays?
- How have events or circumstances in your life shaped you?
- What is the impact of the way I have been socialised on my teaching?
- What are the dangers of caring? Burnout?
- What are the health issues of young people?
- What do we know about the strengths/positives of your own biography?
- What are the dangers of your biography?
- Remember: nothing is bad, but everything has the potential to be dangerous (Foucault)

Finally, key message for the tutorial as written on the power point slide was “health education is a broad, complex and dynamic concept with many stakeholders”.

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4.3 Workshop 1 HMS Specialists
In this workshop, Sally followed the identical lesson plan she implemented with the primary generalists, therefore time will not be given here to repeating the detail provided in section 4.2 above. The differences between the two workshops centred around the examples Sally provided to illustrate her points with Sally drawing on PE and HE examples with the HMS specialists. For example, Sally commenced by stating that there were schools in Singapore that have “fat clubs”. Upon hearing this, several students in the tutorial chuckled. Sally continued to state that there was a “very strong push against HPE teachers not being accountable for behavioural or measurable health outcomes”. Sally then proposed the first of many problems for the group to consider: “how can we deliver a HE program that is not crisis driven, not disease driven? A program that is not aimed at ‘fixing kids’, but giving them the resources for living a healthy life”? The students did not offer a response to Sally’s question and Sally did not probe them for one. Sally followed this with a further problem, reminding students that in the HE domain it is critically important for teachers to maintain their professional distance from students, that there is a danger of becoming “too friendly” with students.

At this point, Sally reiterated again the need for this course, asking students “why are we doing this [course]? Sally takes the opportunity to reiterate the reasons espoused in lecture one, “to protect your students from you; to protect you from the social forces at play in your future classrooms”. However, she adds a third justification, to allow students to think about, and make mistakes, now. In saying this Sally was attempting to create a safe place where students could experiment with HE content and pedagogy, and ask questions without fear of professional reprisals.

4.4 EDU 39 Workshop 2 Vogue & HMS Specialists
Prior to this workshop, Sally had emailed students requesting that they wear full body lycra to the workshop. She explained to students that this was to enable them unrestricted movement in contemporary dance. At the time, I wondered if Sally was attempting to make the students feel uncomfortable in full body lycra – possibly tapping into body image issues and insecurities. Sally introduced the unit by explaining that she intended to model a year 9 HPE unit that was consistent with the new national HPE curriculum, where she would integrate the two strands, physical activity and health into the one unit. She asked the students why they thought that she had chosen dance as the exemplar unit? One student responded saying that “you want us to be
out of our comfort zones”, to which Sally replied, “I want you in a domain where you are not a confident or competent mover”, thus problematizing the rationale for the approach taken.

4.5 EDU27 Workshop 2 - Generalists
As stated previously, one of the tutors, Rachel, was forced to leave the course due to ill health. As a result, Rachel’s tutorial classes were on at the same time as Sally’s were combined with Sally’s groups. Therefore, this tutorial group, which commenced as a group of 20 students, became a group of 34 students. The topic for this tutorial, as described in the course outline, was: “Addressing young people's health issues in schools” with the workshop divided into two parts:

- **Part One:** Identifying the contemporary health concerns of young Australians
- **Part Two:** Understanding young people's health concerns for curriculum design purposes

The tutorial commenced with the question posed by Sally, “what do I need to teach in HE”? This was followed by a look at key resources including:

- Australian Institute of Health and Welfare 2012’s Picture of Australian Children (Australian Institute of Health and Welfare, 2012);
- Mission Australia Survey (Mission Australia, 2012) and the Australian Institute of Health and Welfare’s publication “Young Australians” (Alfrey, 2011).

Following this Sally engaged students in a discussion about the sociocultural factors impacting on young people, and reminded students that it was through a sociocultural lens that HE should be taught to young people. The group was then broken up into smaller groups, with each smaller group given a folder that contained one of the contexts for learning in HPE that appeared on the ACARA website. These contexts included alcohol and drugs; food and nutrition, health benefits of physical activity; mental health, relationships and sexuality education and safety. Each group was instructed to review the materials in their folder that related to their context and discuss for 10 minutes with an emphasis on “look[ing] for consistent messages across the materials”.

As I walked around the groups, looking at the materials that were contained in the folders, I noted that the food and nutrition folder contained the following resources:

- Eat well, be active – Healthy kids for life (Queensland Government)
- ATSI Guide to healthy eating
• Better Health Channel Fact Sheet – “Healthy Eating for Kids/School lunches/Kilojoules and Calories” Factsheets
• The Smart Choices – Healthy Food and Drink Supply Strategy for Queensland Schools – containing Traffic Light Foods (Red/Amber/Green Foods) and associated nutritional information
• Tucker Talk Tips – Fuelling Up for Sport and Healthy Active Koori Kids

After viewing this information, I noted that this was the time when these pre-service teachers might be formulating ideas of appropriate content for HE teaching. If all folders were reflective of the content in the food and nutrition folder, then my opinion was that the sociocultural perspective was missing, or not featured prominently. I found this odd, particularly since a discussion about what constituted a sociocultural approach preceded the presentation of the folders. In my observation notes at the time, I commented:

what is missing from the nutritional information folder given to students [was] the sociocultural context around eating (eating to celebrate, eating for pleasure; issues around budget and food availability; the influence of family and culture in food choices and personal taste and personal dietary needs (Figure 10).

In fact, instead of problematizing the issue of food and nutrition, I felt that in this instance, the materials presented in the folder(s) were possibly serving to reinforce established notions of “traditional” or biomedical food and nutrition content. As a result, I felt that this was a missed opportunity by Sally to problematize content in HE, and/or to examine what a sociocultural approach looks like in practice and how it differs from more traditional ways of teaching HE.

Figure 11: Excerpt from field notes where it was noted that the sociocultural aspect was missing from the content folders presented during workshops
In the debriefing session with Sally after the tutorial, I questioned her about the absence of the sociocultural aspect in the nutrition folder. Sally responded by saying that she was aware of this absence, but had been criticised by colleagues in the past for “operating above where students were at”. She stated that “we [the teaching team] try to start where students are at and later we will come back to this and challenge them”.

4.6 EDU39 Workshop 2 - HMS Specialists
This tutorial was a repeat of tutorial 2 as delivered to the generalists. In this tutorial, Sally used cards to organise random groups of students who would discuss the eight questions as posed in the Hot Potato Activity. However, the generalists were given six questions to ponder, the HMS group were given eight – the two extra were “what are the health concerns of young Australians?” and “This semester I need to know…”. Students were requested to use a PMI (plus/minus/interesting) format to review their group discussions before reporting back to the whole group.

Again, Sally used the reporting back phase as an opportunity to problematize student’s thinking about the topics and associated issues raised. For example, the group that considered “what HE should try to achieve” reported that a plus was to positively influence health behaviours of their students and reported the minus as wondering how they could have an impact on decreasing the incidence of sexually transmitted infections? Sally stopped the group again and asked, “are schools accountable for the health behaviours of their students”? One student responded that it would not be fair for schools to be accountable as there are so many factors that contribute to impact on student’s health. At this point, Sally cautioned students to be “sophisticated advocates of HE and not tie yourselves to things beyond your control”. She rhetorically asked students why we might, as a profession, tie ourselves to broader agendas? In answering her own question Sally explained to students that teachers and the education sector more broadly, obtain “status, rationale and clout” from doing this, but they can be “double-edged swords”.

In reflecting on the hot potato activity, Sally asked students why they thought that she had conducted this activity. Sally responded that it allowed her to recognise prior learning of her students, she could “garnish” at lot of information about students and their prior knowledge from this activity. She questioned students about the pedagogical approach of mixing the group
up, explaining to them that in discussing controversial topics it allows students the opportunity to share personal opinions in a space where they feel safe, and where students can also hear the opinion of other students. Sally then asked students “but what are the dangers” with this strategy? Again, answering her own question, Sally said that teacher beliefs could be a danger. She explained that teacher values and beliefs cannot be evacuated, but they need to be managed and that this should be done through the curriculum and through policy.

As per the Generalists tutorial, Sally then continued in more didactic format, with a power-point lecture on the meanings of health and how that has changed over the last century; the biomedical view of health and a brief explanation of the social view of health, stressing the paradigm shift from biomedical to social view of health. Sally also briefly covered the determinants of health; risk and protective factors for good health. Sally stressed that health is “not easy, it is a complex space”. She then directed students to focus on the health concerns of young people. To this end, she then directed them to credible secondary data sources, specifically Mission Australia and the Australian Institute of Health and Welfare web sites. Sally stressed to students that they need to engage in evidenced-based practice.

In the second session of this workshop, students were directed to refer to a reflection task they were requested to complete the previous week. Sally asked the group who had undertaken Senior PE at school, most students raised their hands. She then asked who had undertaken Senior HE at school, only six students raised their hands. The rest of the tutorial was spent unpacking the first assessment task, the reflective essay, again while addressing the literacy demands of the task. Sally stressed that the reflective essay should contain a paragraph with primary data, student’s personal stories combined with research data. She urged students to consider “what’s the danger?”, “what is the legacy of my own biography for my teaching”?

4.7 Student Voice: awareness of the problematics?

The evidence presented in this section is primarily drawn from the interviews conducted with the 12 participants at the end-of-semester, but also from the written reflections for Task 1 that were shared by 10 of the 12 interview participants (excluding two Generalists; Ryan and Martha). Evidence will also be presented from artefacts gathered during the semester observations, which includes group work produced during the workshops. It is important to note that these artefacts are reflective of work produced by the groups as whole, not just the individuals who participated in the interview process.
4.7.1 Awareness of personal privilege
In the written reflections that formed a component of Task 1, The Shoe Box Collage, it was evident from students work that they acknowledged their privileged and fortunate lives. This is not surprising. As already shown, much of the focus of workshops had reiterated the problematic of privilege, and the wording of the assessment task specifically directed students to consider this issue (Figure 5). However, the following statements were made:

I went to private school all my life, have never been kicked out of home for the mistakes I have made, many would say I have had a privileged life (Michelle, 23-year-old HMS, Task 1 Written Reflection).

Having been brought up in a middle-class family in a wealthy area of England, I have had a privileged and somewhat sheltered upbringing (Kaycee, 22-year-old HMS).

My life journey began when I arrived exactly on my due date, a perfect seven-pound baby girl, and to my mother’s delight, all within forty-five minutes. Third child of four, with a brother either side, most adventures from my childhood revolve around the outdoors. Pets, people and birthday parties carried out in the family backyard were some of the cherished memories that come to mind when I remember growing up as a happy, healthy child of the nineties (Brittany, 19-Year-old Generalist, Task 1 Written Reflection).

Nine of the 12 interview participants reported that they had received private school education for the duration of their secondary schooling. The three students who were public school educated, Nick, Anthony and Kirsten, all attended schools in regional areas outside major cities.

4.7.2 Awareness of the intersection of privilege with the lives of young people
This section will draw primarily on the written reflections that accompanied the Shoe Box Collage as part of assessment task 1. I was interested to discover if students had experienced relative privilege as I had assumed, and if so, if they aware of how this might impact on the students they would teach in both positive and problematic ways.

4.7.2.1 HMS Students
For Goodman (2010), privileged groups within society are typically male, white, heterosexual, middle and upper class, while oppressed groups include female, persons of colour, gay, poor or working class people. In the Task 1 Written Reflections, the HMS students could identify several aspects of their personal biographies that reflect Goodman’s (2010) privileged groups, along with other characteristics that support the notion of privilege. Kaycee, Nick, Erin and Anthony all identified their supportive parents as having a strong impact on shaping their identities; generally making their lives comfortable; supporting them in their academic and
sporting pursuits, and “allow[ing][them] to develop a strong set of values, morals and beliefs” (Nick, 26-year-old HMS, Task 1 Written Reflection). All participants wrote of their “parents”, no one identified as coming from a single-parent or divorced family. Nick, Kaycee and Billy all identified their parents as being middle or upper class. Erin did not discuss her parent’s socio-economic status, but did mention that she attended one of Australia’s most elite private girl’s schools located in Melbourne. Michelle, Kaycee and Brian all acknowledged that they were private school educated. Being academic high achievers was mentioned by all students except for Michelle, who felt that she had under-achieved at school. Nick and Erin identified themselves as Caucasian. Brian acknowledged his Asian heritage, but did not speak of this in terms of privilege, but rather spoke of the racial discrimination he was subjected to, as a result of his ethnicity, in other words, as part of his oppressed identity (Goodman, 2010). Erin was the only student who referred to her sexuality as heterosexual.

In the written reflections submitted in week six of the semester, just under half way through the course, participants had a general idea that their own biographies might be in some ways problematic for the students that they would teach. Typically, the six HMS students could identify that their own love of sport and/or commitment to living health lifestyles might conflict with some of the attitudes and values of the students they will teach. Erin, Billy, Nick and Anthony all reported being physically talented in their chosen sports in their reflective essays, Erin was the only one to report gaining selection on a National team, but the three males reported sport as coming easily to them, gaining selection on, and captaincy of, school teams and regional level representative teams in their chosen sports. All HMS students acknowledged the social capital (Macdonald & Kirk, 1999) they obtained from their peers as a result of their sporting success. Kaycee and Michelle reported that they had not come from a school sporting background, instead they identified as competent physical movers who were passionate about healthy lifestyles and physical activity.

In a HE context, the HMS participants were of the view that their privileged upbringings may restrict their abilities to teach certain health education content. Erin sums this up by stating that she fears: “my general naivety in terms of drugs, STI’s and ‘the modern teenage lifestyle’ which I had little in common with, may affect my ability to teach the content and connect with the students” (Erin, 27-year-old HMS, Task 1 Written Reflection). By contrast, Michelle believed she had first-hand experience of many health education issues including body image, bullying (as both victim and perpetuator) and risk-taking behaviours including drug, alcohol and sexual
activity. Because of this, she felt well placed to teach these topics to her students. Kaycee was the only HMS participant to express doubts about her ability to teach PE due to her lack of participation in sport while she was at school. However, she felt that this might also be a positive as it might better position her to empathise with students who do not like PE. In their essays, the HMS participants were generally optimistic about their personal capacity to overcome these issues and deliver quality health education lessons for their students.

4.7.2.2 Primary Generalists
By contrast, the four Primary Generalists who shared their written reflections (Robert and Martha chose not to submit a copy to the researcher), reported slightly less privileged biographies than the HMS participants and more adversity in their lives. Kirsten and Brittany mentioned their supportive parents, although Brooke was the only participant to report that her parents had divorced and her mother later remarried:

At the age of six my mother and father became divorced. We moved from a small town to Toowoomba, which to me felt like a bustling city. This did also mean that I was to start at a new private school, which also highlighted my developing sense of uniqueness in having divorced parents (Brooke, 25-year-old Generalist, Task 1 Written Reflection).

Ellen identified her family as being middle class and Kirsten was the only person to identify as coming from a low socio-economic family who struggled at times to afford basics such as food. Brittany discussed her private school education, and whilst Ellen did not explicitly identify as being female, she acknowledged that she had attended an all-girls school. Ellen also identified herself as being from Irish-English heritage. Both Ellen and Kirsten mentioned that they had “always been in a high achieving cohort” (Ellen, 23-year-old Generalist, Task 1 Written Reflection) when they attended school.

The generalists were more inclined to mention the health issues or disadvantage they had experienced. For example, Kirsten referred to her struggles with Obsessive Compulsive Disorder; Brittany discussed her brother suffering from Asperger Syndrome and the impact this had on her family; while Brooke reflected on her own body image issues and associated disordered eating. Drawing on this adversity, the Primary Generalists felt that these experiences would give them greater empathy for students undergoing similar issues and enhance their ability to select suitable pedagogies to address these issues if they arose in their classes. As with the HMS students, the generalists expressed concern over their lack of experience with
certain health issues and the impact of privilege in inhibiting their abilities to implement quality health education lessons in their classes. Kirsten echoes this sentiment stating that:

I am also concerned that my privileged upbringing (aside from the low socio-economic background) has provided me with a rather narrow view of childhood, with little exposure to significant youth issues such as drugs, suicide, family conflict, alcohol, abuse or unsafe environments (Muir, et.al, 2009). Fortunately, I identify with the top three issues for personal concern amongst Australia’s youth; coping with stress, school and study problems, and body image (Mission Australia, 2012), so I will be able to address those (Kirsten, 22-year-old Generalist, Task 1 written reflection).

While the HMS students seemed to be more optimistic about the impact of their biographies on their future students and their abilities to overcome any associated issues, the primary generalists were more measured in their assessment of potential abilities. Ellen honestly admitted that:

There are still large concerns over my ability to teach to students of a different socio-economic status or culture, as I do not believe that I have been able to fully understand how my perspective of culture and religion yet, in order to be able to comprehend how multiple perspectives fit together (Ellen, 23-year-old Generalist, Task 1 Written Reflection).

Ryan did not share his written reflection with me, however during the end-of-semester interview I asked Ryan what he had learnt, if anything, about himself in completing the written reflection. He did not recall that it made him aware of the impact of his privilege, but did acknowledge that this process had made him aware of his own personal bias towards ‘obese kids’. Although he had earlier expressed an opinion that he did not particularly like ‘PE jocks’, he would, nonetheless be supportive of them on this issue as they are in part responsible for keeping children healthy. He also acknowledged his personal preference for maths and literacy, but did not discuss what this might look like in his classroom, or how he might manage his acknowledged bias against fat children. He was cognisant of the role that parents play in children’s diet and exercise habits.

Yeah because I must admit the assignment did give me one point, it's being aware of bias, but in reality, we all know that we all - but it's just recognizing it. We all recognise it already; we just had to write on paper. It's just my bias is towards the obese kids because I was obese, but at the same time since I'm not obese now, I still wouldn't - I still go for the jocks, because they're actually keeping healthy, but I still have to know it's their parents not just them. But it's still part of them, how they - some of them just dislike PE which is kind of sad because they do need it. A bias is as I prefer mathematics over all the other subjects, so I'd be more motivated and engaged for mathematics compared to something like English and literacy (Ryan, 21-year-old Generalist, end-of-semester interview).
In this statement, Ryan mentions the impact of his own biography, as being an overweight child, and is aware that this has formulated a bias in him towards fat children, but has no insight into the implications of this in his future teaching or in a health education context. However, Ryan reports this personal experience as not encouraging empathy towards fat children, but the opposite, in that he would be in some ways biased against them. Ryan’s statement demonstrates, at some level, the intellectual turmoil he is experiencing in attempting to reconcile what he has experienced and what he therefore brings to his teaching. It seems to represent the infancy of some notion of problematics in the space.

4.7.2.3 Personal biography as a motivation and qualification for teaching health education
Michelle was one participant who spoke at length, both in her written reflection and in the end-of-semester interview, about her passion for health education because of her privileged, although by her own account, wayward youth. Michelle admits to experimenting and engaging with drug-taking, abusing alcohol; and risky sexual behaviour. Regretting her past and having now found Christianity, Michelle was highly motivated to teach health education to prevent young people from making the same mistakes that she had in her youth. In her written reflection, she wrote:

Despite my, now, healthy positive way of life, as mentioned previously, I have had a lot of personal experience in teenage binge drinking and partying, and both sides of bullying which puts me at a huge advantage to be able to tackle these issues in schools. As I look towards having children, I know what I don’t want them to be, and I feel the same towards all young people. Whilst I can’t give children my life experiences, I can give them the knowledge to hopefully not make my mistakes. If the importance of the things I value now, had been made aware to me many years ago, I know I would have been better off with far less regrets. However, these personal life experiences have given me greater insight to teach health and personal development (Michelle, 23-year-old HMS, Task 1 written reflection).

Michelle saw this life experience as a positive opportunity for her students and teaching in the HE domain. At no point did she reflect on this being potentially dangerous or problematic for herself or her future students.

By contrast, primary generalist Kirsten, was concerned that her privileged upbringing might inhibit her ability to successfully implement health education, as she had little personal experience with negative health issues. As noted above, Kirsten commented that:

I am also concerned that my privileged upbringing (aside from the low socio-economic background) has provided me with a rather narrow view of childhood, with little exposure to significant youth issues such as drugs, suicide, family
conflict, alcohol, abuse or unsafe environments … (Kirsten, 22-year-old Generalist, Task 1 written reflection).

Having personal experience in dealing with adversity in facing health problems or issues was viewed as a positive by all the generalists in their written reflective essays. In fact, experience with health issues, either directly or indirectly was considered a pre-requisite to effective teaching of these health issues. It was considered that this experience would provide “foresight to handle [health issues] in an informative and compassionate manner” (Brooke, 25-year-old Generalist). Brittany reflected that having a brother with Asperger’s would make her more compassionate towards, and have greater understanding about, mental health problems. Kirsten believed that her own experiences with anxiety and her subsequent management of this through music, would see her implement The Arts into her “curriculum and classroom culture”, as she is convinced of the benefits of this approach for students’ emotional and social health.

4.7.2.4 Dealing with students who don’t like PE
Most of the HMS students wrote about the prospect of encountering students in their own classes who do not like PE, even though the personal reflection task specifically asked them to consider intersections between their personal biographies and the lives of the students they will teach in health education. This may provide insight into the fact that, at this stage in their education, these six students still identified primarily as teachers of PE, not HPE. Interestingly, the participants could intellectualise how their own upbringings, love and success in sport and physical activity, might present a problem for them when they encounter students who don’t share their enthusiasm for physical education or who are not as physically able/sophisticated as they are. This was demonstrated by Nick who, in his written reflection, discussed how his family had been very supportive of his involvement and participation in sport, and predicted that he may have some future issues with young people who don’t share this ability and/or love of sport:

Some students will not have had the skill formation that I was subject to, and as such it will be important not to alienate students who require further development. It will also be necessary to avoid exacerbating stereotypes of ability and performance. As the literature outlined it is important to minimise perceptions about ability and inability, if assumptions on ability are maintained the perceived poor performers may never get a chance to demonstrate their skills and may remain alienated in the HPE context (Nick, 26-year-old HMS, Task 1 written reflection).

Like the other HMS students, Nick was not able to provide detail around what this might look like or how he might manage such a situation at this stage of his metamorphosis into a teacher.
Some participants attempted to consider how they might cope with students in this situation more broadly, with Anthony stating that:

Although I do present certain traits that may suggest a strong representation of the sports performer principled position, I believe that my knowledge, understanding and interest for particular student-centred approaches to learning may minimise the likelihood of implementing value orientations that aren’t evident in the curriculum (Anthony, 19-year-old HMS, Task 1 written reflection).

This comment was typical of responses by participants, who could not provide examples of specific strategies or ways of dealing with students, but they were generally confident and optimistic that their own enthusiasm for sport, their motivation and their personalities would win reluctant children over. Kaycee encapsulated this optimism stating that her “… proactive personality is always going to see [her] trying [her] best to be able to work with students who are motivated in sport as well as those who aren’t” (Kaycee, 22-year-old HMS).

4.7.3 Awareness of problematics around broader health agendas and other players in the field

The following themes emerged from the data and will be reported here under the headings of:

- Healthism
- Positivism
- Racism, Elitism and Fatism
- Curriculum Imperatives

4.7.3.1 Healthism (Exercise=fitness=health)

As introduced in Chapter 2, Crawford’s (1980) term “healthism” has been defined as “…the implicit belief…that exercise, through the mediating notion of fitness, leads to health, that exercise is essential to health, and that being fit and having a slender body are proof of health” (Kirk & Colquhoun, 1989, p. 426). There was evidence of this ideology in the end-of-semester interviews. During the end of semester interview, Billy confirmed his belief in healthism when he was asked what teaching health education was about. He replied: “teaching them doing this physical activity will make you fitter, by doing this you have a better physical capacity, therefore you'll be healthier” (22-year-old HMS).

In the written reflections that accompanied the Shoe Box Collage assessment task 1, Kaycee confessed her confusion over the issue of overweight people who don’t heed health warnings and continue to eat unhealthy food and perform little or no exercise.

One of the main issues I will face when teaching Health Education will be working with colleagues and students who are not interested in living a healthy lifestyle. I find it difficult to understand why some people, especially those who are overweight, would consistently eat unhealthily and engage in limited or no exercise.
Whilst I am aware that it is one of my roles is to encourage a healthy lifestyle (McCuaig & Tinning, 2010) I will find it hard to identify with those who do not share my values (Kaycee, 22-year-old HMS, Task 1 written reflection).

Kaycee did not elaborate on what the implications of this attitude might be for her teaching. Healthism discourses were also evident in one of the group work tasks produced by the HMS students in the week 1 workshop. Sally had students form groups of five to six students and asked them to discuss the relationship between sport, health and physical education. Students were then asked to draw that relationship on butcher paper. One of the groups encapsulated the fitness=sport=health triplex (Figure 12). From this illustration, it seems clear that if one eats healthy food, then one will be able to exercise, which will give them a toned/muscular body, which will in turn provide them with good body image, which will make them happy and encourage them to participate in sport which will lead to making lots of friends. This will also contribute positively to increased academic achievement and will ultimately result in a muscular old person. This insightful diagram illustrates a domino effect of eating healthy food and exercising, acknowledging some of the resulting social and emotional benefits, including the possibility of longevity or at least fitness in old age.

![Figure 12: HMS group 1 response when asked to draw the connection between sport, health and physical education](image-url)
Evidence of a mind/body dichotomy was found in another of the artefacts produced by the groups (Figure 13). While it could be interpreted that the heart in the picture labelled “physical education” could represent a love of physical education, it could also be interpreted as PE being good for your heart. On the diagram, the three dimensions of health are not connected.

Figure 13: HMS group 2 response to the relationship between sport, health and physical education

Figure 14: HMS group 3 depiction of the relationships between health, sport and physical education.
In a final diagram (Figure 14) the hair on the person says, “healthy mind, healthy body” which tends to reflect this group’s perspective of health as a mind/body dualism. The words “physical education” are written at the top of the face, with “endorphins make you happy” written as a smile on the face of the person, which could indicate that this group acknowledge the emotional benefits of physical activity from a physiological, rather than social, health perspective. The group then seem to flag some of the topics covered in health, body image, nutrition and sex education, although body image could also relate to physical activity. Finally, on the leg is a caste with the words, “sport can be unhealthy”, which is taken as an acknowledgement of the physical dangers associated with sport. These three diagrams provide evidence to suggest that healthism is present in the thinking of students in the HMS cohort.

4.7.3.2 Positivism

The concept of health and the idea that there is a single, universally understood notion of ‘healthy’ was repeatedly referenced by students during the interviews and in the written reflections. In commenting on what he thought health education should try to achieve, Ryan noted that:

Well it's really just trying to achieve that every student has a knowledge of some sort, not just go blindly into the world without knowing what is actually healthy.

(Ryan, 21-year-old Generalist, end-of-semester interview).

When asked to define health, participants could recite a basic holistic definition that was provided to them in the workshops, that it is physical, mental, spiritual and social and related it to the concept of wellbeing. However, some still saw health more narrowly as “…just being healthy, physically and mentally; physically as in your body, mentally as in your mind” (Ryan, 21-year-old Generalist, end-of-semester interview). Some participants even acknowledged that their concept of health had broadened because of the course, with Nick acknowledging that “health for [him], probably at the end of school would have been something more like being fit” (26-year-old HMS, end-of-semester interview). Some interviewees spoke about health being on a continuum or spectrum: “I definitely recognise now that health is the continuum with the disease and … pro-health on the other side and so it's always a spectrum of … being healthy” (Erin, 27-year-old Generalist, end-of-semester interview). These comments indicate that students still see health as a dichotomy between being healthy and unhealthy, and I wonder where a person who is living a healthy life with well controlled diabetes for example might fit on the continuum?
Participants generally had an intellectual grasp on the concept of holistic health, but other comments made by them during the interview indicated that this concept had not embedded for them in terms of their practice as health educators. Instead, they revealed a strong leaning towards positivism teaching about ‘good’ and ‘bad’ health choices and behaviours. There was evidence of a struggle to reconcile ‘new’ ideas and concepts presented in EDU39 with prior knowledge and beliefs. Kaycee illustrates this point stating that “you can see good health or bad health. I kind of agree with the salutogenic approach … there's a continuum but you can't be on either end of the continuum” (22-year-old HMS, end-of-semester interview). Kaycee seems to be struggling with her ideas of what health is, with underpinnings of healthism being apparent, for example if you look healthy, you must be healthy and belief in definitive of being healthy. I asked Billy during his end-of-semester interview if he could tell by just looking at someone whether they were healthy, and he replied:

Physically and mentally, yes, but I guess as a student you wouldn't be able to see the teacher's social interaction side, so I don't count social well-being as healthy. Just by looking at the teacher you can definitely tell their mental healthiness and their physical healthiness (Billy, 22-year-old HMS, end-of-semester interview).

4.7.3.3 Racism, Elitism, Fatism

Ideologies were not overly obvious in the interviews and I had a sense that, for the most part, participants had their “politically correct” filters on when speaking. However, there were minor exceptions to this. For example, as discussed, Ryan admitted a bias towards obese kids. These comments by Ryan were not isolated amongst the interviewees. Michelle also voiced latent racism and broad racial/religious generalisations and stereotypes. When I asked her if she could define a social-cultural view of health she replied:

“Well, sociocultural would just be, I guess, the things that impact health wherever I am. So [unclear], I guess in an Aboriginal establishment - society, that'd be - well, I'm going to make a stereotypical thing here, but alcoholism. That would be for an indigenous society. Then that would vary if I went to a Christian school, I know that would be different again. They wouldn’t have any kind of alcoholism. Most of them I would assume would not be dealing with too much sex health kind of things” (Michelle, 23-year-old HMS).

In summary, it is evident in the interviews and other course artefacts that ideologies that have been identified in the scholarship as being problematic in understanding and implementing sociocultural health education syllabi were operating within the HPETE context of this study. Healthism (Kirk & Colquhoun, 1989; Tinning & Glasby, 2002), elitism, racism (Macdonald &
Kirk, 1999), neoliberal notions of individualism (Gard & Wright, 2001; Tinning, 1995), and fatism/anti-obesity bias (Gard, 2007) were all evident to some degree.

4.7.3.4 Curriculum Imperatives
During the end of semester interviews, I asked the participants what they considered to be the main barriers to successful implementation of health education in their schools. Barriers that related to curriculum imperatives, were identified as including school communities and ethos (Anthony and Michelle), policy (Nick); background of students (Brittany); financial (Kirsten and Brooke), and their own comfort with health education curriculum topics, with sexual education and mental health education commonly cited as being of concern (Brittany and Kaycee). Kaycee admitted that she felt that she would be “… so embarrassed when I have to teach sex ed. I feel like I’m just going to giggle because I’m immature, still”. Kaycee explained that she felt that this embarrassment would dissipate once she had some teaching experience:

I think once I’ve gone out and taught one lesson or one unit then I’ll be fine but I don’t know… I feel comfortable with all the people in my cohort but I wouldn’t want to stand at the front of the class and talk to them about chlamydia or vaginas. I’d just be embarrassed (Kaycee, 22-year-old HMS, end-of-semester interview).

Generally, students seemed more aware of problematics around teaching sexual health education than they were of problematics around other content areas, and were more inclined in the interview to quote examples in a sex education context. This is probably not surprising given the researcher’s focus of this in the course. An example of this was provided by Anthony when discussing some of the barriers to implementing health education:

If you’ve got for example a Catholic child in the class who doesn’t believe in contraception or whatever. I guess it’s similar to that kind of thing where you have to be sensitive about things. I think probably the most important ones are the school environment and culture that you go into, like what backgrounds the students have and certain ones could be a barrier in terms of what you can teach, so you might have to modify a few of the activities… for certain students (Anthony, 19-year-old HMS).

Overall the barriers identified were general and vague. Students had some understanding of the problematics inherent in curriculum imperatives but were unable to provide meaningful or specific detail around these issues.

4.8 Student Voice: Post-practicum
Continuing the search for evidence, or lack of, concerning the awareness of privilege of the interviewees involved in this research, attention will now be focused on the post-practicum interviews. The three focus areas will be the same as reported on above: awareness of personal
privilege, awareness of the interaction of privilege with the lives of young people and awareness of the problematics around curriculum imperatives.

4.8.1 Awareness of personal privilege
One of the primary problematisations that Sally constructed from the initial lecture focused on the issue of the impact of personal privilege and its impact on the lives of future children these pre-service teachers may teach. As discussed, in the previous section, an acknowledgment of personal privilege was made in the Task 1 reflective essay. However, students at this stage had not undertaken their major practicum and had experienced limited engagement with young people in school settings. As such, the reflective essay was an attempt to incite students to hypothesize the possible impact according to what was known about young people from the literature and their own schooling experiences. In the post-practicum interviews, I was particularly interested to know if actual engagement with children in schools had any impact on their notions of problematics in this space, as discussed during the teaching of EDU27&39.

4.8.2 Awareness of the intersection of privilege with lives of young people
The post-practicum interview revealed for most of the interviewees, that the young people they encountered were not exactly like they themselves had been while at school. For example, in discussing the difference between her two practicum schools, Erin made the following comments:

Erin: Like another big example at [Logan City SHS] was their ICT abilities. That school had a computer policy - the students didn’t have to have their own computers, and then you could book out the trolley full of them - which most of them didn’t work and then they took half the class to turn on – they were just terrible. And you could tell that the kids didn’t use them very often, because they couldn’t do the most basic things on them. Like when the Year 9s were writing their assignment, they didn’t know how to centre text – push little centre button. I was just like I was really horrified, to be honest. Coming from good old [Melbourne Girls Private School] I had a laptop since Year 5, and that was 18 years ago.
Karen: Really?
Erin: I have had a personal laptop that entire time. And these kids, nearly 20 years later, still don’t - and they can’t do…. They just don’t know how to use it (Erin, 27-year-old HMS, end-of-semester interview).

Erin commented that this made her “very much so aware of their backgrounds, and it just makes me realise the inequalities – the social justice”. In this statement, Erin not only acknowledges the privilege that she experienced growing up, but could also put a name to the lack of social justice that she witnessed. On the difference between Erin’s own attitudes, values and beliefs and those of her students, Erin recalled an exchange between herself and one of her students who told Erin that she would be taking a day off school to celebrate her
birthday. Erin acknowledged the difference between her own and the students “attitudes” when the other students informed her that “everybody gets a day off on their birthday.” Erin called her response as: “Why? What? Since when? Who says? Is this written in the handbook?” (Post-practicum interview). Although surprised and somewhat concerned, Erin but did not question her own privileged position regarding this issue, she assumed a ubiquitous understanding that students should not take days off school when it is their birthdays.

4.8.3 Awareness of problematics around curriculum imperatives
As mentioned, the imperative around student-centred pedagogy in health education can lead to problems associated with over-disclosure of sensitive and personal information, both by teachers and students. In the post-practicum interviews, I asked participants about whether their students had asked them to disclose personal or private health information about themselves. Erin reported that during a drug education lesson, in front of a group of three or four other students, a student asked her if she had ever taken any illegal drugs. I asked Erin how she dealt with that, and she responded:

Yeah, well I really struggled with that, but… For the record, I have had pot a couple of times and that is it. Never anything else. And I had one really, really bad experience that put me off for life, and I would have really liked to share that with that, but then [Sally’s] stories about sharing too much with the kids.

Like I was just terrified of them going back to the Principal, or to a parent even like, “Miss is on drugs.” I was terrified of that, so I handled it by saying, “I don’t think that is appropriate.”

I am still not sure what the right decision was, because I think the truth is a good lesson - but I was just terrified of giving that knowledge to the kids. I didn’t think that was appropriate so I just kind of shut it down, and luckily, they didn’t push (Erin, 27-year-old HMS, Post-practicum interview).

In discussing the issue of over-disclosure by students during health education lessons Michelle was reflecting on the fact that nothing students reported about their own health behaviours would shock her.

Michelle: No. I have been there and done that. I think it would take a lot to surprise me.
Karen: …Do you think somebody else let’s say who had a very conservative upbringing who was confronted with those stories might be surprised? Shocked?
Michelle: Yeah. I think they would be very shocked – stopped in their tracks. I think they would really struggle with that.
Karen: Just on that issue about making the right decisions – who decides what are the right decisions?
Michelle: I guess there are the stock-standard right decisions about looking after yourself and your body, and just not breaking the law – like law decisions. But,
ultimately, it is up to the students. If they know what is right from wrong and then they still make the wrong decision, then that is on them. But I feel like they need to know what is right and wrong before they can make a decision like that.

Establishing rules of disclosure with classes prior to the commencement of sex education lessons was a point constantly reinforced by Sally during EDU27&39. Michelle did not mention establishing rules in health education classes regarding over-disclosure of information, and I asked her if she had established these rules before she commenced teaching her lessons and she replied that she hadn’t. She did comment that it was difficult to do this as a practicum teacher, as you were often just ‘picking up’ from lessons that the mentor teacher had already begun teaching. Michelle’s response also highlights the issue of positivism, teaching truths about health, the ‘right and wrong’ health behaviours and that these are universal, self-evident and not in any way problematic.

In contrast to Michelle’s lack of awareness of the problematics associated with her own knowledge, attitudes, values and beliefs, Nick was very aware of the impact of his own attitudes on the children he taught. He identified his beliefs as being potentially dangerous for his future students, while acknowledging the power imbalance between him and his students, and thus his potential to influence the attitudes and beliefs of his students. While Nick and Michelle both saw imparting knowledge as part of their roles as health educators, Nick viewed this more broadly to incorporate health-related skills and the application of those skills in authentic life situations. When asked how he might be potentially dangerous for his future students, Nick replied:

…potentially I am able to impart my perceptions and my beliefs of what is important to the students and then that would then become their view. So, I think, the idea behind a lot of it from what I have understood, is not “here’s the information” and “here’s the knowledge that you need” – it’s the health literacy side of – here’s all the information and all the possible situations that you could encounter what are the skills that you need to be able to deal with those (Nick, 26-year-old HMS, post-practicum interview).

Kaycee also expressed concerns about implementing problem-based (inquiry) learning into her health lessons. She was aware of the Australian HPE Curriculum’s direction for inquiry-based pedagogy, but was concerned that if her students were not used to learning in this way, this could reflect badly on her abilities as a teacher. Kaycee commented that her students’ ability to achieve success with this teaching strategy could be dependent on whether they had experience with this type of learning in primary school. She reflected that:
Because if they have gone through Primary School or whatever before - the last few years of school - and they have not done problem-based stuff – they are going to struggle with it. They are not suddenly going to be able to pick up this ability to do problem based learning – like they get into a group and they have to work out an answer – if for the last six years they have just been spoon-fed it.

So, what do you do? Do you try to make it all problem-based and then maybe their results will be rubbish for one term and you will look like you are a bad teacher, but then maybe, eventually, it will pick up? (Kaycee, 22-year-old HMS, post-practicum interview).

4.9 Summary
Comparing the end of semester interview responses with the post practicum interviews on the issue of awareness of problematics, it is my assessment that the experience of practicum brought students understanding of the students they would teach, out of the realm of the hypothetical, into the reality of classroom practice. Awareness of privilege was well acknowledged, but even after practicum, participants in this research struggled to articulated how or why it might matter. Practicum experience provided students with more realistic understanding of the students they would teach, and they generally began to acknowledge differences between their personal attitudes and values and those of their students, beyond simply not embracing a love of sport or physical activity. This was reported as troubling, unsettling or surprising, without specific insight into how this might impact on current or future teaching practice.

In the next chapter, the second part of Rose’s (2000) analytic, The Regime of the Person, will be considered from the perspective of technologies. This chapter has uncovered the issues Sally, and indeed other scholars and academics, have viewed as problematic barriers to the development of good socio-critical health education practice. I will now focus on the pedagogical devices Sally herself employed to interrupt or disturb some of these problematics with voice given to what students took away from Sally’s pedagogical endeavours.
5. Technologies

This chapter will address the specific pedagogical strategies employed in EDU27&39. Specifically, Sally indicated that the over-arching pedagogical techniques and strategies for EDU27&39 were student-centred, inquiry-based pedagogies. Consistent with approaches currently advocated by Queensland HPE syllabus documents (QSA, 2007), and with the draft materials presented for the AC: HPE (ACARA, 2014), learner-centred approaches reflecting a constructivist approach to learning (Macdonald, 2004b), and inquiry-based approaches (Macdonald, 2013) have comprised the cornerstone pedagogies of this course. As will be covered in detail in Chapter 6, one of the primary goals (telos) of EDU27&39 was to model student-centred and inquiry-based approaches for students in the context of HE, but for now the specific pedagogical strategies, the technologies will be considered. While the pedagogical strategies were inquiry-based overall, for the purpose of presenting findings, I have categorised the specific strategies Sally mobilised as: arts-based pedagogies, personal reflection, pedagogy of discomfort, personal narrative and student-centred pedagogies (Figure 15).

![Figure 15: Technologies or specific pedagogical techniques used in EDU27&39](image)

According to Rose (2000b) Technologies considers the “means [that] have been invented to govern human beings, to shape or fashion conduct in desired directions and how programs have sought to embody these in certain technical forms (p. 313). For Rose (2000) human technologies are “hybrid assemblages of knowledges, instruments, persons, systems of judgement, buildings and spaces, underpinned at the programmatic level by certain
presuppositions about, and objectives for, human beings” (p. 313). In this doctoral research, technologies include the pedagogical devices, including assessment tasks, enacted in the name of shaping good socio-critical teachers of health education.

The data reported in this section are drawn from the end-of-semester interviews only and provide students’ reception of, and engagement with these technologies. The end of semester interviews included the twelve students, six from HMS and six primary generalists.

5.1 Arts-based pedagogy
The first assessment task of EDU27&39, the Shoe Box Collage, required students to convert a shoe box into a collage art piece that is a visual expression of the life history students describe in the written reflective piece that accompanies this task. Sally’s rationale for the inclusion of this task was to challenge her students’ exploration of mediums other than written text to represent their identity. Although the students interviewed generally understood the intent of this task, participants had mixed feelings about its effectiveness. For example, Martha, a female primary generalist, embraced and enjoyed the creative outlet, stating that “… the shoe box was a great outlet for many students to be creative which is great. So, it was a good assessment …” (Martha, 20-year-old Generalist, end-of-semester interview). In contrast, Brittany “hated” the task stated that: “I didn’t like that. I just thought that was a bit silly… I get what they are trying to do, the creative learners or whatnot, but I think it failed in that regard” (19-year-old, Primary Generalist). Ryan, a male primary generalist, did not mind the task’s creative aspect but seemed to resent being made to demonstrate his deeper understanding of issues, stating that:

I just found it more of a bother … I understand you're trying … to get our creativity and make sure we have hands-on activities, building that up, get some metaphor. I just don't know why we have to put metaphors, why it has to be deep and meaningful? I want to be straightforward. Being straightforward is just as good as deep and meaningful, maybe even better. Because you don't have to interpret it wrongly or anything like that, it's just right there (Ryan, 21-year-old Generalist, end-of-semester interview).

5.2 Personal reflection
Sally was attempting to stimulate critical thinking and reflection and to incite HE students to reflect meaningfully upon the forces and discourses that have shaped their own lives and to consider how these attitudes, values and beliefs sit when they encounter the lives and needs of the young people they will soon have in their classes. Thus, a primary objective of this task is to provide insights that can simultaneously protect future HPE teachers from the social forces
at work in their classrooms, and protect future HPE school students from the body knowledge biases such as Healthism, that teachers of HE can employ on their students. In fact, Sally described this understanding as a form of inoculation against potential future harm to the children these pre-service teachers will soon be teaching.

Primary Generalist, Ryan, was particularly vocal in this dislike of both components of Task 1, the shoe box collage and the written reflection piece. Ryan continued to say:

\begin{quote}
\textbf{Ryan:} \\
Shoe box oh…
\textbf{Karen:} \\
… what did you think of that?
\textbf{Ryan:} \\
I reckon that was the biggest joke in the world.
\textbf{Karen:} \\
Did you? Why?
\textbf{Ryan:} \\
Well you're grading someone for - I reckon you could grade them for creativity but everyone has a different creativity, and it's just how you interpret it. The shoe box like that and - it depends on different methods. Why would the shoe box - the assignment was something like 30 per cent or 40 per cent? Why would the shoe box be almost the same as a report? Then the report itself was a self-reflection. Self-reflection was just me recalling memories. I'm just putting just research to my memory, it doesn't really reinforce or teach me anything new, I'm just reflecting. Yeah (Ryan, 21-year-old Generalist, end-of-semester interview).
\end{quote}

However, Ryan was not alone in his criticism of reflective practice. Overall, the students interviewed understood the intent of the task, although some did lament generally about the amount of reflective practice involved in pre-service teacher education. According to Martha, the reflection was “okay [however] I just do so many reflections all the time as a teacher, that it's a bit repetitive” (20-year-old Generalist, end of semester interview). By contrast, more positive comments provided about the task were similar to those of Michelle, who stated that:

\begin{quote}
I liked that it was more of a reflective essay on my own health and I pretty much discussed my bad choices in the essay and discussed - I like that it was - to get us to reflect on our own health and how it's going to impact and influence our teaching, because I guess that's what got the cog turning as to why I'm teaching health (Michelle, 23-year-old HMS, end-of-semester interview).
\end{quote}

Other students also appreciated the value of reflective practice, with Kaycee reporting that she found the task difficult as critical self-reflection can be a confronting process, but also found this process to be beneficial:

\begin{quote}
So, I did find it hard but I also found it - I think I found it beneficial because once you have written it and once you have opened up then you kind of can see
\end{quote}
straightaway what you're like as a person and what you think you're going to be like. So, eye-opening let's just say (Kaycee, 22-year-old HMS, end-of-semester interview).

Overall the interviewees reflected favourably on the task and seemed to understand the intent of the personal reflection. However, as discussed in Chapter 4, while the task encouraged students to acknowledge their privileged lives and upbringings, they were not as adept at predicting the potential impact this might have on the children they would ultimately teach.

5.3 Pedagogy of discomfort

5.3.1 Vogue
Sally’s realisation of this pedagogical technique engaged teams of HMS students in the construction of a contemporary dance routine that explores the social construction of gender and sexuality to Madonna’s dance song Vogue. In the course outline, this unit is called “Real Jocks Can’t Dance” (Table 4), but the focus of the unit is the performance of the dance to Vogue. In choreographing and performing the steps of this dance, the HMS students were set the challenge of performing a gender that is the alternative of their own. In so doing, Sally was attempting to have students explore how individuals “read” their own and others’ bodies (Appendix 1). In addition, students participate in the initial dance rehearsals, where they learn the relatively complex vogue steps of the two choruses, in full body lycra. This was a deliberate strategy of Sally’s to simulate the sense of ill-ease, exposure and self-consciousness and marginalisation the less physically co-ordinated school students experience in HPE classes.

In the interviews when students were explicitly asked “what do you think the lecturer was trying to achieve with this task, the six HMS students seemed to understand that the task was in part about trying to place students out of their comfort zones. This was reflected by one student who stated that:

I don’t know if it’s life experience or what but I know what it’s like to be out of your comfort zone and teaching health is an uncomfortable topic but it’s about not making it uncomfortable and making it enjoyable and I guess that’s kind of what she wanted people to get out of the task, I guess (Michelle, 23-year-old HMS, end-of-semester interview).

Interestingly, the seemingly body-confident HMS students did not report feeling uncomfortable in the body lycra as intended. They did however, feel more uncomfortable in the dance domain than performing in the body lycra. Of the six-people interviewed, one male and one female had dance backgrounds and felt comfortable in lycra and the dance performance, while the other four students reported feeling comfortable in the lycra, but
uncomfortable dancing. Anthony stated in the end-of-semester interview: “… well the dancing thing, I sucked at that … I was terrible, and it felt so uncomfortable” (19-year-old, HMS). Dressing as “a gender other than your own” created some initial discomfort for some of the students, but generally the students reported no real discomfort, with Erin recalling that: “I was a tomboy when I was younger so it didn’t bother me at all” (27-year-old female, HMS). Participants who reported a mild discomfort initially, stated that this feeling dissipated quickly as the group had fun with the task, and enjoyed the dressing and portrayal of alternative gender. In fact, the whole cohort seemed to have fun with this aspect of the task, so much so that a female student placed a drink bottle down the front of her pants and proceeded to chase other male students around the room attempting to simulate intercourse with them.

5.3.2 “To This Day” YouTube Clip
During the first lecture, students were shown a YouTube clip “To This Day”, a spoken word poem by Shane Koyczan that uses powerful words and imagery to describe the author’s experience with bullying while he was at school (Appendix 3). Sally introduced the clip by directing students to think about the impact of schooling on the lives of young people; about the impacts of learning and teaching; and about what you can change as a teacher and what you cannot. Foucault’s (1983) concept of danger was introduced here, with Sally reinforcing that HE is a moral minefield and a complex space in which to teach. During the screening of this clip to the EDU27 Primary Generalists, I observed one of the students leave the lecture theatre in tears, presumably a testament to the power and impact of this piece.

When I asked students what they thought Sally was trying to achieve in showing this clip, students reported a range of opinions, few of which were consistent with the espoused intent. Kaycee questioned whether the clip was the result of an actual personal experience or not, stating that:

I think because I haven't really experienced anything like that I thought this is a bit over the top. Does this actually - do things like this actually happen? I mean, I know that they do but I know because I've never had such exposure to depression or anything like that, I was kind of thinking, is this exaggerated or is this true? I think it was definitely a message that hit home because it probably is true (Kaycee, 22-year-old HMS, end-of-semester interview).

For others, it was too confronting, so much so that the message seemed to be lost or disavowed by these students. According to a Primary Generalist student:

I thought it was way too dramatic … I didn’t like it at all … I found someone screaming at you was just so over the top that I just turned off… I don’t know why
the lecturer showed this (Martha, 20-year-old Generalist, end-of-semester interview).

5.3.3 Drawing body parts and labelling them
During the Week 7 tutorial for the Generalists and Week 8 for the HMS students, Sally divided the tutorial group into smaller groups of four or five students, and asked them to jointly devise Five Golden Rules for use in the context of relationships and sexuality education class. After discussing the devised rules, Sally asked the group members to draw an eight-year-old boy and eight-year-old girl without their clothes on, and to label and name the private body parts. The response I observed from the Generalists was one of awkward laughter. Questions asked included “can we draw stick figures or gingerbread men”? One student questioned whether they could tell if the gingerbread man was circumcised. Sally’s primary intention in using this activity appeared to be as an ice-breaker. However, she also sought to mimic the discomfort that these pre-service teachers may experience when they are teaching sexuality education and certainly the discomfort that their students classes may experience. Clearly some students experienced a level of discomfort with this activity. In the end-of-semester interviews, Kirsten recalled:

I found it really funny how giggly everybody was, because we’re all adults now, but we were still giggling at all the words, and I think it was really good to - that that was okay because in my experience at school, every time you giggle in a sexual education lesson you get told off, and I think it's great that we were allowed to laugh and it was quite a healthy environment. So that really illustrated to me that it is okay … for people to laugh and giggle and find things funny, but that was actually a big realisation for me (Kirsten, 22-year-old Generalist).

Sally concluded this activity with a whole group discussion about the importance of using the correct anatomical terminology. This was then followed by a second group activity where groups were given four pieces of different coloured paper on which students were to:

- Draw and label the full male and female reproductive systems.
- List the best and worst things about being a boy and a girl.

The individual papers were placed on white boards, and the whole group was asked to go on a “gallery walk”, and grade the reproductive system drawings out of ten. Students were also asked to review the lists of the best and worst things about being male and female, identify a positive, a negative and gender stereotype myth (Table 5).
Table 5: HMS group responses to the best and worst things about being male and female

<table>
<thead>
<tr>
<th>Boys</th>
<th>Plus</th>
<th>Minus</th>
<th>Myth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>*Urinate standing up</td>
<td>*Sack wack</td>
<td>*Strong emotionally sensitive</td>
</tr>
<tr>
<td></td>
<td></td>
<td>*Random erections</td>
<td>*Pressure to be the provider</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>*Having to be strong</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>*Boyfriends treat girls like crap</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>*Mistrust of males in caring roles</td>
</tr>
<tr>
<td>Girls</td>
<td>*Establish strong relationships with other girls</td>
<td>*Gravity</td>
<td>*Always emotionally sensitive</td>
</tr>
<tr>
<td></td>
<td></td>
<td>*Periods</td>
<td></td>
</tr>
</tbody>
</table>

In my reflective notes, I noted how much more comfortable the HMS students were with these activities than the primary generalists. I observed an awkward silence in the Generalists’, which was fractured by uncomfortable giggling and laughing. In the end-of-semester interviews Brooke recalled that these learning experiences were:

...awkward. A little bit awkward because I had to draw the penis and … I had to be the drawer because the boy in our group refused to draw the penis…Yeah, he wouldn't do it. He was like, “no that's weird” (Brooke, 25-year-old Generalist, end-of-semester interview).

In contrast, the HMS students seemed to be more comfortable with these activities, as evidenced by them being much more vocal and involved in the tasks. My observations were confirmed by students at the end-of-semester interviews with Erin stating that she “really, really liked that task”, and Billy reflecting that his group were “fairly comfortable with it”.

5.4 Personal narrative – authentic pedagogy

The course was littered with personal narratives from both the lecturer and guest speakers, who comprised of practising teachers from a range of schools and a representative from Family Planning Queensland, a leading provider of reproductive and sexual health services in Queensland (True, 2015). Many of the stories recalled could be described as having some shock value or humour associated with them. One story that was quite powerful and was recalled by several students during the end of semester interviews was told by Sally. The story involved a football coach/teacher at a high school who found marijuana in one of his players bags after being tipped off by another student. The coach confiscated the drugs but kept them in order to think about how to proceed, during which time the child in question phoned the police and reported that his coach was attempting to sell drugs to him. The coach was subsequently charged with drug possession and dealing. Universally, the students interviewed enjoyed and related to this pedagogical strategy and interviewed students could recall a story that was told during the course. One primary generalist stated that she “loved” this strategy because in her
opinion it substitutes for actual experience with classes while studying at university. She stated that:

> I feel personally in my degree because we aren't out on prac at uni, I'm really not getting very much of the actual school thing, especially because a lot of what I'm studying now is the arts degree part of my course. So, I love it. I also think it's an effective technique for a class that - education students are the worst, they just don't listen [laughs] - ever. They're the rudest students (Ellen, 23-year-old Generalist, end-of-semester interview).

Another student reported that the stories had a motivating effect on her stating that:

> I think that with the stories - I don't know, I just love hearing real life stories about anything really. I think it, yes it makes you excited to be able to get out there and for that to be you that are going to have these experiences and stories that you can tell other people and that other people know (Kaycee, 22-year-old HMS, end-of-semester interview).

So, it appears the pedagogical power in the stories from the field for these students lies in their authenticity. The students interviewed appeared to be eager to know what it was like in real classrooms and how practising experienced teachers handled various situations, particularly the uncomfortable, awkward or tricky. This strategy seemed to possess substantial traction with the students interviewed, both Primary Generalists and HMS.

**5.5 Summary**

This chapter has considered the technologies employed by Sally in EDU27&39 to shape good socio-critical teachers of health education. While many strategies were witnessed over the duration of the semester, overall the strategies were student-centred and inquiry-focused, something that will be considered in greater detail in the next chapter as they tie in with the goals of the course and also speak to the AC:HPE as the curriculum authority. The specific strategies devised by Sally under student-centred and inquiry-focused were grouped into four sub-categories: arts-based pedagogies, personal reflection, pedagogy of discomfort and personal narratives. Overall students reported mixed receptivity towards most of the pedagogical strategies, with exception of the personal narratives, which interviewees universally enjoyed and viewed as relevant to their teaching futures. The other pedagogical endeavours can be described as ‘hit and miss’. Sometimes students enjoyed, valued and understood what Sally was trying to achieve, sometimes they misunderstood the intent, and at times resented and sabotaged Sally’s attempts to manipulate their fledgling teacher identities.

In the next chapter Rose’s (2000b) analytic will be again employed to consider the teleologies or goals of EDU27&39 and whether the espoused goals were consistent with the messages and knowledges students took away from the course.
6. Teleologies  
Shaping good teachers of health education

In Foucauldian terms, “telos” relates to the goals of the pedagogical approach undertaken by Sally. As discussed in the literature review section of this document, numerous scholars have highlighted concerns over the quality of H(PETE) programs in producing teachers capable of implementing a socio-critical curriculum (Cliff et al., 2009; Penney & Chandler, 2000), the problems inherent in the use of critical pedagogy in HPETE (Curtner-Smith & Sofo, 2004) and the effectiveness of HPETE programs at disrupting knowledge and understandings of prospective H(PE) teachers (Leahy & McCuaig, 2014) that are inconsistent with the socio-critical underpinnings of contemporary HPE curriculum. Thus, it is significant to know of Sally’s intentions, along with the other two tutors involved in the design and delivery of EDU27&39, in designing this course. What were they hoping to achieve? What was the goal or the aim of the suite of strategies and learning experiences? Moreover, such an inquiry provides insights into one of the questions identified for this research - what was a good socio-critical teacher of health education, within the confines of this research project? Once the teleologies are established, the end of semester and post-practicum interviews will be drawn upon to determine whether these goals were successfully achieved.

6.1 Evidence from initial interview with the teaching team
To address these questions, I first consulted the notes I had taken from the pre-commencement interview with the Sally, Rachel and Kathryn. Edu 27&39 were delivered by experienced secondary and primary health education teachers, now teaching in tertiary education. Each member of this team was involved in the collaborative design and delivery of EDU27&39, although it must be acknowledged that most of the design was Sally’s work alone. Rachel and Kathryn were tutors in the course (along with Sally), Kathryn had a primary teaching background, and Rachel had previously been a secondary school health education teacher. Rachel ceased tutoring in the course after the first week due to ill health.

When asked directly what were the objectives of EDU27&39, the goals listed were numerous and randomly expressed in no apparent order. However, it was clear throughout the discussion that the primary goal, or purpose of the course, was to produce “quality” health education teachers. This “quality” health educator had several dimensions and possessed particular skills and knowledge, all of which were revealed throughout the course of the interview (Figure 15). The teaching team expressed a desire for their students to see themselves primarily as ‘good’
health educators and thus to connect with different dimensions of that persona. They expressed a desire to produce “quality” teachers that were knowledgeable about health issues, and knew where to access teaching resources and health information. They wanted to produce teachers who were aware of the sensitivities and moral issues inherent in some health education topics, and to be knowledgeable of policy imperatives impacting on their future practice. Rachel summarised this quality health educator stating that:

…to be a good health educator, teachers need to set up an environment where all students feel safe and supported and understand privacy concerns and rights of their students…[students] need to feel safe to contribute [in a health education classroom], they need to feel comfortable and welcome (Rachel – pre-commencement team interview).

Imparting a holistic understanding of children to pre-service teachers appeared to be an important objective of the teaching team. Sally commented that she felt the primary generalists understood the concept of educating the “whole child” better than the HMS students, who Sally believed, tended to focus on the development of physical health over other dimensions of health, such as the social, spiritual, mental or emotional. Due to this lack of appreciation of the non-physical dimensions of health, Sally confessed that she intentionally endeavoured to make the HMS students feel uncomfortable, to experience marginalisation, an approach that will be discussed in greater detail later in this chapter.

Other goals articulated by the teaching team included the realisation that an effective health educator should generate students with good health knowledge, skills and practices, this being expressed as “educational outcomes”. The teaching team were cognisant of the fact that in the context of teaching health education, success should not be measured by students achieving specific health outcomes or defined health behaviours, but rather by educational outcomes: knowledge and skills. On this issue Sally stated, “a good health educator generates good knowledge, skills and practices [and] his/her practice should not be measured by the health behaviours of their students”. The team expressed a desire for their students to be advocates of the need for and importance of, health education in schools, and articulate and advocate for the health of young people. The codes of knowledge that underpin these approaches were expressed as “the needs of young people”, which were justified according to statistics on the health and well-being of young people obtained from the Australian Institute of Health and Welfare (AIHW) and the Mission Australia Survey.
According to the teaching team, one of the main goals of their work in EDU27&39 was to model good teaching practice and pedagogy. Sally stated directly that one of her main goals was “to develop quality teachers of HE who are knowledgeable of relevant curriculum, pedagogy and policy”. This was described as grounding pre-service teachers in student-centred approaches that were underpinned by socio-critical perspectives. The team expressed a desire to teach these pre-service teachers how to locate appropriate health information and teaching resources but also to be “critical” consumers of this information. Ultimately the teaching team hoped that the course provided students with tools for quality curriculum and pedagogy which they described as being in the form of checklists and lesson plans.

A recurring theme within this teaching team interview was the educators’ desire for this course to provide pre-service teachers of HE with tools for critique, of looking at the forces that impact on children and their teaching within the complex HE space. They also wanted their HETE students to acknowledge the limitations of their role as health educators. This would be achieved using self-reflection, i.e. looking at the forces that have shaped pre-service teachers, but also the forces that shape the young people who would be their future students. The reflection process was intended to be a vehicle that would allow students to connect with what they had experienced at school. In so doing, it was hoped that they might develop some empathy with young people, to establish an “emotional commitment” (Tinning, 2002, p. 236) that invests tertiary students in the belief that health education is not just a good thing but “really necessary and important” (Sally).
6.2 Authorities

This element of Rose’s (2000b) analytic considers who has authority to speak the truth about humans – their nature and their problems, and through which apparatuses are such authorities authorised. Importantly Rose (2000) postulates that we need to consider the extent to which the authority “...depend[s] on a claim to a positive knowledge, to wisdom and virtue, to experience and practical judgement, to the capacity to resolve conflicts” (p. 314). Rose (200b) cautions that we must be mindful of how authorities themselves are governed, the relation between authorities and those who are subject to them. In this instance, authority needs to be explored from the perspective of employee/employer (lecturer/university) and lecturer/student. Clearly there are power differentials also at play in these relationships which need also to be considered, which align themselves closely with Foucault’s notion of pastoral power, a term he borrowed from Christianity and the metaphor of the pastor caring for his/her flock (Fendler, 2010). Pastoral power being a more malevolent form of power exercised to protect and to nurture the flock. Indeed, Sally seemed to position herself more in line with McCuaig, Öhman, and Wright (2011) concept of a caring HPE teacher, however the authors are quick to warn that

Figure 16: A quality teacher of health education according to the EDU27&39 teaching team

1. Critical & reflective
2. Knowledgable - pedagogy - student-centred approaches
3. Knowledgable - critical consumer of health information
4. Knowledgeable - Curriculum and policy
5. Sensitive
6. Advocates for health education and young people
there are dangers inherent even in these forms of caring. Overall, authorities mobilise their power in the formation of early teacher subject identity, both overtly and covertly, intentionally and unintentionally, productively and destructively.

6.2.1 Personal Authority
In the first lecture, Sally dedicated a substantial part of the lecture to sharing her own biography. The purpose of doing so was two-fold. Firstly, to model a reflective writing piece for students, as this would be required to complete this in their first assessment task for this course, but secondly, to engender some credibility or authority for herself in the role of lecturer/tutor for this course. According to Sally, she was a hardworking student, who:

…achieved national representation in water polo and subsequently entered university a white, middle-class, able-bodied, heterosexual young woman, the embodiment of the Physical Education Teacher Education (PETE) student profile…as one that is typically competitive, outgoing and mesomorphic, with…an interest in PE… During four years of study at an elite tertiary institution I acquired a wealth of ‘scientific’ knowledge about bodies, teaching and sporting performance (Excerpt read by Sally in EDU27&39 in Lecture 1, Appendix 1).

While modelling reflective writing, this description also establishes Sally as a credible and authoritative teacher of HE.

6.2.2 Curriculum Authority
The syllabus document, the Australian F-10 Curriculum (AC:HPE), was constantly referred to during the initial lecture and throughout the tutorials across the semester. Reference to the strengths-based focus, health literacy, critical inquiry processes, coupled with teaching strategies that must be educative were ever-present, recurring themes, reiterated and reinforced by Sally at every opportunity.

One of the teleologies for the course was to model effective teaching practice for the pre-service teachers. Sally’s course was full of examples of student-centred approaches and inquiry-based learning strategies. In line with AC:HPE directives, Sally deliberately reduced the amount of time she engaged in didactic teaching in her lectures and tutorials as evidenced by the fact that there was only one lecture for the semester in week one and then small group tutorials which lend themselves more readily to group work and interactive learning experiences. While some students reported using some of these strategies in their final assessment task, the Unit Plan, the acid test for the usefulness of these strategies was whether students utilised them whilst on their practicum placements. In the post-practicum interviews only three students, Nick, Anthony and Erin reported using at least one teaching strategy modelled in EDU39 and spoke
favourably of the receptivity of students to the learning experiences employed. The participants, who reported not using any strategies on practicum, recalled that for the most part they were not given opportunities to devise their own teaching strategies due to the direction to follow heavily scripted workbooks and lesson plans previously prepared by teachers at placement schools.

The other curriculum that received a great deal of discussion and clearly had the attention of students was the EDU27&39 Course Outline. Assessment authority is considered to be the power of assessment within tertiary institutions in general. Boud and Falchikov (2007) confirm the importance of assessment stating:

Assessment, rather than teaching, has a major influence on students’ learning. It directs attention to what is important. It acts as an incentive for study. And it has a powerful effect on what students do and how they do it (p. 3).

Within the EDU27&39, assessment was a constant and ever-present force whose power was undeniable. The course assessment was mentioned by Sally in the very first lecture and constantly reiterated and referred to from that moment on.

The power of assessment authority continued into practicum with some of the interviewees reporting post practicum that they were willing to yield to the authority of their supervising teachers, over that of Sally, to obtain a good grade for their practicum experience. This feeling was summarised by HMS student, Anthony, who stated:

Because it is a massive thing – you go into your Prac – the outcome you want is that you want to get a good report to get to the next step and the next step. So, inherently, you are still performing to what your supervisor wants, and not necessarily performing to what your Lecturer was talking about any more, because they are not your influence so it changes – it turns the tables a bit (19-year-old HMS, post-practicum interview).

6.2.3 Other Authorities
Sally also called on other authorities that she believed a good health educator should know or refer to. Among those mentioned over the course were the United Nations through as a model for practice, The Australian Institute of Health and Welfare, Mission Australia and Family Planning Queensland for credible sources of information and teaching resources. Other accrediting agencies were also mentioned in the teaching of EDU27&39, including the Queensland College of Teachers, as the accrediting body for teaching professionals and Australian Institute for Teaching and School Leadership, who provide teaching professional standards.
6.3 Evidence in a Think Piece authored by Sally

As mentioned, Sally was the primary architect of the course. Another document that provides some insight into Sally’s goals and aims in designing this course can be found in a Think Piece she wrote for a Criticality in HPE Symposium held at the University of Auckland, New Zealand. In this Think Piece, Sally provides more specific detail regarding aims of EDU27&39 that were not fully revealed during the pre-start meeting with the teaching team. In this writing, Sally acknowledges her “passionate commitment” to unravelling teacher identity, to discover with what, and how one teaches. In doing so, she acknowledges that she is “seeking to disrupt [her] students’ ‘taken-for-granteds’”, while modelling student centred approaches that “meet students where they are at” (Sally – Think Piece – Appendix 5).

Another goal of the disruptive strategies Sally employed, was partially revealed in the teaching team meeting was an “underpinning of socio-critical perspectives”. This was articulated more explicitly in the Think Piece. Sally expressed a clear desire to “incite a socially just HPE” in practice, but also in principle, as she was mindful of scholarship confirming that the “implementation of the new socio-critical perspective within HPE has been a negative experience for many teachers, revealing challenges to self-identity, ontological security and sense of competence” (Tinning, 2004a). Specifically, Sally hoped that the critical approaches employed by her team, would effectively disrupt the dominance of “isms” - positivism, elitism, individualism, sexism, racism, and healthism.

Finally in the Think Piece, Sally reflected on her suite of teaching strategies, and acknowledged that while she placed them under the broad banner of critical pedagogy, she felt they were more in keeping with Tinning’s (2002) notion of a “modest pedagogy”, which in part encapsulates the notion of modest claims of success. In the Think Piece, Sally comes to the realisation that the goals of her teaching may in fact, not be immediately achievable or measurable, but may take some time to lay seed and germinate in her students. In Sally’s own words:

I am more than ever convinced that we can adopt none other than a “modest pedagogy” (Tinning, 2002) given the challenges posed by ‘soil and environment’. I live with the hope that my graduates’ future life experiences, students or teaching environments inspire epiphanies that might germinate rather than scorch my seeds of criticality (Sally, Think Piece, Appendix 5).

In conclusion, between the two data sources – the teaching team pre-start interview and the Think Piece – the teleologies for the course were clearly articulated. The primary goal of the
teaching strategies employed were to produce quality teachers of health education, with ‘quality’ being described as socio-critical, reflective, knowledgeable, sensitive, advocates for health education and the health of young people. The strategies employed by the team to achieve this aim, specifically seek to disrupt some of the take-for-granted attitudes, values and beliefs that construct some pre-service teacher’s subjectivities, including many of the “isms” associated with injustice and marginalisation. There was also a clear desire for the students to see themselves as health educators. Another important objective of the strategies employed in the course was to model student-centred strategies that the pre-service teachers could themselves use in their own teaching practice (Figure 17).

Figure 17: Summary of the teleologies for EDU27&39 as articulated by the teaching team

6.4 Student Voice: End-of-semester

6.4.1 Quality Health Education teachers
According to Sally and the teaching team, ‘quality’ teachers of HE were knowledgeable teachers. The concept of knowledge is a contested space, and clearly, possessing knowledge and locating appropriate knowledge are two different issues. In this section, I want to consider the issues of being knowledgeable of the AC:HPE, specifically being knowledgeable of health content areas: alcohol and other drugs; food and nutrition; mental health; relationships and sexuality and safety). Also, being knowledgeable of the five-interrelated propositions of the curriculum, which include focus on educative purposes; strengths-based approach; valuing
movement; including a critical inquiry approach and developing health literacy (ACARA, 2014). Finally, I will consider the issue of being able to locate health information and finally the critical evaluation of that information.

6.4.2 Content/Focus areas of the AC:HPE

The health education strand of the AC:HPE titled Personal, Social and Community Health contains six focus or content area which include: alcohol and other drugs, food and nutrition, health benefits of physical activity, mental health and wellbeing, relationships and sexuality and safety (ACARA, 2014). All participants were asked in the initial interview if they remembered the group work task from the workshop in week 3 (Appendix 2), involving the discovery of the content areas for HE as enunciated by the AC:HPE. Three of the 12 students could not recall what content area folder they had been presented for investigation (two HMS and one generalist), while seven remembered what folder they had received (three HMS and four generalists). However, all reported that the content was what they expected to see. Billy recalled his folder contained information about “drugs” as a content area for health education. When asked if he found any of the content surprising, he replied:

Billy: No, not really. You would expect that from teenagers. We've been teenagers not a long while ago, so it's like, teenagers haven't changed that much, really.  
Karen: So, it was reaffirming for you?  
Billy: Yes. (Billy, 22-year-old HMS, end-of-semester interview)

So, it seems that the content of the folder was consistent with Billy’s existing knowledge or experience of teenagers, drugs and associated issues. I was curious as to what might be informing his knowledge of health education content. I was mindful that Billy was educated in Hong Kong and England and had not encountered formal health education curriculum. I asked Billy if he had undertaken Health Education while he was at school, he responded: “it wasn't specifically health, it was morality issues and then just sex ed., hygiene, general - yeah, just health and safety, school yard safety and all that, just a generic overview of everything, online safety, internet, cyber bullying, everything”. The other two students who could not recall the folder, confused the content areas of the National Curriculum with some of the underlying propositions of the AC:HPE, specifically strengths-based approaches and health literacy.

The PMI served as a point of discussion but did not serve to challenge or to problematize the content, particularly in the context of the social view of health or socio-critical health education. When I questioned Sally about this teaching strategy she commented that she had been criticised in the past for working above where students were at and this was therefore an
attempt to connect with them “where they were at” (Sanjakdar et al., 2015) (Figure 18) but she intended to come back to this issue in later tutorials. This did not eventuate, possibly due to the crowded nature of the curriculum in EDU27&39 which was the result of competing authorities in the tertiary education domain. However it appeared that Sally had missed an opportunity to adequately challenge students to achieve a critical analysis (Sinkinson & Burrows, 2011) of information presented in tutorials, and in so doing, reinforced the idea of knowledge as uncontested.

![Image of field notes](image)

**Figure 18: Excerpt from field notes taken during the EDUC27&39 teaching semester**

With respect to knowledge of EDU39 content, Kaycee reported the mid-semester quiz, which was worth 20% of the marks for the course, assisted with embedding the content, as she recalled an amount of confusion during the semester over key concepts and terminology. Kaycee reported that:

I mean, I couldn't - before we did the mid-semester quiz - I attended all the lectures, I haven't missed a single lecture and I listen and I understand it but I couldn't really have told you what we'd have done in the last seven lectures before that without having looked it up, and I don't know if that's kind of because it was all new and overwhelming. You go out of the class and then you don't think about it, which is what I did. It was only after the mid-semester quiz when I went through all the lectures, all the readings, read it all, got it clear in my mind, that - I couldn't have
listed those five things off to you a few weeks ago (Kaycee, 22-year-old HMS, end-of-semester interview).

This represents a good example of where the assessment authority held power over Kaycee as a motivator for her learning.

Interviewees were also asked if the course had changed their ideas about school-based health education. In reflecting on this, some students acknowledged that the course had in fact had an impact on their levels of health knowledge, with curriculum knowledge featuring prominently in interviewees’ reflection on the course. Billy summarised this sentiment stating that:

National curriculum document, of course, and probably some of the course material that was provided to us. There was a list of what we should be talking about in drug education, what we should be talking about in sex education, and there's a whole bucket list of those (Billy, 22-year-old HMS, end-of-semester interview).

6.4.3 Five inter-related propositions of the AC:HPE

Interviewees were all very familiar with three of the five interrelated propositions of the AC:HPE: strengths-based approach, inquiry approach (although the critical dimension of this inquiry was not mentioned) and health literacy. Without exception, all interviewees could successfully describe what a strengths-based approach to health education looked like, although with varying degrees of detail, and inquiry-based approaches. Kirsten summarises this understanding when asked where she would start when having to plan a health education lesson, she replied:

Consult the curriculum. Plan, allowing for diversity within the class and utilising the key components of a good health education which of course is a strength-based approach, social cultural approach, health literacies, they’re the main ones (Kirsten, 22-year-old Generalist, end-of-semester interview).

6.4.4 Sociocultural and socio-critical understanding of health

One of the key principles underpinning modern HPE curriculum, as discussed in the literature review section of this document, has been a sociocultural view of health. The current AC:HPE does not explicitly use this term, but talks about how HPE addresses “contextual factors that influence the health, safety, wellbeing, and physical activity patterns of individuals, groups and communities” (ACARA, 2014). Contextual factors here refer to the social and cultural factors that influence health. Of the 12 students interviewed, nine students addressed the question of what they understood by a sociocultural or socio-critical view of health – six HMS students and three Generalists. Overall there was a general lack of understanding of socio-critical health education and only very general or vague understandings of a sociocultural view of health,
including the student who had studied senior health education in Year 11 and 12 at school. With respect to the sociocultural, students tended to guess the meaning of the phrase according to the title, and had a general understanding that the concept had to do with people’s diverse backgrounds and was therefore linked to notions of social justice. Generally, students linked this concept to how they treated their students. This was articulated by Brooke:

“So obviously, people's view of health - I hope this is right - people's view of health would differ depending on what background they come from. So, you probably have to treat each health situation a little bit differently according to those people's backgrounds” (Brooke, 25-year-old Generalist, end-of-semester interview).

Some students were able to make a link to the lens through which they viewed the teaching of the content of their health education content lessons in their lessons. This idea was expressed by Kaycee and Anthony:

“I guess it kind of means that it's going to be different. It's going to be based upon the culture and the backgrounds, the communities, the place that you're teaching. Obviously, the middle of Brisbane is going to be a lot different from far north Queensland” (Kaycee, 22-year-old HMS, end-of-semester interview).

“It's a pretty big issue, because a lot of, like if you were in a multi-cultural school, I think that you would have a lot of students who were having a diverse background and that sort of thing, different values, so being able to cover issues that can relate to everyone and affects everyone” (Anthony, 19-year-old HMS, end-of-semester interview).

One of the five inter-related propositions of the AC:HPE as already discussed is to “include a critical inquiry approach” (ACARA, 2014). As reported, interviewees seemed to understand what inquiry-based approaches were in the context of health education, but did not mention the critical aspect of this. With respect to understanding what a socio-critical view of health meant, only two of the nine students were willing to attempt to define it, with the other seven students saying that they did not know what the concept was. The following comment by Michelle was typical of those who did not know and were not willing to venture at guessing - “socio-critical. I don't know really. I guess - I don't know how much I can say about that” (Michelle, 23-year-old HMS, end-of-semester interview).

6.4.5 Critical consumers of health information

All participants interviewed agreed that they obtained most of their health information from the internet. Kaycee articulated this and acknowledged the fact that she needed to be critical in her consumption of information found on the internet: “I think the internet is the main place, even though I know that the internet is not always reliable … I'm health literate enough to know
that what I'm reading is rubbish or what I'm reading might be true ...”. For Kaycee, faith in her own health literacy would assist her in her critical consumption of the information she finds on the internet. Other students did not mention reviewing information found on the internet, critically or otherwise. For students like Michelle, the course did not encourage her to be more critical of health information, again drawing on her own health literacy and her faith in “dot org” websites, Michelle commented that that course did not really provide her with new knowledge and skills:

Not too much. I mean, doing that assignment just gone [Task 3 Lesson Plan], I thought I could be a bit of a smart Alec and say by Googling the word, like, vagina. Kids go and Google something like that, it'll come up with a whole bunch of rubbish on the internet. I Googled it and found all these dot org websites and health websites, actual sources of genuine information. I guess it kind of disheartened me because I was kind of like, well what's the point? From that I guess I kind of realise I could go pretty much anywhere for my information. I kind of found that out for myself. If I wanted to Google something, I'd find the right information. I don't know if the course taught me that (Michelle, 23-year-old HMS, end-of-semester interview).

Some students discussed looking at government web sites, which they viewed as being credible sources of information, along with curriculum documents and existing health units/plan that were also available on the internet.

I looked at, I'm not sure if this is the right thing to do, but this is just what I did, I went and tried to find what was already being implemented in schools, so because I thought if there's something out there that the research has been done, and like obviously people you know high up in health education had designed specific sorts of units and lessons, I thought that would be the best place to go try and find them, because they are going to be backed by all the research and that sort of thing (Anthony, 19-year-old, HMS).

Other sources for health information suitable for use in HE mentioned included university course materials, lecturers and associated information placed on Blackboard; information gained from past teachers, however no additional discussion about the quality or credibility of this information. It seemed to be a given that information provided from these sources was current, credible and reliable.

6.4.6 Curriculum, pedagogy and policy

All interview participants felt that, having taken the course, they were now much more knowledgeable and aware of the pedagogy appropriate for use in health education classes. Sally and the other tutors dedicated a lot of time in the workshops to modelling pedagogical
strategies that they felt constituted good practice for health educators. This was not lost on the interview participants. Kirsten sums up this opinion stating that:

I’m quite familiar with a lot of the components of the current curriculum now, which are quite difficult to unpack if you don’t go through the process with the documentation... And the skills - hopefully I will take away some of the strategies that [Sally] employed, especially inquiry-based learning. I hadn’t encountered that before in literature so that was a big bulb moment for me so that one I will definitely take away (Kirsten, 22-year-old Generalist, end-of-semester interview).

Many interviewees also commented on their increased knowledge of the ACARA HPE curriculum because of the course. Ellen commented that the “focus was on how to structure learning in terms of assessment and curriculum working” (23-year-old Generalist) was particularly useful and that this was different to approaches taken in her other courses.

6.4.7 Imparting knowledge
When asked in the interviews what the goal of health education was, interviewees repeatedly reported the importance of imparting health knowledge to their future students, with a view to empowering them to make their own healthy decisions and choices. This idea was captured by Anthony, who stated that:

But the thing about health education, to start with, is that it's all I think, it's about being knowledgeable and actually being able to make the informed decision, so a health education teacher, they themselves, they have the right to make a choice, like it's going to be obviously informed, they're going to know the consequences, but it's, you know, everyone's an individual and if you wanted to do that, well that's fine. You can still teach it, just as effectively as anyone else, but you will make that choice and you're happy to go with whatever consequences or outcomes it has I think you know (Anthony, 19-year-old HMS, end-of-semester interview).

In the written reflections that accompanied the Shoe Box Collage for Task 1, the idea that a health education teacher’s role was to impart accurate health knowledge to students was addressed by Michelle, but she also extended this remit to skills and values, stating that:

My ultimate goal in teaching would be to get back into a private, all girls high school so that I can give the girls that I used to be, the tools, values and knowledge to make the right decisions in life. Whilst I know I can’t make their decisions for them, I would like to know that they are more equipped for what may come up in their lives (Michelle, 23-year-old HMS, end-of-semester interview).

6.4.8 Sensitive
When asked in the end-of-semester interviews, what participants considered to be a “good teacher of health education”, or more specifically, what skills, qualities and attributes did this person possess, Brooke was the only participant who included ‘sensitive’ in her list of qualities.
She qualified her comment somewhat by stating that good health education teachers need to be “professional, but still sensitive and caring” (Brooke, 25-year-old Generalist). Other students used terminology similar to sensitive, with Erin focusing on a health educator being “open and trustworthy”; Kirsten including “fair and non-judgemental” in her estimation. Other interviewees mentioned that good health educators need to be knowledgeable (Brooke, Kirsten, Nick, Billy, Kaycee), and Kaycee noted that good health educators need to be connected to young people. So despite desiring to incite sensitivity in the HE teachers Sally was creating, only three of the 12 participants mentioned this as being part of their role as good health educators.

6.4.9 Reflective
In the pre-commencement interview with the teaching team, it was revealed that the reflection process employed in EDU27&39 was intended for students to connect with what they had experienced when they, themselves, attended school. In so doing, it was hoped that they might develop some empathy with young people and inspire the belief that health education is not just a good thing but “really necessary and important” (Sally). To this end, the course did seem to give the interview participants an appreciation of the importance of health education for young people. For example, Kaycee stated that: “I think I've learnt a lot more about - just about health education in general and why it's important”. The interview participants in general could see the value or importance of HE. For Erin, the course was something of a revelation. Coming from an elite sport background she had anticipated that she would identify more strongly with the PE component. But having undergone EDU39, she reported that:

I can see today that health is so much more important than PE, like being able to play water polo or do the hurdles versus how to make healthy choices at the supermarket and how to just run around and just be physically active. That to me is so much more important … like social justice and all those sorts of principles into the health perspective. That excites me so much more than being able to throw a ball (Erin, 27-year-old HMS, end-of-semester interview).

The end-of-semester interview provided opportunities for interviewees to reflect on their own school experiences in general and specifically as they pertained to health (and physical) education. Interestingly this was usually from a “things not to do” perspective. However, some participants did connect emotionally with their own future students as they saw these experiences and practices as things that they would want to avoid or do differently with their own students. In reflecting on her school experiences in health education, Kirsten stated “but
also through a reflection on the health education teachers that I experienced who were not great, so it’s kind of almost like ‘don’t do what they did’ idea in my head” (Kirsten, 22-year-old Generalist, end-of-semester interview). In reflecting on her experience of sexual health education in an all-girls Catholic secondary school, Ellen recalled that the focus was primarily on: “biology and reproductive systems. Then in Grade 11 or 12 we had Catholic Family Planning come and tell us how to recognise times in our cycles. Yes, no contraception… and then they told us that if we had sex we'd die” (Ellen, 23-year-old Generalist, end-of-semester interview).

There was also an appreciation by some of the interviewees of the importance of reflection on your own health attitudes, values and beliefs. Kirsten acknowledged that “it’s really important to be reflective of your own attitudes about your health and health in general”, but this insight was not universally understood or acknowledged by all interviewees. In fact, Kirsten was one of only four of the twelve interviewees to express such insight.

6.4.10 Advocates for health education and the health of young people

There was no mention or reference to being advocates for the health of young people by any of the interview participants in the end-of-semester interviews.

6.5 Effective pedagogy for quality health education

As mentioned previously, the modelling of effective pedagogy was one of the main learnings that interviewees reported they would take away from the course. The terms inquiry-based, student centred and problem-solving all featured prominently in students’ recollections, an understanding of what constituted good health education pedagogy, and that direct instruction was not the preferred pedagogical approach to take in health education classes. However, it was reported that direct instruction was more consistent with student’s own school experiences of school-based health education or HPE. Nick discussed the tension between what he knows is more familiar, a didactic style, and a more student-centred approach that acknowledges student’s prior learning and aims to extend on that. He stated that:

Probably in line with a lot of the ways to teach things, but things like identifying what the students know already, and then being able to help them build on it themselves. So, it's a bit cliché, but the students have a focus of it. I think it's going to be hard not to fall back on just a command style, where we sit up in front of the class and say right, these are the things we learn today, this is the definition of that, and this is what happens, here's your exam. I think it would be easy to fall back on
that, so I hope that, what I hope is that further through the course we are going to be able to be moulded into being able to teach like that, because I think I know myself, that I would be more comfortable in seeing it possibly as a short cut, to be able to fall back on just giving a heap of information and then present it to the class (Nick, 26-year-old HMS, end-of-semester interview).

The HMS students were likely to mention inquiry-based pedagogy or “guided discovery” strategies in the context of the Vogue dancing unit. The other aspect of the pedagogical approach utilised in teaching the Vogue dance was group work. Generally, the students acknowledged the benefits of group work and inquiry-based approaches in dance. They saw that it took pressure off the teacher as a teacher only needed to know a few basic dance moves, and could then allow the students to work out their own steps or moves. Erin acknowledged the safety of group work in dance for students, like herself, that were not so comfortable with dance:

When you're doing things that you don't particularly want to do or have an interest or can see the direct relevance of - perhaps the importance and benefit of having a team with a communal goal that can also act as your support network, the benefits of that. So perhaps you could employ that into topics that, I guess, kids traditionally don't want to do or don't engage in. I think that would probably be the most important. Although it was the way I got through it because, like I said, if I'd had to dance on my own and make up my own routine - bugger that, I'd have been miserable. At least if you can go through it and make it fun with other people… because the end result was a good time. It was good fun (Erin, 27-year-old HMS, end-of-semester interview).

Salutogensis or strengths-based approaches also figured prominently in students’ reflections on the course. Most students reported this as being a new or novel approach for them, as their own health education experiences seem to have been predicated on fear-based or ‘just don’t do it’-type strategies. Primary Generalist Ryan stated that he would take the strengths and inquiry-based approaches away from the course, but he did not accredit the course alone in providing him with these strategies, he remarked: “it's actually strength-based, inquiry-based methods. We already know this, it's just not in formal text”. In this statement, he was referring to other student-centred and discovery learning pedagogies that have been presented in other courses in the Primary teaching program. Martha appreciated the more positive approach associated with the strengths-based strategies and saw benefits of it for her students: “it's great to have a positive outlook, especially for children” (Martha, 20-year-old Generalist, end-of-semester interview). HMS student Nick, agreed that he saw merit in the strengths-based approach as he believed that the use of scare tactics and deficit-based approaches were not successful, stating that: “if you have [a]… sexually transmitted disease, you need to treat it like this, I don't think
those scare tactics work as well. I suppose it's the same as anything” (26-year-old, HMS, end of semester interview).

6.5.1 Healthy role models
Despite many warnings in the lecture and workshops as to the dangers of the pressure to be healthy role models, four of the interviewees felt that “practising what they preach” (Brooke); “walking the talk … looking healthy [and] acting healthy” (Billy) were important qualities for health education teachers to possess. Kirsten did qualify this by saying that she did not think that HE teachers needed to go so far as “modelling” good health behaviours, as she was aware that this was a “grey area”. Instead for this student, health education teachers should “at least show that they appreciate health” (Kirsten, 22-year-old Generalist). However, she did not elaborate as to how this could be achieved.

6.6 Students as health educators
When asked in the interviews if HMS students now saw themselves as teachers of health education, as well as of physical education, five of the six students interviewed agreed that they now saw themselves as teachers of both HE and PE. Moreover, they could also see how the two strands of the AC:HPE could be incorporated. Nick summarised this sentiment stating: “I definitely see myself as a health and phys.ed. teacher… and that I was going to have to be able to do both…as an intertwined thing”. Billy was the only HMS student who did not see himself as a teacher of HE at the end of the course. When asked if he now considered himself a HE teacher or a PE teacher that might sometimes be called on to teach HE, Billy replied:

I would say I'm mostly focused towards physical education, but when students or when other staff come to me and say, ‘hey, how do you live healthy?’, I can have the basic knowledge of how - have the basic health knowledge, have the health literacy and share with them my insight and hopefully help them have a healthier lifestyle (Billy, 22-year-old HMS, end of semester interview).

The primary generalists still saw themselves predominantly as classroom teachers, who would be likely and able to incorporate HE into their classrooms; however, they did not verbalise a strong connection to being health education teachers. Kirsten’s comments were typical of the responses by the generalists: “No. I still don’t consider myself a health education teacher because I’m a classroom teacher. It’s something that I’m going to teach, but I don’t identify as that, no”. Some even expressed concern over the fact that they might be called on to enact physical education lessons, to which they reported that this would make them feel very much out of their comfort zones.
6.6.1 Motivated to teach health education
While this wasn’t mentioned by the teaching team as being one of the intended goals of the course, I believe that it is a by-product of the goal of encouraging students to see themselves as health educators. There was constant reference during the semester to this being a “challenging but rewarding space” in which to teach. Being motivated and enthusiastic about the challenges of teaching health education was reported by interviewees as an outcome of the course. This feeling was summarised by Erin who stated that: “despite my trepidation at teaching the health component of HPE, I am also greatly excited about it for the challenge” (Erin, 27-year-old HMS). HMS student Anthony, recalled that he really liked the course and that it addressed some of the concerns he had about teaching health education at the beginning of the semester. Anthony appreciated the way Sally presented HE content by modelling effective HE pedagogy. He stated that:

I really liked how the actual content and that sort of thing that we need to learn, was done through ways that are effective for teaching health education, like how [Sally] used that approach, so basically killed two birds with one stone, like we learned what we had to learn, and we also learned about approaches to teaching the stuff that we need to teach (19-year-old, HMS, end of semester interview).

6.6.2 Appreciate the importance of health education
A consistent theme across most interviewees was a belief in the importance of teaching health education. Being an “important” subject was mentioned by interviewees, but moreover, the importance of sexual health education was consistently mentioned by interviewees in reflecting on the take home messages from the course.

Things like sexual orientation, relationships. I think that kind of thing is important for young people now. It's much more of a - being gay or lesbian is much more of a big thing now. Even when I was at school I didn't really think about anything like that. I don't know if there are other people who would obviously because it affected them. We never got anything like that in our school. I never even thought about that but now I think it's probably an important issue that teachers need to cover (Kaycee, 22-year-old HMS, end-of-semester interview).

Even Ryan (21-year-old Generalist) thought sexuality education was worth incorporating into his classes, despite feeling that he didn’t obtain a lot from the course in general: “I actually thought that was one of the actual few good aspects of this course” (Ryan, 21-year-old generalist, end-of-semester interview).

6.6.3 Confident Teachers
Confidence is the belief in one’s perceived ability to enact health education in schools and being confident in one’s abilities to enact health education is taken to be part of seeing oneself as a health education teacher. When interviewees were asked if they now felt confident to enact
health education in their own classes, the responses ranged from “very confident” to “basically confident”. The general feeling was that they did feel confident, but it was a measured confidence, a feeling summarised by Erin:

That's very difficult to answer because, like I said, with my assignment I feel like I have the theory and the ability to unpack say the curriculum, but the - (A) because I've never been tested and (B) because we didn't really discuss it in this course - the ability to actually enact it. I don't know. I think if you put me out there today I'd float. I'd definitely float but I might be just kicking for life (Erin, 27-year-old HMS, end-of-semester interview).

Therefore, interviewees reported having measured confidence because their ability to enact health education had yet to be tested in actual classrooms with actual students. Kaycee explained that she felt “probably more confident than I did before, but I still wouldn't say 100 per cent, definitely. I think once I have experience in the school and I've done it and I realise it's not so bad”.

Ryan was the only participant who reported not feeling confident at all about his abilities to enact health education in schools. When questioned as to why this was the case, he responded somewhat vaguely that there were not sufficient examples provided in the course to show him how to enact HE, apart from inquiry-based strategies. Even with those he seemed to express discontent with the lack of certainty:

It's because all of this is… just looking at this and it's just well you're just teaching us about what it is, you're not showing us how to teach it, you're teaching - they're teaching us how to teach it, but she didn't give us examples at all. It was inquiry based method. Is this, this is how it should be, but they never ever gave us examples of it. Its inquiry method, they've got to do it themselves (Ryan, 21-year-old Generalist, end-of-semester interview).

6.6.4 Competent Teachers
Eight of the 12 interviewees reported increased levels of competence, taken to mean doing something successfully or efficiently, to teach health education following the course. This competence was however, qualified given the absence of actual experience or the opportunity to put their knowledge or the strategies modelled into practice. This feeling was captured by Brittany stating that:

I would know where to start; so, I would know where to get my information from, what sites to use on the internet. I think I'd start there and that would tell me what kids are learning and whatnot or the policies and documents like ACARA and then go from there (Brittany, 19-year-old Generalist).
The generalists were more inclined to express doubt about their competency levels. Ellen articulated this feeling stating “how competent do I feel? I'm not sure; I haven't really had a chance to put into practice yet. So, I suppose not entirely” (Ellen, 23-year-old Generalist). Clearly the lack of exposure or opportunity to put the principles and pedagogy into practice was an issue affecting perceived competency levels amongst interviewees.

6.7 Student Voice: Post-practicum
To recap, the post-practicum interviews consisted of seven of the original 12 students who participated in the end of semester interviews. Five of the six HMS students, excluding Billy, who had transferred to another degree program and only two of the primary generalists, Kirsten and Brooke, consented to post-practicum interviews. Of the seven students who agreed to be interviewed post-practicum, four of the five HMS students received some experience of teaching health education at one or both of their placement schools. Of the two primary generalists, neither had the experience of teaching health education while on practicum (Table 6). During these interviews, I was looking for evidence that the experience of major practicum may have cemented Sally’s goals of creating quality teachers of health education, and provided students with opportunities to implement some of the pedagogical approaches modelled by Sally in EDU27&39. Alternatively, there may have been evidence that the practicum experience diluted the work that Sally had commenced in shaping her vision of good health educators.
Table 6: Summary of practicum schools, subjects and year levels taught by interview participants

<table>
<thead>
<tr>
<th>Interviewee</th>
<th>Prac Schools</th>
<th>Subjects Taught</th>
<th>Taught HE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Kaycee</strong> 22-year-old</td>
<td>Inland Northern Queensland SHS</td>
<td>8,9,10 HPE</td>
<td>Not taught</td>
</tr>
<tr>
<td><strong>HMS</strong></td>
<td>Metro Western Suburbs SHS (Major Prac)</td>
<td>11-12 PE</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>8 HPE</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>9 &amp; 10 Science</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>9 Sport</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>11&amp;12 PE</td>
<td></td>
</tr>
<tr>
<td><strong>Nick</strong> 26-year-old HMS</td>
<td>South Western Queensland SHS</td>
<td>8,9&amp;10 HPE</td>
<td>9 Sex Ed; Drug Ed; Lifestyle diseases – all in junior</td>
</tr>
<tr>
<td></td>
<td>Redland City SHS</td>
<td>9 Science</td>
<td>HPE</td>
</tr>
<tr>
<td></td>
<td></td>
<td>12 Rec Studies</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>8,9&amp;10 HPE</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>9 Science</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>11&amp;12 Rec Studies</td>
<td></td>
</tr>
<tr>
<td><strong>Michelle</strong> 23-year-old</td>
<td>Wide Bay State School</td>
<td>8&amp;10 HPE</td>
<td>Limited Drug &amp; Alcohol Ed</td>
</tr>
<tr>
<td><strong>HMS</strong></td>
<td>Elite Private Girls School</td>
<td>12 PE</td>
<td>Taught PE theory</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Science</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>8-12 Health Studies</td>
<td>Yr8 Nutrition</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(mostly PE)</td>
<td>Yr9 Drug &amp; Alcohol Ed</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Erin</strong> 27-year-old HMS</td>
<td>Logan City SHS</td>
<td>11 Health Ed</td>
<td>Drugs, alcohol &amp; risk taking</td>
</tr>
<tr>
<td></td>
<td>Central South Brisbane SHS</td>
<td>10 PE &amp; 11 Rec Studies</td>
<td>Volleyball</td>
</tr>
<tr>
<td><strong>Anthony</strong> 19-year-old</td>
<td>Major Provincial City SHS</td>
<td>8&amp;9 HPE</td>
<td>9 Sexuality Ed</td>
</tr>
<tr>
<td><strong>HMS</strong></td>
<td></td>
<td></td>
<td>8 Bullying &amp; Self-esteem</td>
</tr>
<tr>
<td></td>
<td></td>
<td>10 Sport Science</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>11 PE</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>9&amp;10 Science</td>
<td></td>
</tr>
<tr>
<td><strong>Kirsten</strong> 22-year-old</td>
<td>Elite Private Boys School</td>
<td>Year 6,7,8,9 boys</td>
<td>Not taught</td>
</tr>
<tr>
<td><strong>Generalist</strong></td>
<td>Catholic Boys College Ipswich</td>
<td></td>
<td>Observed personal development</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Brooke</strong> 19-year-old</td>
<td>South West Brisbane SS</td>
<td>Year 2</td>
<td>Not taught</td>
</tr>
<tr>
<td><strong>Generalist</strong></td>
<td>Brisbane Western Suburbs SS</td>
<td></td>
<td></td>
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</table>
6.7.1 Quality teachers of health education

6.7.1.1 Knowledgeable of curriculum and pedagogy
Having experienced practicum, Kaycee was cognisant of the need to incorporate good health education pedagogy into her classes, but now questioned how realistic this was in the cold hard light of teaching. She stated that:

I feel like, as a teacher, I am supposed to go out there and do all this amazing problem-based, student-centred, inquiry-based learning, ’cause we have been taught it. But also, I am kind of thinking how possible is it going to be? (Kaycee, 22-year-old HMS).

Kaycee reported several barriers to her successful implementation of the pedagogical approaches utilised by Sally in EDU39. Firstly, Kaycee’s mentor teacher did not provide her with the scope or opportunity to implement her own ideas and teaching strategies. Since Kaycee wanted a good grade for her practicum, she willingly acquiesced to his ‘suggestions’, generally without question. The power relationship between Kaycee and her mentor teacher was obvious. She also reported that there was an expectation that she was to use the resources that the school had already prepared for their classes, workbooks with sequenced lessons that Kaycee was supposed to follow and implement, and not change. The other issue Kaycee highlighted related to stress and time poverty as a new teacher. Both of which made her more inclined to pick up these resources and teach from them as they are written, rather than trying to develop her own:

…wonderful lesson. Like, even if you could do it, in reality you have to teach five subjects of kids, and you only have a certain number of hours in the week. How are you going to plan it all and think of it? (22-year-old, HMS, post-practicum interview).

To add to this, Kaycee recalled being “stressed all the time and anxious” while she was on practicum, but still felt optimistic that she would enjoy teaching once she graduated. Michelle recalled her experiences at an Elite Private Girls School was very similar, as the school had prepared workbooks and it was difficult for her to think outside of this once she had seen the workbook. Even though her mentor encouraged her to do things differently, Michelle stated that:

[Elite Private Girls School] had a pretty structured plan for each unit of work, and they had a workbook that they had to work through. So, a lot of my lessons were based on what they already set in place. I really struggled to create my own lessons away from the booklet. I find when I am given something; I will replicate it instead of making something new (Michelle, 23-year-old HMS, end-of-semester interview).
Michelle was aware that the approach taken in the alcohol education workbook that she was referring to was not reflective of strengths-based approaches. Instead it was a deficit/fear-based approach in which the focus was on “this is what is going to happen to you…This is bad!”

6.7.1.2 Sociocultural, socio-critical and social justice

In the post-practicum interviews participants had formulated more definitive ideas of a sociocultural view of health, with all seven participants being able to formulate a definition with varying degrees of detail or completeness. Responses like Erin’s were typical:

Karen: Do you now understand the term sociocultural health?
Erin: Yeah – I think so.
Karen: So what do you think that is?
Erin: I think it is the holistic view of health. It is everything that impacts it. It is the societal expectations combined with your culture, as well as your opportunities. It is everything, and how all of that comes together to affect your health (Erin, 27-year-old HMS, post-practicum interview).

Interviewees were not as clear on socio-critical perspective of health. To follow Erin’s response to the question “how would you define socio-critical health”, she responded:

Erin: That is assessing then how those things would affect it. It is being more able to analyse and understand, I guess. It is being more critical of the way that society influences your health – societal norms and expectations.
Karen: You have actually developed those ideas … since last time I spoke to [you] … So why do you think that is?
Erin: We have had a lot more classes on it. I have taken a couple more Sociology courses, which I have actually found amazing – really, really eye-opening. I think probably also being at a school like [Central South Brisbane SHS] as well as [Logan City SHS] – where very, very diverse backgrounds, compared to my upbringing at elite schools and elite Universities where it is very mono-culturalistic. So, I think those things have really opened my eyes to it. I am still not sure how to implement it, but just the importance of being aware is, I guess, the first step (Erin, 27-year-old HMS, post-practicum interview).

Erin attributes her enhanced understanding to undertaking similar courses as part of her university study, as well as the experience of practicum at schools with diverse student cohorts. Kirsten and Brittany, the two primary generalists, also commented on the consistency across their courses with respect to sociology of education concepts. Other interviewees, including Nick, Anthony and Kaycee, also point to their work in their Honours Projects that have helped to develop and shape their understanding of these concepts. According to Kaycee:

I am doing my Honours at the moment on teachers being able to cater for multicultural – like kids from cultural diverse backgrounds – like background different from their own. And most teachers are white, as you probably know…. And for my Honours, I am writing about Cultural Diversity - and the way I am doing it is looking through the lens of Cultural Capital. Also, I went to Samoa recently, for my Honours – so I did an immersion there. And so, basically, what I have kind of
come to the conclusion is that you need to be able to learn about the culture and kind of acknowledge that there is a difference... (22-year-old, HMS, post-practicum interview).

It is worth noting that the HMS students had also completed a fourth-year course at this time that specifically looked at the Senior Health Education Syllabus, but did not explicitly attribute their enhanced understanding of the concepts to that course.

In the initial interviews, I did not ask participants for their understanding of social justice in a health education context, as I was aware that they had not undertaken the course on Senior Health Education course. By the end-of-semester interview, as the HMS students had completed this course, I asked this question of them again in the post-practicum interviews. The HMS students struggled to define social justice. Michelle and Anthony were not willing to attempt to define social justice at all. Erin did, but her definition was more consistent with a sociocultural view of health. In the interview with Kaycee I did not specifically ask her to define the term, but she did note a difference in the student cohorts of the two schools where she completed her practicum placements. Kaycee commented:

**Kaycee**: I think at [Metro Western Suburbs SHS] they are quite motivated and want to learn. And they have limited behaviour management issues. There was not any behaviour management except for the basic classroom stuff. I would say the attendance was not at [Inland Northern Queensland SHS], and I think you can tell the kids weren’t so motivated.

**Karen**: Why do you think that is?

**Kaycee**: Probably because of the socio-economic status. **Karen**: And why do you think that has an impact on attendance or motivation at school?

**Kaycee**: I don’t know. It just does, doesn’t it? Everyone knows it does, but what is the reason? I have no idea (Kaycee, 22-year-old HMS, post-practicum interview).

Nick was the only HMS interviewee who had formulated a comprehensive definition of social justice:

Just in terms of social justice in laymen’s terms I think it is just fairness basically, when you talk about it in terms of access to health services and all that. Looking at factors that differentiate the fairness of different people and why one group might be less able to get the health services (I use health services as an example) the resources that they need to be healthy. And if they aren’t healthy it might not be their fault, it might be a range of factors that have stopped them achieving what they need to do to be healthy. And I think it’s just looking at those factors more or less (Nick, 26-year-old HMS, post-practicum interview).
When I questioned Nick as to how and why he had come to formulate this idea, he reflected that it was largely his honours project work on health education in an Islamic school in Brisbane, along with his university courses.

The primary generalists, did not have exposure to this course and Brittany was unable to formulate a definition of the term, however Kirsten was:

I guess social justice is probably looking at your various types of justice – so retributive justice, distributive justice, and so on and so forth.

And it is understanding that not every student comes to school with the same discursive backpack, or the same socio-economic status, and that kind of thing - and that schools should be able to cater to the differences, and to the different requirements that students have according to their socio-economic status and things going on at home - that kind of thing.

It is about making sure that you are not excluding students because they are not adhering to the hidden curriculum of behaving right and that kind of thing (Kirsten, 22-year-old Generalist, post-practicum interview).

In this explanation, Kirsten views social justice from a teaching perspective more broadly, rather than from a health education teaching perspective.

6.7.1.3 Sensitive

Of the four students who taught health education on practicum, three reported a lack of sensitivity concerning both the health issues and students they were teaching. For example, when I asked Michelle if she had established rules of disclosure for students when teaching bullying and harassment, she replied that she had not. Anthony responded in the same manner while teaching sexuality education at Major Provincial City SHS, he noted that the school was multicultural with a high percentage of Aboriginal, African and Polynesian students. As such, I asked:

Karen: … is there any awareness of any cultural differences around Sexual Health education that you needed to be aware of with those groups, or that you were made aware of?
Anthony: Not that I was made aware of. And it wasn’t really evident anywhere in the units either.

Erin also reported some lack of sensitivity around her students and the broader factors that impact on their ability to achieve and perform at school. Erin was reflecting on the differences between her two practicum schools when she commented that:
So, one of the big differences with [Logan City SHS] was just the amount of litter everywhere - it was disgusting – absolutely disgusting. And the kids just didn’t value education so much. Like the one Year 9 – I took one Year 9 and one Year 9 PE theory class – as in one lesson each – and I had a kid who told me he couldn’t do his assignment because he had to work over the weekend. And I am like, “Well, then you fail”.

And he is like, “It is only PE.” I had a conversation with him over values and blah, blah, blah (Erin, 27-year-old HMS, post-practicum interview).

Nick was the only interviewee who discussed how he addressed both while on practicum and could demonstrate a degree of sensitivity towards his students and the way that health education topics were addressed. Nick reported establishing class rules in sexuality education lessons to create a safe and supportive environment for students, sensitivity around delivery of appropriate information to particular cultural and ethnic groups, and awareness of students’ personal circumstances and how that might intersect with various content covered in class. Nick stated that teaching sexuality and human relationships education on practicum had: “reiterated for me the really strong foundation of expectations and rules, and just a setting for a classroom environment...Really laying that down first, and to try and foresee some of the issues” (Nick, 26-year-old HMS, post-practicum interview).

6.7.1.4 Reflective
All interviewees were reflective to some degree during the later interviews, which is not surprising, as I was specifically directing them to reflect on their experiences. As a result, it is difficult to attribute a reflective spirit solely to participation in EUD27&39. In reflecting on her own professional growth over the 18 months, between the first and second interviews with me, Kaycee stated that she now felt that, she was taking things more seriously than when I first spoke to her:

Looking back now, I think when I was in third year I was still at Uni having fun – like nothing was serious, really. And now that I am finishing my degree, like last semester, I am like: Oh my God! Now it is time to be serious. And I am kind of like realising how much I have learnt, whereas back then I was kind of just like coasting along.

And I suppose I learnt a lot about – I suppose that is where health literacy and inquiry-based and all that kind of stuff was introduced. And now that just seems a bit like second nature. You know - obviously problem based learning is the way forward – inquiry-based – student-centred – all that kind of stuff.

Because that was first semester, third year, hey? (Kaycee, 22-year-old HMS, post-practicum interview).
6.7.2 Effective pedagogy for quality health education

Of the students who taught or witnessed health education being taught, all could recall effective health education pedagogy. Effective was defined as being the pedagogy modelled by Sally during EDU27&39, or a pedagogy that they felt increased students’ interest or engagement with tasks. Some of the strategies students witnessed or used during their practicum, included reflective diary writing; peer tutoring; inquiry-based research tasks; group work; decision-making matrix; anonymous question box in sexual education, and the use of appropriate videos and YouTube Clips. Anthony reported that with a difficult Year 8 Special Education Unit (SEU) of 22 students, he devised a unit that successfully incorporated the two stands of the HPE curriculum. Anthony recalled that he was able to incorporate a balls skills golf unit with a harassment and bullying HE unit. He stated:

I sort of did some research on-line and found this throwing golf game. So, they were still using ball skills – so throwing – but it was just within a game situation. And then I was basically including all of the golf sort of etiquette and things like that. So, it was really easy to link it to what they were learning in their theory which was all to do with respect, and manners, and basic stuff like that - along with the bullying and harassment and getting along with each other sort of thing. I found that was a pretty good way to link it all together (19-year-old HMS, post-practicum interview).

In the post-practicum interview, Nick recalled utilising the inquiry-based strategies that were modelled in EDU39, and specifically using the ‘decision-making matrix’ used by Sally to unpack scenarios that related to health education policy in the week nine workshop (Appendix 2). Nick recalled that he preferred the student-centred approach, as opposed to direct instruction, but was not confident of the fact that this approach could ensure his students obtained the information necessary for them to successfully complete assignments and exams:

I like the discussion, the sharing. I found that with similar, with a lot of more PE-based theory lessons as well, just the discussion and the interaction as well – not just a stand and deliver-type thing. As I said I found myself resonating back to that at times because I felt that was what I needed to do to make sure they got the content they were supposed to, but I enjoyed the discussion, the sharing of ideas more than anything (Nick, 26-year-old HMS, post-practicum interview).

This tension between direct instruction and student-centred pedagogies was a constant theme in the post-practicum interviews. The interviewees could identify pedagogy that they considered to be ineffective in a health education context or as teaching strategies in general. They all reported witnessing a lot of direct instruction, which included teacher talk and copying down notes from Power Point slides. All the HMS students, except Kaycee, reported seeing health education lessons that were deficit-focussed and disease or problem-focussed, as
opposed to a strengths-based or salutogenic approach. They felt that these types of teaching strategies did not contribute to student engagement levels, Anthony stating that with respect to strengths-based approaches the “engagement was definitely better than watching them write off a slide or something like that” (Anthony, 19-year-old HMS, post-practicum interview).

A barrier to students’ implementation of the pedagogical approaches modelled in EDU27&39 by Sally, was HPE workbooks for students at most practicum sites. The pre-service teachers were generally expected to teach from the workbooks. Michelle and Brittany’s supervising teachers encouraged them to do things differently, however both tended to adopt the suggested approaches. Other students reported that their supervising teachers did not encourage them to construct lessons and pedagogy in their own way. Kaycee noted that her:

… way of teaching was quite different from my supervising teacher… [however she felt pressure to do the things he suggested because] he has been a teacher for 25 years, and has always been at Metro Western Suburbs SHS. And I think he is kind of set in his ways for a lot of things. So, maybe I would have to kind of do it his way, rather than thinking about my own way of doing it (Kaycee, 22-year-old HMS, post-practicum interview).

Other participants mentioned the pressure to teach from the workbooks, and acknowledged the power differential between themselves and their supervising teacher, from whom they were seeking a good practicum report. Overall however, when students did have the opportunity to implement some of the pedagogical approaches modelled for them in EDU27&39, they reported being successful and generally enhanced student engagement and enhanced their own personal enjoyment of their teaching. Anthony summarised this stating:

With the Year 9s, I think the best thing was seeing the engagement in the class discussions and stuff like that – you get to actually see them sort of relate it to themselves a little bit, or what they have seen – and actually see that they get it and understand the reason why they are learning it.

For the Grade 8s, definitely having the theory and prac link together; being able to see them use what they learnt in class, and then always using the prac stuff to relate it back to what they are doing in the theory class (Anthony 19-year-old HMS, post-practicum interview).

6.7.3 Students as health educators
For primary generalists Brooke and Kirsten, the lack of opportunity to observe or teach HE was reported as having a significant impact on their view of themselves as health educators. Both reported that the schools they attended had PE specialist teachers whose responsibility it
was to implement the HPE curriculum; it was “segregated” from the main curriculum and very much seen as the responsibility of the PE specialist.

Kirsten completed her major practicum as a middle school teacher at two Brisbane private boys’ schools. After undertaking EDU27, she reported feeling confident and competent to teach health education, but did not see herself specifically as a health educator. When asked if she now saw herself as a health educator, following her practicum experience, she replied that she now saw it as the main responsibility of the HPE specialist teacher. Therefore, being a health educator would imply that she was also a physical educator, a role she was not interested in undertaking:

I think when I think of Health, I think of three key dimensions. So, you are looking at psychological, emotional, and physical. Psychological and emotional – certainly – and I think that is sort of embedded in the classes, and it has become part of my - all three of them have become part of my teaching philosophy, but I certainly feel that there is more avenue to cater to the psychological and the emotional in your normal English/Social Sciences classroom… So, I probably wouldn’t consider myself [to be a health educator], having been in a school and seeing how they actually function with that segregation. I certainly wouldn’t apply for a job in a Physical & Health Education position (Kirsten, 22-year-old Generalist, post-practicum interview).

For both Brittany and Kirsten, not having experienced any formal health education teaching or in fact, observing their mentor teachers implement any health education, appeared to affect their perceived self-efficacy and made them feel less confident in their abilities to teach health education. Consequently, this has reinforced the belief that in a primary school context, health education remains the responsibility of the PE specialist teacher.

Of the HMS students, Nick and Anthony reported teaching the most health education lessons while on practicum. During the end-of-semester interviews, Anthony indicated that he saw himself as both a teacher of health and physical education. Nick reported that, while he felt reasonably confident to enact health education, he still primarily saw himself as a physical education teacher. When I asked Nick in the post-practicum interviews if he now saw himself as a health educator he replied:

I am probably now more comfortable in the classroom environment than I am in a practical PE setting. When I look back, the reasons that I got into the profession were 100% sport-love-driven, no question about that. I probably, I still tend to relate the theory stuff to be more health-based, even if it is PE theory it might be, for example, training methods and FITT principles that type of thing. I still find most of the theory to be the health side … and I find the more I’ve done of it the more I
am resonating towards that side of things (Nathan, 26-year-old HMS, post-practicum interview).

Practicum seems to have reinforced the importance of health education for the participants who taught some health education on their practicum placements. Nick, Anthony, Erin and Michelle reported their experiences very positively, a feeling voiced by Michelle when asked if she enjoyed teaching health education she replied “I did. I loved it. I really loved it” (Michelle, 23-year-old HMS). Erin believed “actually watching the empowerment of the kids” was one of the most rewarding aspects to teaching health. Practicum reaffirmed for Michelle that health education was an important subject for school children, especially alcohol education for her students at Elite Private Girls School as she felt that “under-age alcohol is a big issue for a private school”. When I asked Michelle what she thought was the best thing about teaching health education, she replied “getting the opportunity to perhaps change some girl’s lives” (Michelle, 23-year-old HMS, post-practicum interview).

6.8 Summary
The preceding presentation has chronicled one educator’s attempt to utilise critical pedagogy to shape or mould ‘good’ teachers of health education who are critical and reflective, knowledgeable of effective HE pedagogy, critical consumers of health information, knowledgeable of HE curriculum and policy, sensitive, and advocates for the health education of young people. Rose’s (2000b) regime of the person was employed as an analytic devise to assist in discovering the multiple ways in which this educator incited students to adopt her vision of good health education teachers and pedagogy, and under which authorities this power/knowledge was mobilised. The next chapter will summarise the findings and address the central question of this doctoral research: can a critically-oriented HETE program be an effective means of creating/moulding/shaping ‘good’ socio-critical teachers of health education? That is, were the students involved in this learning journey shaken, stirred or unmoved by this pedagogical encounter?
7. Shaken, Stirred and Stationary
In reflecting on the impact of this course on the participants it is appropriate to think of them as being on a learning journey, a continuum. Capturing pre-service teachers at a single point on this journey, the findings in Chapters 4-6 are a point in time “snapshot” of the professional socialisation (Lawson, 1986) they have undertaken, a small moment on their continual learning and evolving teacher identities. This said, however, it is useful to consider the immediate impacts of this point-in-time pedagogical encounter, and attempts to enculturate (Pajares, 1992) them into becoming good teachers of health education. In this chapter then, consideration will be given to the associated impacts on participants according to their categorisation into three groups: those shaken by the experience, those stirred and those stationary or unmoved by the messages delivered to them (Table 7). The phrase ‘shaken or stirred’ has been used by scholars Evans, Davies and Penney (2006) when considering PE teaching and the social construction of gendered identities in the wake of curriculum reform initiatives in the UK, and the extent to which they changed the way teachers teach PE. These authors concluded that the personal biographies of teachers, coupled with their “apprenticeships of observation” (Lortie, 1975), resulted in a “widespread pedagogic traditionalism of PE teachers … whose views are neither shaken or stirred by training” (p. 169). The notion of being “shaken or stirred” by PETE, was further developed by Macdonald, Kirk, and Cerin (2004) who considered student’s beliefs within the complex interplay of multiple sites and discourses. These authors maintain that the concepts of beliefs, as defined by (Pajares, 1992), have a strong moral dimension. Macdonald, Kirk and Cerin (2004) concluded that at least for the Australian students in their study:
“there was a trajectory for students’ beliefs to become more informed and inclusive … Concomitantly, this data has provided further evidence that many PETE students’ beliefs remain at odds with the socially critical dimensions of schooling and the subject matter that they are required to teach” (p. 13).

In this thesis, the terminology “shaken and stirred” has been adapted from these two papers due to the alignment between the research content and objectives, but also as a means of extending and considering the impact of the “H” in the HPE relationship.

In the context of this research project, shaken is taken from the dictionary definition of “shake”, identified as: “to become dislodged or to move something” (www.dictionary.com). Students in this research project who have been shaken by the pedagogical encounter, include those for whom the course appeared to move their attitudes, values, beliefs or practice in some way(s). This includes those who had substantial moves through to minor moves. These students
admitted in interviews that the course had a substantial impact on their personal beliefs and professional practice and reported using the pedagogical strategies in their practicum experience. Overall, for these students, the intended messages of EDU27&39 were basically consistent with the ones they received (Cassidy & Tinning, 2004).

“Stirred” is employed according to the dictionary definition of stirred to “disturb or trouble” (www.dictionary.com). In the context of this doctoral research, stirred students are those who have, or still attempting to, reconcile the principles and practices espoused in EDU39 and 27 with their own pedagogical practice and personal attitudes, values and beliefs. These participants reported a disruption to the societal and sport socialisation (Lawson, 1986) they have experienced, but have not yet incorporated this disruption into their teacher identities. Perhaps not surprisingly, stirred students did not get to teach health education as part of their practicum experience. Returning to the notion of a threshold concept, Meyer, Land and Baillie (2010) describe this as a state of “liminality, a suspended state of partial understanding, or a ‘stuck place’ (p. x). These authors caution that in this phase, understanding can be reduced to “mimicry or lack of authenticity” (p. x). Further in the liminal state, learners can be unsettled by the prospect of a shift in identity and even a sense of loss.

Students classified as stationary, reported minimal impact of the course on their attitudes, values, beliefs or practice. Drawing on Meyer, Land and Baillie (2010) I suggest that for these students the concepts and knowledge presented in EDU 27 &39 were “alien” for these students as it required them to “adopt an unfamiliar discourse and… [these learners did] not wish to change or let go of their customary way of seeing things” (p. x). Ironically, these students reported the course as reaffirming all their prior knowledge, even though that knowledge was largely inconsistent with content knowledge presented in the course. Some of the students in this category are those who actively resisted or disavowed (Ennis, 1994; Glover & Macdonald, 1997; Hytten, 2001; Swalwell, 2013; Tinning, 2004b; Tinning & Glasby, 2002) much of the content and pedagogy of the course, perceiving it to be less worthy or irrelevant to teaching HPE.
Table 7: Summary of the impact of EDU27&39 and practicum experience with HE on research participants

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<th></th>
<th>Shaken</th>
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(Key: ☑ = taught HE on practicum; ☐ = did not teach HE on practicum)

I will now explain the placement of students who participated in the post-practicum interviews in each of the three categories, shaken, stirred or unmoved (Table 7), drawing on the data gathered from end-of-semester and post-practicum interviews and students’ personal written reflections from the first assessment task.

7.1 Shaken Pre-Service Teachers

Nick, Anthony and Erin have been placed in the “shaken” group, as these students demonstrated substantial knowledge and understanding of the concepts and principles of a sociocultural health education at the end-of-semester interviews. They also reported varying degrees of engagement with, and implementation of, the strategies from EDU39 during practicum. This is in contrast to the findings of Vamos and Zhou (2009) Canadian study of pre-service teachers reported no link between health training preparedness, skill or knowledge. In contrast, all three of these students demonstrated good knowledge and understanding of core content of EDU39 and reported that they felt competent and confident to enact health education at the end-of-semester interviews.

Interestingly, Nick and Anthony were the only participants in the HMS group that received a state school education. Erin was the oldest female participant and, being over 25 years of age at 27 is considered “mature age” (J. Richardson & King, 1998). Erin’s background consisted of elite private school education and elite sport, having gained a sporting scholarship to complete tertiary study in America. Nick and Anthony did not have a background in elite sport at school, and classified themselves as good all-rounders having achieved school and district-level team representation in multiple sports. Nick was the oldest male participant in the study at 26 years (mature age), and had not come to his university studies directly from school. Nick had attempted tertiary study upon initially leaving school, but withdrew from his course to work full time. Anthony was one of the youngest at 19 years and had gained direct entry into
the course from school. Erin also attended university directly from school, but after completing her initial undergraduate Bachelor of Exercise Physiology scholarship in America, upon returning to Australia, she worked before enrolling in the Bachelor of Human Movement Studies course. Both Nick and Anthony had grown up in rural towns; however, Erin went to school in one of Australia’s largest cities at one of the most prestigious schools. All three students acknowledged that they had supportive parents who encouraged and indulged their love of sport, with parents reportedly from middle and upper-class demographic groups.

As stated, these students are on a continuum; they have not completely adopted HE knowledge and pedagogy as espoused in EDU39, but have demonstrated receptivity to the concepts and a willingness to implement some of the strategies. I will now consider each of these three students separately.

7.1.1 Anthony
Anthony generally fits the standard profile of a PE “jock”: young, Caucasian, middle-class male who fits the typical demographic of a male PE teacher with a strong sporting background (Macdonald, Hunter, et al., 2002; Macdonald et al., 1999; Philpot & Smith, 2011). One could have assumed, therefore, that Anthony might have struggled with some of the concepts and principles of a sociocultural/critical HE, as it would be easy to presume that his “understanding of human physical activity was predominantly biological, individualistic, elitist, masculine and mesomorphic” (McKay et al., 1990, p. 61). However, Anthony proved to have a very good grasp of the definitions of holistic health, the importance of following the curriculum, policies and guidelines for teaching health. Anthony recalled that the course was not what he originally thought it would be about. He initially thought that it would be about health education content with a focus on diseases and statistics, but was pleasantly surprised that it was about so much more.

When asked what he would like his students to walk away with from their HE lessons, Anthony responded:

Well basically … being able to make informed decisions. And I guess, critically, think about … their health choices and how things might affect them. I wouldn't be too worried if they can actually understand the situation and know that they're making an informed decision…they'll know about the consequences. I wouldn't be too worried about what decision they actually make, but actually them being able to understand before they make that decision…actually…know about the … outcome … (Anthony 19-year-old HMS, end-of-semester interview).
This statement stands in stark contrast to that of other participants, who were concerned that HE lessons should empower students through imparting the ‘correct’ health knowledge. Anthony illustrates an understanding of the changing or contested nature of knowledge, and acknowledges the importance of opening spaces where students can undertake critical and informed reflection on their possible health choices, prior to making them. Anthony demonstrates a desire to focus less on the choice and more on the processes of empowering students to decide for themselves. When asked if he initially saw himself as a health educator, Anthony recalled that he did, as “health” and physical education was the title of the degree. He therefore assumed that health education would be a major component; however, having completed the course, “[he] definitely see[s] [him]self as being a health and PE teacher” that was able to “integrate the two [stands]” of HE and PE. When asked at the end of semester interview what he thought the take home messages of EDU39 were, Anthony responded:

And another big thing that I thought was important, was the performance of yourself. So, when we did the reflective piece, so being able to understand what your…thoughts and opinions of certain things are. Being able to sort of remove yourself from them and being able to look at it like through the literature, and like just like the actual evidence, and being able to teach through that. Yes, just sort of removing your own sort of personal opinions and that sort of thing (End-of-semester interview).

Additionally, Anthony reported having experience of working with young people in during work experience at a local outdoor education facility. In the task one Reflective Essay, Anthony recalled a momentous experience that had a profound personal impact on him, and provided him with the opportunity of working with a marginalised, less physically competent student. Anthony recalled that:

[During an] orienteering field trip at MOEC in Year Twelve Recreational Studies. I was paired with lowest ranked student in the class (male, overweight, low self-esteem). As his peer, I was able to encourage him and help/guide him with the aid of my tactical knowledge of the sport and together we completed the course in half the time taken by second placed team which included the class ‘jocks’. Noticing the positive impact that this experience had on his self-esteem and confidence, made me feel a great deal of satisfaction. It reinforced to me that the opportunity to achieve experiences similar to these can be realised through work in Health and Physical Education and Outdoor Education. Many learning experiences and activities utilised in outdoor education focus on teamwork and tactics and many of these activities students haven’t done or experienced before which can help promote a level playing field between students (Task 1 Reflective Essay).

Anthony taught Year 9 Sexuality Education and year 8 Bullying and Self-esteem units while on his practicum placements. Anthony was fortunate to have a mentor teacher who afforded
him some licence to deviate from the prescribed Power Point-centred lessons, to devise his own learning experiences and strategies for students. Anthony recalled in the post-practicum interview that he could utilise inquiry-based group work strategies which he implemented in the sexual health education lessons with “no problems whatsoever”. Within his Year 8 class, Anthony could devise a ball skills unit that incorporated concepts of ethics and sportsmanship, thereby successfully integrating the two strands of the HPE curriculum, something that was encouraged and modelled by Sally in the Vogue sessions. Anthony was very pleased with the outcomes of these lessons. When asked what the best things about teaching health education were, he replied:

For the Grade 8s, definitely having the theory and prac. link together; being able to see them use what they learnt in class, and then always using the prac. stuff to relate it back to what they are doing in the theory class. Because a lot of that was a bit of a struggle for them – they see these words and you are trying to teach them self-esteem and things like that, and they are like, “What has this got to do with anything that I do, or whatever?” (Post-practicum interview).

In so doing, Anthony demonstrated successful integration of the two strands of the Draft Australian HPE syllabus.

Overall Anthony reported qualities and behaviours that were consistent with Sally’s vision of a good health educator: he was knowledgeable of health topics, implemented effective health education pedagogy that was modelled by Sally. He viewed himself as a health educator, was motivated to teach health education, was cognisant of the sensitivities teaching specific health topics such as sexuality and human relationships education, and appreciated the importance of health education to the everyday lives of his students.

7.1.2 Nick
Nick was like Anthony in that he could demonstrate a good intellectual grasp on the knowledge underpinning the principles and pedagogies covered in EDU39. Nick admitted to subsequently possessing a broader definition of health, beyond just physical health. When asked if this was a result of the course, he replied that it was in part, but attributed other influences that have broadened his perspective including other university courses, particularly sociology courses, and life experience. When I asked Nick if he could tell how healthy a person was by just looking at them, he replied that he could not, which stood in stark contrast to Billy who felt that you could determine someone’s physical and mental health by looking at them, but not their social health.
By the end of the course, Nick had begun to understand the potential problematic nature that his personal biography might have on the children he would teach. When asked how he might handle a female who really didn’t like PE, Nick replied:

I think that it's an easy one to address in theory in a sense that you just take a step back … you try and make it fun, inclusive … You take away the competitiveness, you'd make it so that everyone can compete, and everyone is comfortable… but I think that's going to be the…difficult one. Try and relate to someone and you can't. I couldn't imagine not loving sport (Nick 26-year-old HMS, end-of-semester interview).

In contrast, Nick experienced this exact scenario while on practicum and admitted to being very frustrated by students who would not engage in his lessons. He stated that:

Nick: Apathy was huge and at times very frustrating. I actually had less of that in a PE context, in a practical context than in the classroom. There were frustrating amounts of kids who just didn’t care at all.
Karen: … that’s different from your experience, you were the engaged kid, you were the keen one who would run to Phys. Ed. and say, “what are we doing today Sir?”
Nick: I knew that was something that I probably would, and will, continue to struggle with, but I hope I get better at dealing with it. I’m confident that I will over time. Probably that goes back to the other question, that was probably one of the most difficult things as well, definitely. It was just a consistent thing across [the classes] (post-practicum interview).

On practicum, Nick has also realised that he was not just dealing with one child who was disengaged from his lessons, but many children who did not share his love of sport. When I asked Nick how he dealt with students who were not very keen to participate in his lessons, he acknowledged “a couple of them not so well”, but went onto elaborate how he handled some of the “easier” students by taking them aside and talking to them about why they were not engaged, but he did not elaborate on how he dealt with the more difficult students. He did continue to say later in the interview that the levels of apathy amongst students “was not surprising but more concerning, aggravating, frustrating”. He appears to be realising that this will be an area that may present potential dangers for him and his future students, but this seems to be only just emerging in his consciousness. For instance, I wonder if he would be able to hide his frustration and continue to attempt to treat all students fairly and equally. Would he eventually give up on these students? Would he change his teaching subject matter or pedagogy to address this? Will this cause him to stress that may ultimately cause him to want to leave the profession? He seems positive and confident in his abilities to cope and to become more skilled at handling this issue over time, which is encouraging.
At another point during the post-practicum interview, Nick was asked about the potential dangers of his teaching practice with Nick quoting Foucault “it’s not that everything is bad, it’s just that everything is dangerous”. But again, Nick was not initially able to foresee any dangers until prompted with an example from a sexual health education lesson concerning appropriateness on content in specific faith-based school contexts. With this, Nick drew on his experience with a teacher from an Islamic school from his Honours project. Nick stated that in working with the teacher David:

He highlights the need to consider a world view of your students. We were talking of the indigenous and Islamic context, but the need to be aware of what background knowledge and requirements the students have got. So going in and talking about pre-marital sex in a religious context is not something that’s pertinent to that demographic. So, I think, just engaging with David has highlighted the importance of being aware of what your perspective is and what your context is and using that to deliver your content. He talks about how an alcohol unit probably wasn’t relevant to that demographic because it wasn’t something that they engaged in (Nick, 26-year-old HMS, post-practicum interview).

Nick acknowledges the dangers, but views them from an engagement perspective, around relevancy to his students, which is important, but illustrates disconnect with the concept of potential dangers involved with him personally and his teaching. He also views them from a third person’s teaching, which may indicate that he has not had sufficient teaching experience with which to consider it from his own perspective. Interestingly, while Nick demonstrated comprehensive knowledge and understanding of HE concepts of social justice and sociocultural health, he still had not fully made the connection between his own personal biography, values, attitudes and beliefs and how they might impact on the young people he was teaching. When directly asked “how might you be dangerous for the young people you teach?”, Nick was quick to acknowledge his power in the teaching context, and that the knowledge he chooses to impart to his students will ultimately become their own views. Possibly, as a mature age student who had been in the workforce for several years, maturity and greater world experience made Nick more receptive to the principles of socio-critical/cultural health education and more critically reflective on his potential impact on students. Additionally, being educated in a rural northern New South Wales town in state schools may have provided Nick with greater exposure to diversity – both racial and economic. In fact, during the post-practicum interviews Nick compared his two practicum schools, South Western Queensland (SWQ) SHS and Redland City (RC) SHS, noting that SWQ SHS had a higher proportion of indigenous students and a student cohort consisting of more students from lower socio-economic
backgrounds than RC SHS. He commented that SWQ SHS was more consistent with his own schooling experience. Gaztambide-Fernandez and Howard (2013) have noted that “people with economic privilege often have limited opportunities for direct contact and experience with people outside their class context” (p. 2). It is possible this exposure and engagement with more diverse populations has influenced Nick’s world view and is allowing him to begin to “listen to others and to some extent, see [himself] through others’ eyes (Hytten, 2001, p. 441).

Another interesting exchange occurred during the post-practicum interview, which demonstrated Nick’s continual struggle to reconcile some of the principles and practices of EDU39 with his own teaching practice. One of the issues raised by Sally in tutorials concerned the issue of a health education teacher’s perceived responsibility to model good health behaviours for their students. On this topic, Nick responded with this lengthy but insightful explanation as to why he feels the need to model healthy behaviours for his students – even when the students might not actually observe him exhibiting these behaviours:

**Nick:** And I’ve been reading with Honours, I had to read a lot more of [Sally’s] stuff as well, and some stuff she has done with a few other people as well about that whole – a lot of the history of HPE has been that one of the main tools, things that you need for your teaching has been you must embody what the views and expectations are of the subject at the time. Even taking a step back and recognising that you don’t need it, it is still very difficult to, I think that you think to yourself, “if I’m telling kids that this is important but you don’t value it yourself” you tend to feel hypocritical. I am a hypocrite at times, but it’s something that we all probably find uncomfortable at times, when you know that you are being hypocritical.

**Karen:** Do you feel the same pressure when you teach PE? For instance, if you are teaching a sport or activity that you are not very good at or have not had a lot of experience with; do you feel that loss of authenticity?

**Nick:** A little bit definitely. I think that one is easier to write off though in the sense that, I’m just trying to think of a sport for example…

**Karen:** Say dance?

**Nick:** Yeah dance is easy to write off because if people say, “I haven’t done dance or I’m not experienced with dance” then I think that people can easily understand that. But I think that if you are doing healthy choices or decision-making and you say, “I’m going to tell you about decision-making but I’m not very good at it myself” then that is more of a – not that I haven’t had an opportunity to make good decisions, it’s more of a reflection on who I am and that I don’t make good decisions. So, I think with the sport side of things it’s easier to write off and just say “that’s just a sport that I haven’t done” and I think that kids are more comfortable or understand that “he hasn’t played hockey or done dance”. But I think there is still the expectation with PE, something that you would like to strive for, to be confident at, to be competent.

**Karen:** So, in some ways what I am hearing, and correct me if I’m wrong, but you sort of are struggling at the moment to separate what you teach with who you are as a person. Would that be a fair comment?
Nick: Definitely in some of them…if you take a step back and understand that a lot of the time you are just giving [students] the knowledge and empowering them to make the decisions, but I think a lot of the time it would just be that if you could embody that it makes it easier to deliver.

Karen: Makes it easier or makes you more credible or more believable maybe?

Nick: Yeah that’s possibly – I suppose in the sense when I say easier I think confidence comes into it then.

Karen: Yeah, I’m thinking that maybe it’s that you believe what you are saying therefore you believe that you are coming across as being…

Nick: More genuine. Yeah, I believe there is a perception that it will be better received – whether that exists or not (Nick, 26-year-old HMS, post-practicum interview).

The notions expressed by Nick in this exchange confirm research by Macdonald and Kirk (1999) in which PETE students believed that PE teachers need to “look the part” (p. 132), that is, to be physically fit, capable and a model of sporting prowess and physical fitness (Macdonald, 1993). Translating that desire for authenticity into the HE classroom, Nick is expressing a need to appear credible in the eyes of his students, while struggling to separate what he teaches with who he is as a person. Nick also acknowledges that this influences his confidence to enact HE, a phenomenon expressed by other participants particularly in the written reflections, whether they had experienced a health issue or concern they felt that they were more capable of teaching students about that topic.

Overall however, despite some evidence that Nick was struggling to reconcile all the concepts and strategies articulated by Sally in the course, he demonstrated a willingness to embrace Sally’s vision of a good health educator, had implemented some of the pedagogical approaches modelled in the course and saw himself as a sensitive, although still developing, health education teacher. The benefit of coming to his university studies as a mature-age student and coming from a rural, middle-class background may have assisted in formulating a subjectivity that was more receptive to Sally’s messages and approaches. Undoubtedly having the experience to implement health education on practicum was an enabler to the adoption of these, but also the consistency between Sally’s course and other sociology courses resonated with Nick. The consistency of experience for Nick extended to his honours project, which also served to reinforce some of Sally’s sociocultural messages.

7.1.3 Erin

Erin was the only student who taught senior health education while on her practicum placement - Year 11 health education in a large metropolitan state high school. As stated, Erin herself was educated “in one of the country’s most elite private girls’ schools” (Erin 27 HMS, Task 1
written reflection Essay) and comes from a background of elite sport. Erin’s sporting prowess resulted in her receiving a scholarship to study in America, and she reflected that “this eye-opening adventure enabled me to travel the planet, immerse myself in different cultures, dabble in applied research, and return to Australia three years later with an exercise physiology degree” (Erin 27 HMS, Task 1 written reflection Essay).

Erin’s life experiences, particularly in coaching her chosen sport, have resulted in her gaining invaluable insights, that are consistent with those articulated in HE. Erin recalled how she had problems coaching a difficult athlete. Upon reflection, Erin identified a mismatch between her grand expectations and the athlete’s dedication to training and the sport. Erin also had a personal experience in the delivery of out-sourced education programs to schools. In so doing, she could engage with young people in real classroom settings. During these times, Erin recalled that she struggled to understand students who were disengaged in their learning or rude to teachers, as her “past hadn’t set [her] up for this kind of attitude and [she] struggled to relate as to why a student … thought it was OK to behave disrespectfully” (Erin 27 HMS, Task 1 written reflection Essay). Experiences such as this may have prepared Erin for some of the encounters she would have on practicum. However, while Erin demonstrated an intellectual grasp on the potential issues and messy intersections between her and her students, her privileged background still represented a barrier (Gaztambide-Fernandez & Howard, 2013; Goodman, 2010; Howard, 2010) to her understanding of the children that she taught on practicum, particularly those from low-socio-economic backgrounds. An example of this is illustrated in an exchange in the post-practicum interviews. Erin commented that she was “really horrified” at her student’s basic computer skills which she found lacking because students did not have access to their own laptops. This contrasted with her own education where Erin “had a laptop since Year 5, and that was 18 years ago”. Erin was also very surprised that the children at Logan City SHS did not look after their school or value education as much as those at Central South Brisbane SHS. As reported in Section 6.7.1.3 Erin noticed differences not only in the poor physical state of her practicum schools, but also in the attitudes and values of the students that stood in stark contrast from her own.

When Erin reported these differences in the post practicum interviews, she did not view them as problematic or acknowledge that this was one of the potential “dangerous” scenarios discussed in EDU39. With respect to the student who was not going to hand homework in because he had to work, she acknowledges that for some students from low socio-economic
backgrounds working to get money to survive was in fact more important that doing homework and assignments. She recalled another similar encounter with a student where her personal values and attitudes intersected with those of a student who informed her that she wouldn’t be coming to school the next day as it was her birthday. She recalled this encounter as being a difference in the dedication of these students to their studies, which contrasted to her own personal commitment to her studies.

It can be seen from these recollections that Erin’s personal and very privileged biography did present a barrier to her becoming a “good” socio-critical teacher of health education. Sleeter (2013) cautions that it is possible that a teacher’s negative stereotypes can be reinforced due to experiences in low income or minority schools rather than challenging them. It could be that Erin’s experience with EDU39, coupled with her world experience as a mature-age student, inoculated her against this. At this stage in the development of her teacher identity, Erin had an intellectual grasp on the possible problematics of the difference in attitudes and values between her and her students, but was still attempting to reconcile and appreciate the implications for her as a teacher.

In the post-practicum interview it can clearly be seen how Erin has begun to embrace and adopt the discourse of socio-critical health. Erin was critical of some of the health lessons she had observed her mentor teaching, which she considered to be very “pathogenic” and biased in that only one side of health issues was represented to students. Erin also had some very powerful moments teaching health education on practicum. She recalled how her year eleven health education students had to implement a health promotion program aimed at raising awareness of the dangers of binge drinking. She was impressed by the innovative ways that her students addressed this task – with one group rewriting the lyrics to a song and performing it. Erin reflected that she “…burst into tears when they did their final performance…I was so proud” (Erin, 27-year-old HMS, post-practicum interview).

As reported in section 6.4.9, Erin reported that having undertaken EDU39, she now saw herself as a health education teacher than simply a PE teacher. It appears that for Erin, although she didn’t initially think it would be the case, she possessed a disposition that was more receptive to the messages in EDU39. In some respects for Erin it could be said that this was a “transformative learning experience” (Ovens & Tinning, 2009, p. 1128), as this experience was inconsistent with her personal biography and subjective warrant. This supports the current
scholarship confirmation that personal beliefs function as the filter and foundation of new knowledge. However, some of the personal beliefs Erin brought to her learning (the “anchors”) facilitated learning because they were congruent with the new knowledge she learned. It is acknowledged that other (“brittle”) beliefs impede learning, because they are inconsistent with the knowledge to be learned (Clement, Brown & Zietman, 1989). Gillespie (2003) uses the term “value orientations” interchangeably with “belief systems” stating that “value orientations represent educator’s belief systems about what is taught how it is taught, and to what extent the content is learned” (P. 1).

Arguably Erin had the most privileged personal and sporting biography of all students in this research. Despite this, she was still able to demonstrate knowledge, attitudes and behaviours that moved her towards Sally's vision of a good health educator. It can be seen from some of her post-practicum statements that she was grappling to fully appreciate how her privileged biography matters, and what impact it will have on the children she teaches. However, Erin was also willing to implement effective health education pedagogy on practicum. Erin demonstrated a good intellectual understanding of holistic and sociocultural health, as evidenced by the fact that she was critical of the pathogenic and didactic approaches she witnessed on practicum. Erin admits to being highly motivated to teach HE as she appreciated the importance of the subject can offer in terms of improving student’s personal health. In the final analysis, I suggest that Erin’s maturity and world experiences contributed to increasing her receptivity to the messages and made more aware of the impact of her own privileged biography.

7.1 Overview
Nick, Anthony and Erin have all demonstrated knowledge and self-reported teaching practice that has confirmed for me that they were shaken by the encounter with EDU39 to some extent. They have shown movement along the continuum towards Sally’s vision of good teachers of health education. As discussed, for Erin and Nick, being mature aged and having broader world experiences may have increased their receptivity to Sally’s messages; however, this does not account for Anthony, who was the youngest participant in the HMS research cohort. I postulate that for Anthony, state schooling in a rural area, may have provided him with greater exposure to people from more diverse socio-economic classes, and increased his receptivity to Sally’s intended messages. Opportunities to teach health education while on practicum and to implement pedagogy modelled by Sally, appears to have assisted the uptake of messages.
7.2 Stirred

7.2.1 Kirsten and Brittany
At the end-of-semester interviews, the primary generalists, except for Ryan, felt that they were confident and competent to teach health education. They were mostly enthusiastic and optimistic about the challenges this presented, and expressed optimism in their own abilities to address these challenges. However, only Kirsten and Brittany made themselves available for post-practicum interviews. Therefore, broader conclusions about the generalists’ students in this doctoral research cannot be made. Brittany was at the end of her third year and Kirsten had completed her fourth year and had already been offered a teaching position at a local single-sex school. During the end-of-semester interviews, Brittany saw herself as a teacher of health education, while Kirsten did not identify as a health educator per se, but viewed health education as part of the whole curriculum she would teach.

Brittany at 19 years of age, had come to her university studies after undertaking a gap year at an English primary boarding school, west of London. She was educated in private single sex schools for both her primary and secondary school education. Brittany grew up in a middle-class city suburb, and as reported in Section 4.7.1, reflected on her childhood fondly as a happy childhood full of “pets, people and birthday parties carried out in the family backyard were some of the cherished memories that come to mind when I remember growing up as a happy, healthy child of the nineties” (Brittany, 19-year-old Generalist, Task 1 written reflection). Although her parents were middle class, she reflects that they had to work hard so that Brittany could be educated at “middle to upper class private schools”.

By contrast Kirsten was educated in public schools, and described her low socio-economic parents as being very supportive and involved in her education; however, the restricted financial capacity of her parents meant that at times her family struggled to afford food. Kirsten described herself as a bright child, but was bullied at school. Confirming research by Morgan & Hansen (2008), Kirsten reflected negatively on her unpleasant experiences with PE as a child, as she was not naturally physically talented and also suffered with body image and eating issues as an adolescent as she struggled to maintain “healthy weight” levels.

These two primary generalists reported having very limited exposure to formal health education lessons while on their practicum placements. Kirsten observed personal development lessons at one of her practicum schools, conducted by the Form Teacher, with assistance from
some of the senior students. Kirsten also reported observing a sexuality education lesson. By contrast, Brittany did not observe formal health education lessons. For both Brittany and Kirsten, their practicum experience reinforced the notion that it was the responsibility of the physical education specialist teacher to teach the practical aspects of the HPE curriculum, and the classroom teacher to address the health education aspect, in isolation to each other. This confirms findings of Sinkinson and Burrows (2011) who maintain that “… for most teachers of H&PE, PE remains the ‘first’ subject [and] health too often fits around priorities given to PE programs” (p. 59). Kirsten and Brittany remembered some of the terminology and key concepts of health education covered in EDU27, particularly holistic health as it resonated with the concept of educating the “whole child”, which was reportedly consistently reinforced across their Bachelor of Education courses. This division of the PE strand of the HPE curriculum in practice stands in stark contrast to Brittany’s view of HE at the end-of-semester interviews where she confirmed that the course had broadened her notion of health to incorporate more than just the physical dimension. When asked what the take home messages from the course were, Brittany stated that:

I think just how easy it is to go about promoting the health education within any of your lessons. So, it's not just going to be physical health then, it's going to be mental and emotional and social. So, really endorsing those aspects of health and letting kids know that it's not just physical, because that was my idea of health education, just purely physical (Brittany, 19-year-old primary generalist, end-of-semester interview).

This statement illustrates Brittany’s appreciation that health work is performed by teachers outside of HE lessons and that she has an increased understanding of the notion of holistic health education.

However there was evidence of a “wash out” (Zeichner & Tabachnick, 1981) effect of some of the key messages of EDU27 that was observed post-practicum. Brittany had sketchy recollection of some of the main principles and terminology. For example, Brittany was questioned as to what qualities a good health educator possessed. She replied: “respecting all of your students … with teaching, just value all the opinions. I know it is just general knowledge, but really incorporating all students’ abilities, no matter what” (Brittany 19-year-old Primary Generalist, post-practicum interview). Predictably, with no experience of health education on practicum, Brittany’s recollection of the course and its content had begun to dilute substantially. By comparison, when Brittany addressed the same question in the end-of-semester interviews she was much more succinct in her response to “motivate and engage kids
… through effective pedagogies”. At that stage of her teacher journey, she could identify a strengths-based approach and inquiry-based pedagogies as being “effective” pedagogy for teaching HE.

More than merely wash out, there is evidence within the interviews of a reversal of EDU27 messages post-practicum. For example, in her end-of-semester interview Kirsten discussed the issue of health education teachers modelling good health behaviours. At this stage, Kirsten did not think HE teachers needed to go so far as “modelling” good health behaviours, as she was aware that this was a “grey area”, but that health education teachers should “at least show that they appreciate health” (Kirsten, 22-year-old Generalist, end-of-semester interview). At the post-practicum interview Kirsten spoke at length on how it was important for her to model good health behaviours for her students, which included eating healthy food, wearing hats and sunscreen on playground duty, and reported that she felt that it was important for her own sense of authenticity and her credibility as a teacher to ‘practice what she preaches’. This was a complete reversal from the first interview where Kirsten fell short of saying that teachers had to model good health behaviours, as much discussion had occurred about potential dangers of this in EDU27. Kirsten did not see any problem in the surveillance of students’ lunch boxes for unhealthy food, questioning these students about where their “vegetables and fruit” were, or any acknowledgement that this was health work outside the classroom.

Kirsten could be demonstrating the phenomenon noted by Zeichner & Tabachnick (1981) that students become more progressive and liberal in their attitudes while at university and then move to more traditional attitudes and values as they move into teaching. Or it is possibly that Kirsten is more like Lawson’s (1983) active strategist – telling me all the things I wanted to hear at the end-of-semester interview or at least being intelligent enough to know the answers I was seeking to my questions. This phenomenon could exemplify Meyer, Land and Baillie’s (2003) notion of ‘mimicry” or lack of authenticity. Kirsten did not view this surveillance and questioning of students regarding the content of their lunch boxes as problematic in any way, even when I suggested that it was usually parents who packed younger children’s lunch. She did say that she would not contact parents about this in the first instance, but would discuss “unhealthy” lunches with colleagues to garnish opinion on how to best handle this situation. By contrast, Brittany did not observe any health education lessons. Overall for Kirsten and Brittany, practicum did not serve to reinforce the principles and messages about health
education from EDU27, but were more consistent with their own schooling experiences of “traditional” PE, and thus practicum served to erode the messages.

7.2.2 Kaycee
During the end-of-semester interview, Kaycee was still grappling with her health knowledge and questioning the content and pedagogical process in EDU39. For example, Kaycee could not define health or socio-critical health. She believed health education to be about teaching kids to become healthy and make decisions for themselves, because “if you’re a kid you’re not going to know”. Here Kaycee is reflecting the ubiquitous and definitive nature of health knowledge (Burrows & McCormack, 2012; Greco, 2009). After the course, Kaycee saw herself as more of a teacher of HPE, and commented that she had spent two years in the course undertaking PE courses that were consistent with her PE schooling experiences in the UK. The end of semester interview, Kaycee revealed moments when she could make connections with the concepts taught in EDU39, however this wasn’t the result of EDU39 experience in and of itself.

Kaycee reported having no experience of health education while on practicum at all, recalling that she neither taught nor observed HE lessons. She claimed that subsequent courses at university, and particularly her Honours project, had made her more aware of sociocultural health and the impact of her own biography on her teaching practice. Her honours project on Cultural Diversity, which she was viewing through the lens of cultural capital (Bourdieu, 1986), had made her more aware of the impact of her “white privilege” on the students she was teaching. On this issue, Kaycee noted “… so, basically, what I have kind of come to the conclusion is that you need to be able to learn about the culture and kind of acknowledge that there is a difference, because I can’t change who I am. I am always going to look at it through a white, privileged lens”. However, I did have to lead Kaycee to make many of these connections throughout the interview, but once encouraged, she was able to establish connections between what was taught in EDU39 and what she had experienced on practicum.

It was also evident during this interview, however, that Kaycee was struggling to reconcile all this information in terms of what it means and the implications for her own teaching practice. Kaycee often looked to me during the interviews for answers to some of the questions that still troubled her. This is evidenced in the following interview excerpt where Kaycee is struggling with the concept of a salutogenic/strengths-based approach to health education:
Karen: So, thinking about that intersection, and at least being aware of it, which you are, but I guess one of the things that Sally was trying to say too, was that it is just this complicated space when you get in there.

Kaycee: I don’t know – are you trying to say that you should present the issue in a neutral kind of way, rather than saying …? It is complicated. I don’t know. Is this what you are saying - you need to present it in this way, instead of saying it is bad if you binge drink on the weekend, or it is good if … you don’t drink? (Kaycee, 22-year-old HMS, post-practicum interview).

Kaycee’s angst in attempting to reconcile these concepts was palpable. At a moment on the journey to establishing her own teacher identity, she was struggling with what she had learnt at university coupled with what she had witnessed and experienced on practicum. It seems that, for Kaycee, there was just too much information in the course. This was exacerbated by the fact that she did not have an opportunity to foreground this in her actual teaching while on practicum; she was still not sure about how the pedagogical strategies would be implemented in her classroom. She reflected that:

Yeah, they have to get – they have to be able to teach the students it, but then is it going to translate into the schools, because there are still teachers in schools who are like from 20 years ago. Like the HOD at [BWS SHS] is 25 years at [BSW School] – he has never left – he has never gone anywhere different …, his ideas have probably changed, but he is still like set in the same ways.

So, is it gonna – obviously, they are going to have to start somewhere and teach us it, but is it gonna roll out straight away? I don’t think so (Kaycee, 22-year-old, HMS, post-practicum interview).

In this reflection, Kaycee is also acknowledging the potential problems associated with being a first-year teacher and the lack of power that she may have in this role. Along with others, she recalled that during her major practicum she was not given a great deal of autonomy in her teaching by her teacher mentor. Kaycee confirms that within the context of her pre-service experience, teaching in HPE remains fairly conservative (Evans et al., 2006; Sanjakdar et al., 2015; Sinkinson & Burrows, 2011).

Of the three women placed in the stirred category, Kaycee is particularly troubled or disturbed by her experience of the course. While she questioned some of the concepts presented at the end-of-semester interview, she was confident that she would be able to overcome barriers and issues she believed might arise in implementing HE. Having had little experience with HE in her own schooling in the UK, and not coming from a competitive or successful sporting background, Kaycee was initially receptive to the principles and practices of the course.
However, Kaycee’s practicum experience failed to provide her with any exposure to health education whatsoever. This, combined with the fact that Kaycee’s mentor teacher afforded her little licence to implement her own teaching strategies and was employing a more traditional teaching approach, resulted in Kaycee observing lessons involving conservative pedagogy. Kaycee recalled that her teaching style was very different to her mentor. When asked to elaborate on this difference Kaycee stated:

He has been a teacher for 25 years, and has always been at [Brisbane Western Suburbs SHS]. And I think he is kind of set in his ways for a lot of things. So, maybe I would have to kind of do it his way, rather than thinking about my own way of doing it…. I would write a lesson plan and then he would say, “You should do this instead” or, “You should write this like this instead.” So, in the end I kind of just learnt to do how he wanted it (Kaycee 22-year-old HMS, post-practicum interview).

This statement demonstrates Kaycee’s attempts to implement pedagogy that was perhaps more consistent with those presented in EDU39, however, it also demonstrates that she was aware of the difference between the course pedagogies and those of her practicum mentor. Ultimately the practicum mentor held more authority for Kaycee during her placement, to which she reluctantly yielded.

Recalling again in tutorial two, the Plus/Minus/Interesting activity that focused on the content areas of the AC:HPE, Kaycee reported that her group had been given the “benefits of physical activity folder”. When she was asked if she found any of the content of this folder to be “surprising” she replied:

I'm not 100 per cent sure but I don't remember anything that jumped up at me as being surprising. I think because we've done a lot of science courses, we've done a physiology; we've done an anatomy, all that kind of thing and we've been – and also the sociology courses, all that kind of gender and whatever… the benefits of physical activity have been hammered into our heads since we started this degree. So, I think they were pretty much all [as I expected] … (Kaycee 22-year-old HMS, end-of-semester interview).

In this exchange, Kaycee reports that the content was not surprising and was consistent with both the more biomedical courses that she had undertaken, but also that it was consistent with her sociology courses. This could indicate that, for Kaycee, paradigms were consistent across the degree. I suspect that Sally would agree that there are both consistent and contrasting paradigms across courses in the teaching program. This distinction was not apparent to Kaycee, who sees consistency across a program that contains inherent inconsistencies. This could also illustrate Kaycee’s change in the pattern of her discourse during the interview, as she deftly
manoeuvred between shifting paradigmatic terrain. It could be argued that Kaycee was aware of the paradigmatic differences between the science courses she had undertaken, the discourses used in these fields compared to the discourse used by Sally in EDU39, which would be more consistent with the field of sociology. This statement highlights Kaycee’s lack of surety about the messages presented in the entire undergraduate program. Borrowing here from Meyer and Land’s (2003) threshold concept, the knowledge presented in EDU39 could be considered *troublesome* for Kaycee, as the socio-critical paradigm was inconsistent with the limited engagement she reported experiencing with HE as part of her English education. According to (Perkins, 1999), this knowledge is ‘foreign’ or ‘alien’ as it ‘comes from a perspective that conflicts with our own… [and moreover], ... [s]ometimes the learner does not even recognize the knowledge as foreign.’ (p.9).

**7.2 Overview**

For these three participants, the lack of engagement with health education on practicum was a major barrier to developing their initial optimistic visions of becoming good health educators. For Kirsten and Brittany, this lack of engagement resulted in the dilution and in some instances, complete wash out of the content and pedagogy of EDU27. With respect to Kaycee, her practicum experience served to trouble her vision of herself as a good health educator. Kaycee was aware that she was witnessing conservative or more traditional pedagogy by her mentor, but was not given licence to implement her own teaching strategies while on practicum. During practicum, Kaycee yielded to the dominant authority and opted to give her mentor what he asked of her, and may have walked away from practicum with a good mark, but was still left questioning how she would implement HE in practice. Consistent messages from other courses and her honours project served to reduce the dissonance she experienced, but could not completely disrupt the impact of her practicum experience.
7.3 Stationary
The students in this category represent those for whom their EDU27&39 experience did not disrupt their existing attitudes and beliefs about health education. However, there are two distinct types of students in this grouping. The first are Billy and Ryan, who basically disagreed and therefore disavowed the content and pedagogy modelled in EDU27&39. The other student Michelle, believed that she understood sociocultural HE, but her personal biography was so powerful that she did not realise her vision of being a good teacher of HE was largely inconsistent with that espoused by Sally.

7.3.1 Billy
As reported, Billy changed programs between the end-of-semester and post-practicum interviews and thus declined the offer for a second interview. The remaining five HMS students were all interviewed post-practicum. Based on his responses at the end-of-semester interview, Billy has been categorised in the stationary category. Billy was born in Hong Kong, educated in Hong Kong for his primary schooling and then attended a public (considered private in Australia) boarding school in England to complete his secondary education. As reported in Section 6.4.2, Billy recalls his experience with health education at school as being more focused towards general health and safety. Given that Billy was educated in Hong Kong and England, it is reasonable to assume that he had not experienced the implementation of a socio-critical health education curriculum. This was confirmed when Billy was questioned as to what he thought Health Education was about. Having just completed EDU39, he responded:

I think it's just about getting the knowledge across to young people that doing this will make you happier, so achieving mental happiness, mental healthiness, and teaching them doing this physical activity will make you fitter, by doing this you have a better physical capacity, therefore you'll be healthier. That's why I didn't consider social as a value because you develop your interactions through actually talking to peers instead of teacher teaching you how you should be interacting with each other (Billy, 22-year-old HMS, end-of-semester interview).

Interestingly, Billy’s acknowledgment of other dimensions of health (mental and emotional), suggests he does not seem to reject the entire notion of a holistic view of health. He rejects the notion of social health in the context of health education because students obtain this from interaction with each other. There are also similarities between Billy’s comments cited above, suggesting that Billy’s view of health education after undergoing EDU39 remains aligned with his limited experience of health education in schools. Overall, Billy’s experience of HE when he attended school was not consistent with current sociocultural health education curriculum and practice. In this respect, Billy is very typical of the ‘PE jock’s’ that have been
a feature of much PE scholarship. For example, Tinning (2004) suggests that when confronted with topics like the social view of health, sexuality and social justice principles, many student teachers and teachers alike, may be resistant because this knowledge is inconsistent with their preconceived notions of a teacher of HPE. Billy’s commitment to a biomedical view of health is very strong in this comment. His belief in Crawford’s (1980) concept of healthism (exercise=fitness=health) illustrates his very narrow view of health.

Billy is typical of many PE students entering tertiary HPE teaching degrees as he has come from a successful sporting background. Interestingly, in his personal written reflection Billy, acknowledged how sporting prowess provided him with significant sporting capital. In his Task 1 written reflection Billy stated that his sporting success “has helped [him] establish respect and gain social status up in the hierarchy amongst peers and the better [he] play[s] sport, the more respect and privileges [he] get[s]” (Billy 22 HMS, Task 1 reflective essay). This sporting background, coupled with his experience of (H)PE in schools, has resulted in a well-established personal biography, committed to the principles and practices of a biomedical view of health, and therefore, resulted in EDU39 having negligible impact upon him personally or professionally.

In general, Billy was resistant to, and dismissive of, many of the content and learning experiences in the course. Commentary suggests that Billy was largely disengaged from the course, so in some ways it is not surprising that he changed to another degree. There was substantial evidence in his end-of-semester interview that he was disengaged from the content and pedagogy of the course. For example, when asked what were the health concerns of young Australians he replied, “not too much to be honest”. When asked where he obtained the majority of his health information from, Billy responded: “I’d say teachers gave me the basics during my secondary school, but after that it's mostly just self-research, you just learn it by yourself along the way of life when you get into uni, because that's what it's about, discovery-based learning by yourself” (Billy, 22-year-old HMS, end-of-semester interview). Here Billy implies that his university course may not have been instrumental in providing health information. Throughout Billy’s interview, he attributed much of his knowledge, attitudes and beliefs about health to his own personal journey, failing to acknowledge any outside influences, except for one school PE teacher, who was more of a good role model for Billy than a good teacher per se. When referring to this teacher Billy stated that:
I guess it's just from when I was taking health education when I was in year 10. I had a very good role model. I had a good teacher that taught me. He wasn't the best at delivering knowledge himself, he was horribly awkward at delivering health units when he was talking, but he presented himself as a presentable individual. It's just like I want to look up to this person and what he is teaching is making sense, so I'd like to be healthy like him (Billy, 22-year-old, HMS, end-of-semester interview).

In doing so, Billy confirmed his commitment to the importance of looking physically healthy – to healthism and to the ideology of individualism. He stated that: “I guess it's more of the fact that I just want to be a healthy individual by myself and by pushing myself to go and teach people, I force myself to live a healthier lifestyle and be a healthy role model by myself”. For Billy, the information was not new, different or had any impact upon him personally, and therefore would probably have minimal impact on his teaching practice had he pursued that pathway, and therefore “disavowed” (Ennis, 1994) both the content and most of the pedagogical strategies utilised in EDU39.

7.3.2 Ryan
Ryan was classified as “stationary” after the course and, like Billy, demonstrated a general lack of engagement with the course. This sentiment was supported by the fact that he declined to supply his reflective essay or to participate in a post-practicum interview. Arguably, Ryan participated in the initial interview simply for the voucher reward. When asked what he would take away from EDU27, Ryan mentioned the strengths-based or positive approach to teaching health education. But he also acknowledged that he wasn’t aware that it was possible to do sexual education with primary school students, so that was a highlight for him along with “one or two pedagogies that shows the traffic light system, that's about it” (Ryan, 21 Primary Generalist, end-of-semester interview). Unlike Billy, who dismissed much of the content of the course since he already knew it, Ryan appeared resistant to some of the content and pedagogy. For example, when asked if he felt confident to enact health education in schools Ryan responded, “just the key words that pop up - facilitate, guide, don't be the leader and all that stuff, but they really didn't - they taught us more about information than actual pedagogies and all that I reckon”. Ryan therefore did not find Sally’s approach of modelling effective strategies and practice to be useful in preparing him to teach health education, in fact, he failed to recognise that Sally designed the entire course to achieve this. He felt that the Shoe Box Collage assessment task 1 was “the biggest joke in the world” (reflective perhaps Devis-Devis and Sparkes (1999) equivalent of “Burning the Book”?). On a positive note, as indicated earlier,
the course did make Ryan aware of his bias towards obese children, but overall Ryan was
struggling to reconcile the principles and pedagogy of the course with his own biography.

Ryan was openly negative and resentful toward some of the content and pedagogy of
EDU27&39. As pre-empted in the scholarship, both Ryan and Billy appeared to be
uncomfortable with socially critical pedagogies (Macdonald & Kirk, 1999). More than simply
‘uncomfortable’, Billy and Ryan were quite hostile in their response to the course in general,
and I would argue is because these ideas represented a threat to their ontological security. As
Gregorie (2003); Marks (2007); Ennis (1994) and Lortie (1975) found, students tended to
ignore, reject or disavow information presented in EDU27&39 as it was opposed to their lived
experiences of (H)PE, which was a more traditional, biomedical perspective with a strong
leaning towards the neo-liberal ideology of individualism. Confirming research by Curtner-
Smith and Sofo (2004), Ryan and Billy’s biographies made them resist attempts to socialise
them towards an alternative perspective.

7.3.3 Michelle
I have also classified Michelle as being unmoved. Michelle however, is different to Billy and
Ryan who reflected on the course as a waste of their time as it did not teach them anything new
or useful in terms of their own teaching practice. Both Billy and Ryan did not report seeing
themselves as health education teachers at the end of the course; in fact, Billy still reported
viewing himself as primarily a PE teacher, with health education being something that he would
teach if he had to.

In contrast, Michelle recalled loving the course and having a genuine appreciation for the value
of health in schools and was very much looking forward to teaching health education. Michelle
reported having some experience in actually teaching health education on both of her practicum
experiences, and is the only interviewee to have actually undertaken senior health education
when she completed Year 11 and 12. Her lone experience confirms research by Macdonald et
al. (1999) that only 0.07% of HMS students had studied senior HE while at school. Despite this
experience and enthusiasm for health education, Michelle’s powerful personal biography
assured that the messages of EDU39 were less likely to gain traction.

In her Task 1 Reflective Essay, Michelle recalled how she went from being a “large, unpopular
child” that was bullied in primary school, to a “skinny popular bully” in secondary school. It
was when Michelle left school that she found herself for a time in an “unhealthy environment of drinking, smoking, doing drugs and promiscuity”. Therefore, Michelle came to her HPETE studies with a well-defined agenda for health education: specifically, to stop students making the same ‘mistakes’ she had made when she was a teenager, specifically concerning the use of drugs, alcohol and other risk-taking behaviours (including sexual). In her own words: “my ultimate goal in teaching would be to get back into a private, all-girls high school so that I can give the girls that I used to be, the tools, values and knowledge to make the right decisions in life” (Michelle’s Task 1 written reflection). Her resolve to do this was strengthened by meeting her fiancé, a practising Christian, and ultimately her own move to Christianity. Michelle felt strongly that her life experiences, both positive and negative, would see her well placed to teach health education: “[i]f the importance of the things I value now, had been made aware to me many years ago, I know I would have been better off with far less regrets. However, these personal life experiences have given me greater insight to teach health and personal development” (Michelle’s written reflection Task 1).

Coming through very strongly in the data was Michelle’s personal crusade to save her future students, but also a belief that having experienced personal health issues will enhance her ability to teach them. Michelle did not reflect at all on the fact that her insight and passion places her in the potentially dangerous position of getting too close to her students; of over-disclosing her personal journey to her students or encouraging her students to over-disclose in front of their peers. In fact I would argue, Michelle is in danger of becoming a “health Nazi” (Leahy & McCuaig, 2014) due to her personal crusade. In the post-practicum interview Michelle remained very confident in her ability to enact health education. Arguably, Michelle was overly confident and enthusiastic, reflecting a phenomena identified by Evans and colleagues (2006) that “‘believing in’ or ‘being enthusiastic about’ something is argued to be more important than being any good at it” (p. 170). Michelle reports that she did have limited experience on her practicum teaching Year 8 and 10 health education, but it was within her comfort zone of drug and alcohol education. Reflecting on EDU39, she reported that most of her learning had been reaffirming for her as she had “been there, done that”. Michelle expressed some concern over her lack of knowledge of some health education content; however, upon questioning her about her specific curriculum and policy knowledge; she was unable to describe the underlying principles of a social view of health, social justice or socio-critical health education. When asked to define sociocultural and socio-critical health education
It is apparent that Michelle remained unaware of the potential dangers of teaching health education, or of the potential dangers to herself or to her students. She considered herself to be very aware of the potential dangers, but in both interviews, she made many contradictory statements and broad generalisations about her students, which, although well meaning, indicate a general lack of awareness of potential dangers for her students that her privileged position posed. For example, in the post-practicum interview Michelle was asked if she noticed any cultural differences between the two schools that she attended for practicum. She responded that she noticed that drugs and alcohol were more common at the remote school that she attended that had a high percentage of indigenous students:

Michelle: While Drugs & Alcohol was only maybe three out of 30 at [Elite Brisbane Private School], at [Rural State School] it was maybe 18 out of 20 kids that were drinking. So, I think – I don’t think it was specifically Indigenous, just more the different areas.
Karen: Why do you think there is more drinking by those kids at [Rural State School]? 
Michelle: Easy to access. Parents would just have alcohol available I daresay. I noticed when I was out there; there was alcohol everywhere at one of the houses we went to for a party. It wouldn’t have been hard for any kid to grab a beer out of the Esky and go have it - without us even knowing. They really have nothing else to do. There is nothing out there… (Michelle, 23-year-old HMS, post-practicum interview).

Michelle’s comments may be interpreted as “colour blindness” that is, she does not see “colour” or race as an issue. Nor did she see the massive socio-economic difference between the two school cohorts. According to the MySchool web site, the Rural State School at which she taught had 37% Indigenous students and 56% in the lowest socio-economic quintile and only 3% in the highest. For Elite Brisbane Private School, the MySchool Website reports 87% of students in the top socio-economic quintile and 0% in the bottom quintile. Michelle attributed the higher levels of drinking to be a result of the physical environment, not the result of any social or cultural influences, thereby demonstrating her narrow understanding of a sociocultural view of health. Additionally, Michelle appears to assume that the lower socio-economic parents are heavier consumers of alcohol than their higher socio-economic counterparts.
Michelle demonstrated certainty and positivism in both interviews and her written reflection. She is committed to teaching students about the “right” health choices, and never acknowledged that this is relative, contested or “fluid and ever evolving” (Rossi & Cassidy, 1999, p. 194). Michelle remained certain that there are definitive and correct values and knowledge, and it is her role as a good health educator to impart these to her students so that they are then empowered to make the choices that she has decreed as being healthy. In EDU27&39, Sally modelled a decision-making matrix which could be used to help students explore the pros, cons and potential consequences of their actions. Michelle did not understand or appreciate the value of this, since she has unwavering belief that her role as a good health educator is to teach children how to make the ‘right’ health decisions by providing them with the correct knowledge and information, therefore reflecting the belief that knowledge is definitive and uncontested. Michelle acknowledged that she knew this was the role of a good health educator from “day dot” (Michelle, post-practicum interview).

When asked in the post-practicum interview if she was now aware of where the intersection was between her own personal biography and that of the lives of the children she taught, Michelle responded “100% yeah! Just with my history of health and the topics I had to teach” (Michelle post-practicum interview). In this statement, she was alluding to her history of drug and alcohol use and risk-taking behaviour, and the fact that she taught drug and alcohol education on practicum. She remained convinced that, on these topics, there was nothing that students could say or do that would shock or surprise her. Michelle reported in the post-practicum interview that the experience of practicum had not changed her ideas about health education or young people from those she possessed when she entered EDU39, however she did acknowledge an increased awareness of the fact “… that there is a diverse range of people … you just have to cater it to the person. That is really the big thing I got out of Prac - don’t be shaped by any one”. She did not acknowledge the potential danger that her personal experiences and her commitment to her agenda of preventing students making the same mistakes that she had and was not cognisant of any potential dangers associated with her teaching practice. Overall Michelle’s personal biography and subsequent moral crusade appears to have been well-intentioned, although zealous, overly confident and fiercely committed to a personal agenda which has arguably blinded her to the potential dangers of her practice. This seems to have inhibited her ability to reflect objectively on health education concepts and processes.
7.3 Overview

In looking across this small sample of students, it is possible to make some generalisations about the participants in this research group. Factors that appeared to enable student teachers’ engagement with a critically-inspired health education undergraduate course were being:

- State School educated
- Having experience teaching health education on major practicum
- Having some prior contact with young people
- Mature age.

Factors that constrained engagement and that resulted in rejection or disavowal of the messages included being:

- Young male
- Having no experience teaching health education on practicum
- Coming from very privileged backgrounds

Additionally, having a strong moral personal agenda appears to have acted as a barrier to the adoption of a lens that would present an alternative way of knowing, doing and being, both as a teacher and a person.

The exceptions to these proposed generalisations were Erin and Anthony. While Anthony was a young male, he had come from a middle class working background and was educated in rural state schools, where he was probably exposed to more diverse socio-economic cohort of students. Anthony also reported working at an outdoor education centre where he had experiences teaching and mentoring students. Arguably these aspects of Anthony’s biography made him more open to the principles and practices of sociocultural health education and more aware of the impacts of his own privilege on students. By contrast Erin had experienced one of the most privileged upbringings and a very elite sporting background. My sense however is that Erin’s maturity and life experiences have helped her to develop a greater world view of her teaching and her students; although there still remains work for Erin to do in this space, she has demonstrated a willingness to develop the “emotional commitment” (Tinning, 2002) to undertaking this work.

In the next chapter, the issue of privilege, a corner stone of critique and investigation of EDU27&39, will be looked at in greater depth, attempting to understand what happens when
privileged identities intersect with critical pedagogical approaches designed to confront and challenge notions of that very privilege.
8. Pedagogy and Privilege
There is emerging interest in the literature about the intersection between pedagogy and privilege in the health education context. There exists a substantial body of literature drawing from the social sciences that considers privilege. According to Adams, Bell, and Griffin (2007) privilege studies and social justice educational teaching practices “consider how we teach as distinct from what we teach” (p. 15). The authors propose that work involving social justice and social change has been the focus of teachers’ attention for many decades and draws on “adult literacy education; Black Studies, ethnic studies, community organising…critical pedagogy, critical race theory, teacher preparation and women’s studies” (p. 16). There is consensus that, from an equity and equality perspective, this work is important. Privilege needs to be made visible (Kimmel, 2002). However, equity studies have traditionally focused on the oppressed, not those who are advantaged by privilege.

This doctoral research represents an opportunity to deepen our knowledge and understanding of privilege and attempts to disrupt it in a HE context. The following discussion will justify my argument that the pedagogies of EDU27&39 were more reflective of a social justice pedagogy aimed at making students aware of their privileged identities and consider the possible consequences of this for their future teaching practice. In this analysis, I will examine Sally’s approach compared to Sleeter’s (2013) three dimensions of social justice pedagogy, with the hope of providing insight into why Sally’s pedagogy was more aligned to social justice pedagogy, and why she was both successful and unsuccessful in achieving her espoused telos.

8.1 Naming the [privileged] elephant in the room
A central goal of Sally’s work in seeking to shape good socio-critical teachers of health education, was to make students aware of their own biographies on students, including their attitudes, values and beliefs. This was articulated in the pre-commencement interview with the teaching team:

To provide students with an understanding of the knowledge and understandings they have about young people, and to put a lens on this, and consider if these attitudes have the potential to cause harm to young people. Pre-service teachers have come to university with an idea that young people today are the same as when they were young e.g. A mono-cultural understanding of youth. We are attempting to prepare pre-service teachers to encounter diverse student populations (Sally, pre-commencement interview).

This telos or goal was critical to the course. It was a significant part of the telos of becoming a “critical and reflective” health educator, but EDU27&39 also provided a meta-lens through
which all other teleologies were viewed. These included adopting student-centred pedagogy; being critical consumers of health information, knowledgeable of sociocultural/critical health curriculum; being a willing advocate for the health of young people and being a sensitive health education practitioner. Therefore, although it was not overtly stated in the title, EDU27&39 were focused on unpacking privileged biographies. As such, for me this represented the ‘elephant in the room’. As outlined in Chapter One of this thesis, the scholarship on the impact of PE student teacher’s biographies is substantial. We know that “teachers teach who they are” (Tinning, 2004), and therefore we acknowledge that “who teaches our children and what do they believe are important questions for any society to address” (Schempp & Graber, 1992, p. 345). This doctoral study has sought to address an existing gap in the scholarship regarding the impact of the personal biographies in a health education context.

An investigation of privilege is unique, because it employs a reversal in thinking about the impact of biographies. There is much in the literature regarding the impact of under-privilege and the lived experience of marginalised groups in education as elsewhere for example, gender studies, queer studies and low socio-economic groups. While there has been very little written about privilege in HETE, there is increasing work being done to “unpack teacher’s invisible knapsack” (McIntosh, 1989) of various forms of privilege. There is a growing acknowledgement of the importance of this work as teacher education continues to draw on a cohort that is generally lacking in diversity. Howard (2010) confirms what other scholars writing in the PETE field (Doolittle, Placek, & Dodds, 1993; Kagan, 1992; Lortie, 1975; Pajares, 1992) have acknowledged:

Most often students enter the school context with a well-established sense of self that continually influences how they think and understand, and what they know and decide not to know. Thus … the problem that educators need to address is not merely a lack of knowledge, but a resistance to knowledge and in particular a resistance to any knowledge that disrupts what the student already knows. There is no overlooking the fact that students from dominant groups are comfortably socialised to accept (and even defend) particular ways of knowing and doing that protect their advantages” (Howard, 2010, p. 1989).

As Doolittle et al. (1993) notes the reasons pre-service teacher education programs fail in altering student beliefs is due to inconsistent messages across the program, reinforcement of existing beliefs and a strong emphasis on teaching skills. But overall, the authors conclude that, for the most part, programs are not designed to deliberately confront students’ underlying beliefs, confirming what PETE scholars have identified as a lack of critical examination of pre-
entry beliefs during teacher education (Capel & Blair, 2007; Curtner-Smith, 2007; Kagan, 1992). In EDU27&39, this is clearly not the case, as these courses were intentionally designed to critically examine the impact of their pre-service teacher biographies on the young people they will ultimately teach. The value and belief system that was deliberately targeted by Sally was [white] privilege. Making students aware of their relative privilege and associated existing beliefs and values; and considering the impact of this privilege on their future students was a major goal of EDU39&27. According to McIntosh (1988) it is when we become aware of our unearned privilege that we are then able to change ourselves. She states:

I think whites are carefully taught not to recognize white privilege, as males are taught not to recognize male privilege. So, I have begun in an untutored way to ask what it is like to have white privilege. I have come to see white privilege as an invisible package of unearned assets that I can count on cashing in each day, but about which I was “meant” to remain oblivious. White privilege is like an invisible weightless knapsack of special provisions, maps, passports, codebooks, visas, clothes, tools and blank checks (McIntosh, 1989, p. 1).

There is no doubting that the group of participants in this research project came from privileged backgrounds. Only three of the twelve students in this study obtained a public school secondary education, with some of the participants reporting they were educated at some of Australia’s most elite private schools. These students subsequently gained admission into a prestigious Australian university; they report being socially, economically and academically privileged, and for the HMS students, skilful and competent physical movers. According to Maxwell and Aggleton (2013), the concept of privilege “facilities an immediate connection to social spaces and self-understandings, dispositions and worldviews that see power as natural and unquestioned” (p. 4). Kimmel (2002), explains that:

Being white, or male, or heterosexual in this culture is like running with the wind at your back. It feels like just plain running, and we rarely if ever get a chance to see how we are sustained, supported and even propelled by that wind … To be white or straight, or male or middle class is to be simultaneously ubiquitous and invisible. You’re everywhere you look; you are the standard against which everyone else is measured (p.1/2)

Sally made a deliberate attempt in EDU27&39 to make the “wind visible” (Kimmel, 2002), specifically addressing concerns raised in the PETE literature that students are rarely challenged to critically examine their pre-entry beliefs (Curtner-Smith, 2007; Kagan, 1992). The resulting question for me was whether, or not, Sally’s attempts were in fact reflective of a critical pedagogical approach as described and defined in the scholarship.
8.2 Critical Pedagogy by any other name…
As discussed in the Chapter 2 of this paper, critical pedagogies are paradigmatically aligned with critical theories, which are typically concerned with inequality, self-empowerment, social transformation and emancipation, and the need for change (Macdonald, 2002). There are multiple versions of what might be understood as critical pedagogy that come under the umbrella of critical theory, which has been part of the appeal, but also part of the problem that is critical pedagogy. One of the many issues levelled at critical pedagogy, and critical pedagogues, has been the failure to clearly articulate the strategies utilised in the classroom (Gore, 1998). Having witnessed Sally’s assemblage of strategies designed to shape good sociocultural teachers of health education in the name of critical pedagogy, consideration should be given as to whether the strategies were in fact consistent with what is understood as a “critical pedagogy”. While relatively easy to define, there remains disputed consensus of what CP looks like in practice (Ellsworth, 1989; Gore, 1998; Sanjakdar et al., 2015). Previously it was established that critical pedagogy is fundamentally concerned with social change. Sanjakdar et al. (2015) have defined CP as a “radical approach to education that seeks to transform oppressive structures in society using democratic and activist approaches to teaching and learning” (p. 56). According to Sleeter (2013), critical pedagogy has two major limitations. First, it has been developed primarily at the theoretical level, thus leaving many practitioners wondering how to implement it in practice and they therefore dismiss it. Secondly, Sleeter (2013) maintains that much of the literature in critical pedagogy does not “directly address race, ethnicity or gender and as such has a white bias” (p. 122).

Due to the problematics and inequities associated with preparing future teachers to teach diverse students effectively, Hytten (2001) proposes an alternative approach, “a pedagogy of whiteness” (p. 433). According to Hytten (2001), a pedagogy of whiteness would address two questions. Firstly, how can the normativity of whiteness be disrupted, and secondly, how can this disruption address diversity issues in a predominantly white education system. This notion resonates closely with Sally’s espoused teleologies for designing EDU27&39, and the accompanying suite of pedagogical approaches. Swalwell (2013) mentions that scholarship in this field attempts to disrupt rather than reproduce inequalities by:

“… educating privileged students to become justice-oriented citizens … with the hope to interrupt the trajectory of widening wealth inequality and racial segregation by engaging students in social justice pedagogy, a critical analysis of and action within their world” (p. 2).
For Swalwell (2013), the outcomes of this work include making students aware of injustices and feeling a sense of agency to address injustice, with the ideal being an academically rigorous, personally satisfying and socially transformative education. It is my assessment that this was in fact what Sally was attempting to achieve.

The suite of strategies witnessed were a combination of traditional didactic lessons (although these were limited); student-focused inquiry-based strategies; reflection; and more radical pedagogies that included arts-based pedagogies. In fact, these approaches are not dissimilar to what Gore (1998) claims have been “used by progressive educators and good teachers for decades” (p. 273). I would argue however, that it is the intent of these strategies that makes them ‘critical’ in nature. The overarching telos of these strategies was reflected in the Task 1 Shoe Box Collage and Reflective essay, that being, to provoke student’s awareness of their own principled and privileged positions and to consider the possible and inherent dangers of this position. This was a constant and recurring theme throughout EDU27&39, most evidenced in the Shoe Box Collage task, but also in learning experiences and importantly, in the teaching of sexuality education.

Thus, what was witnessed was more aligned with a social justice pedagogical approach in HPETE. Importantly, Sleeter (2013) maintains that teacher education has never been a “bastion” of social justice, but rather a fairly traditional institution, filled with mostly white tertiary educators, who have had little experience teaching diverse populations, and are concerned with preparing mostly young, white women for teaching careers. Sleeter (2013) articulates a vision for social justice pedagogy in teacher education that can be conceptualised as having three dimensions. The first calls for all students to have access to “high quality intellectually rich teaching that builds on their cultural and linguistic backgrounds” (p. 145). The second dimension prepares teachers to foster democratic engagement among young people. In this, those who occupy positions of privilege learn to “listen to, hear and work with those who do not” (p.145). The final dimension is concerned with preparing teachers to advocate for children and young people by situating inequities within a systemic socio-political analysis. Additionally, I have always been drawn of Tinning’s (2002) notion of a Modest Pedagogy, that seeks to develop an emotional commitment in students; involve both left and right brain thinking along with visualising and affective domain, and is connected to student’s subjectivity. The combined effect of Sally’s approaches, tempered with Tinning’s (2002) notion of a modest pedagogy was more consistent with what I propose to be referred a Modest
Social Justice Pedagogy in action, which still sits comfortably under the big umbrella/tent (Tinning, 2017b) of critical/radical/transformative pedagogies, but is not critical pedagogy per se, and is more consistent with a socio-critical approach (Welch, 2013) rather than a pure critical pedagogical approach. In the following section, I will compare Sally’s pedagogical approaches to Sleeter’s (2013) three dimensions of social justice pedagogy to provide further evidence of pedagogic alignment and to suggest ways in which Sally’s practice could be modified to adhere more closely with Sleeter’s (2013) vision of good social justice pedagogy in practice.

8.2.1 Access to high quality intellectually rich teaching that builds on their cultural and linguistic backgrounds

There is no doubt that Sally provided the students with high quality intellectual teaching. Sally intentionally reduced the use of lecture-style delivery of content (Macdonald & Kirk, 1999) in favour of more student-centred pedagogy (Macdonald & Brooker, 1995) and in so doing, modelling good pedagogy as a vehicle to deliver content. However, this strategy may have had limitations, specifically by taking the focus off knowledge (Schulman, 1986). Except for Kirsten, Nick, and Anthony, participating students’ knowledge of pedagogy was superior to their content knowledge. To borrow from Shulman (1986), pedagogical content knowledge was privileged at the expense of subject matter knowledge. However, specific curriculum knowledge including strength-based approaches, health literacy and inquiry approaches, were generally well understood and retained by students. Arguably, curriculum authority was a more powerful discourse for these students than the sociocultural health discourse. In fact, as discussed in Chapter Five, students generally struggled to accurately articulate a sociocultural/critical health education. Thus the knowledge required to teach HE continued to be ‘slippery’, partial and contingent (Macdonald & Hunter, 2005), complex and uncertain (Evans, 2003; Evans, Rich, et al., 2004) for the students in this study. In short, Sally may have provided too strong an emphasis on teaching skills (Doolittle et al., 1993) at the expense of content knowledge. Additionally, Sally may have failed to build on student’s backgrounds, on meeting students where they were at.

Both are complex challenges for a HPETE educator. How do we know where our students are at; how do we determine what their existing knowledge and skills are in the context of large class groups and busy tertiary education contexts with competing requirements and authorities? How do we even know that what students tell us in response to our probing questions is the
truth, and not just mimicry (Meyer et al., 2010) or an active and strategic (Lawson, 1983) provision of what we want to hear?

One of the main strategies in Sally’s toolbox to encourage students’ awareness of the impact of their privileged identities on HE was the Shoe Box Collage and Written Reflection. The “critical personal reflection” of this task follows Gore’s (1997) advice that students should reflect on their own socialisation into teaching, and on different paradigms that shape their attitudes towards classroom practices. Fendler (2003) believes these are used as a “technique of self-disclosure – as a way of constituting a new self” (p. 22). This scholar also states that there is no way of predicting whether devices of reflection will be transgressive or if they will be complicit in reinforcing existing power hierarchies (Fendler, 2003). The task required students to consider their “principled position regarding school based health education and how ... [their] identity (values, life experiences, attitudes, interests) shaped this principled position and what are the implications for the health, education and wellbeing of you and your future students? (Task 1 Shoe box collage Critical Written Reflection – bolding not original). The term “principled position”, imbued with having moral principles or high principles, is taken from Hunter’s (1994) “Rethinking the School” in which Hunter dedicates a whole chapter to contemplating principled accounts of modern western schooling. McCuaig and Hay (2012) consider Hunter’s principled position concept useful in “comprehending particular initiatives or practices in HPE, and understanding the conflicts and tensions that arise between stakeholders, curricular intentions, and their enactment in schools” (p.283). They further identified three privileged positions in HPE: Macro Good Citizen; Healthy Citizen and Sports Performer positions. Undoubtedly, Sally was inspired by this work and incorporated it into the task. However, the meaning of “principled position” was not sufficiently unpacked with students, and as a consequence they universally overlooked this in their written reflections. Instead. this task was reinterpreted by students as “…you write about [your life] and then you just reference it. You've got your researching skills, you've got your referencing skills, so it's all about just finding articles to back up what you write and then comparing it to your own life” (Billy, 22-year-old HMS, end-of-semester interview). It could be argued that in framing up this assessment task, Sally was indeed operating beyond student’s critical capacities. Billy’s interpretation of the task is an illustration of this fact. There is evidence in most of the written critical reflections of task reductionism to more manageable and digestible levels.
Elsewhere in EDU27&39 there is evidence of Sally providing high quality teaching that drew on these fledgling teacher’s desire to learn about real life issues in schools. For example, in using authentic pedagogy, her stories from the field, Sally could mobilise her own personal authority as an experienced health educator to incite student’s desire to commence teaching HE. Participants universally reflected their thorough enjoyment of this approach, as her real-life stories earned more credibility. As discussed in Chapter 6 of this paper, participants generally demonstrated little understanding of a socio-critical health education and only very general or vague understandings of a sociocultural view of health. This could be considered a shortcoming of Sally’s goal constructing “critically reflective” health education teachers that possess a good understanding of the sociocultural HPE curriculum. Sally either assumed that her students understood this, or did not want to press students too far on this issue. As noted in Chapter 6 however, there was an opportunity for Sally to discuss and unpack this with her students when she presented the folders that contained the curriculum content areas of the AC:HPE. Sally acknowledged that she had omitted to do this deeper level critical work, claiming she wanted to “work with students where they were at, and would come back to this at a later stage” (Sally paraphrased from field notes taken during post-tutorial observation). This was not done, and consequently students mentally signed off on this task: content consistent with my existing beliefs – tick! I would maintain however, that understanding a sociocultural/critical view of health is a threshold concept (Meyer & Land, 2003), and if HE student teachers don’t know it, they will be unable and ill-equipped to implement a sociocultural curriculum.

8.2.1.1 Lack of scaffolding in reflection task
As Howard (2010) acknowledges, scholarship on privilege has failed to provide a “comprehensive framework for understand the pervasive nature of privilege as it is woven into the fabric of lived experience” (p.1973). Arguably the Shoe Box Collage reflective essay did not provide students with sufficient scaffolding to unpack their privilege or to consider the implications of it: students simply did not have a ‘framework’ on which to ‘hang’ their analysis. In fact, the essays themselves allowed students to perpetuate their assumptions and justify their privileged positions by claiming that their social and economic success, and that of their parents, was the result of skill and hard work alone (Gaztambide-Fernandez & Howard, 2013). As stated, Billy and Ryan were the only two non-white participants in the research both being of Asian descent and were quite resistant to much of the knowledge and pedagogy outlined in EDU39&27. According to Hytten (2001), these students were exercising their privilege of
choice, “the same privilege that gives our white students unearned advantages in society also allows them to choose to disengage from the conversation” (p. 445).

Sally was successful in prompting students to disclose and affirm their privileged identities, but did not unpack the issue of why and how difference matters. This issue is articulated by Ellen:

… my education continues to be heavily privileged towards an upper-class “white” perspective. I experience this perspective in many ways both inside and outside school, such as the English texts and musical pieces selected are predominantly European, the teaching tools chosen are common to an Anglo-Saxon Australian culture and most of my peers are middle to upper-class “white” … There are still large concerns over my ability to teach to students of a different socio-economic status or culture, as I do not believe that I have been able to fully understand how my perspective of culture and religion yet, in order to be able to comprehend how multiple perspectives fit together (Ellen 23 Primary Generalist, Task 1 written reflection).

In this quote, Ellen acknowledges her white privilege, but is struggling to see why and how this might impact on the lives of the young people she will teach. At this embryonic stage in their teaching careers, students possessed only a vague notion of their own practice in health education, resulting in a superficial articulation of how their own privileged or principled positions might intersect with the lives of young people in the context of health education.

In response to Howard’s (2010) concerns regarding the lack of frameworks to assist students’ understanding of the persuasive nature of privilege, Goodman (2010) offers a framework to assist students undertake a deliberate strategic analysis of their personal privileged biographies. According to Goodman (2010), students require firm scaffolding to assist them in this difficult and uncomfortable reflection and outlines four strategies for helping students to explore their privileged identities:

1. Affirm all identities – which identities are most central to you and why?
2. Examine how difference matters
3. Show that people receive privileges whether they recognise or want them – privilege is not about intent or being a good person. Social identity affects access to resources and opportunities e.g. jobs, housing, medical treatment etc.
4. Emphasise the systemic nature of oppression – avoiding individual blaming. (p. 11/12)

This framework may have been helpful in assisting students to unpack their privilege in deeper, more meaningful ways in the Critical Reflective Essay by making explicit why and how privilege matters. Additionally, greater emphasis on the systemic nature of privilege may have
depersonalised the issue and may have provided a less confronting lens through which the students could view the impact of privilege.

**8.2.1.2 Not pushing students far enough?**

According to Hytten (2001), “our whiteness assures us that we know what we are doing and we understand what needs to be done” (p. 433). This was evidenced in both the end-of-semester and post-practicum interviews conducted with students. Ubiquitous knowledge of what constitutes good health and healthy behaviours including healthy eating were ‘givens’ for almost all participants. This knowledge was largely reflective of Crawford’s (1980) notion of healthism and neo-liberal notions of individual responsibility for health (Lupton, 1999; Rossi et al., 2009). As mentioned in Chapter 6, there were opportunities in the course for Sally to challenge this knowledge, but instead chose to reaffirm student’s existing knowledge based on her desire to “meet students where they were at”, possibly due to her concern that students will disavow (Ennis, 1994) the message that might otherwise result in a change in practice.

With the myriad of competing and conflicting discourses in HPETE, this is a difficult space to teach in. Wright (2003) maintains that some discourses are espoused by those considered more credible or believable. Even though nearly all students interviewed took Sally and Kathryn to be credible, experienced teachers of HE, message systems and broader individual and biomedical discourses seem to have been more powerful and persuasive than those in the HETE courses, and were largely unchallenged. Scholarship is clear: if the messages given in HPETE are not strong enough, they will not influence students to change their beliefs or their professional practice. According to Tatum (2000),

… where a person is a member of the dominant or advantaged social group, the category is usually not mentioned. That element of their identity is so taken for granted by them that it goes without comment. It is taken for granted by them because it is taken for granted by the dominant culture. In Eriksonian terms, their inner experience and outer circumstances are in harmony with one another, and the image reflected by others is similar to the image within. In the absence of dissonance, this dimension of identity escapes conscious attention (p. 10/11).

Being aware of the need to push students to this point of dissonance, is to walk a paradigmatic and pedagogical minefield. If students are pushed too far they may disavow both the message and the messenger, not pushing far enough results in the acceptance and perpetuation of existing beliefs, simply put, “business as usual” (Tinning, 2004b). Undertaking this work can “inspire a paralysing sense of guilt or powerful resistance” (Hytten, 2001, p. 442). Pushing too
far can also result in students feeling overwhelmed, impotent and unwilling to address inequity because the challenges seem insurmountable.

Nick, along with the other “Shaken” students Erin and Anthony interviewed post-practicum, demonstrated sound knowledge and understanding of core health concepts such as social justice, sociocultural view of health and health literacy. As argued in Chapter 1, these concepts can be considered “threshold concepts” (I. Meyer & Land, 2003) and all three students were able to demonstrate a sound understanding of sociocultural, and to a lesser extent socio-critical, health education. These scholars also claim this is understanding of a “core concept”, a “conceptual ‘building block’ that progresses understanding of the subject” and is transformative in that its effect on “student learning and behaviour is to occasion a significant shift in the perception of a subject” (p. 4). According to Meyer and Land (2003), the changes in perspective that occur when the acquisition of core concepts is unlikely to be forgotten, or “it will be unlearned by considerable effort” (p. 4). The wash out effort of practicum for those students who had forgotten these core concepts appears to represent “considerable effort” in this instance.

When I asked Nick directly: “… why do you think you get this? Why do you understand social justice and sociocultural in health? Were you just listening when others weren’t?”, Nick responded:

Well I’d like to say, that we did two sociocultural subjects. Definitely with the sociocultural that my Honours has been helping more than anything else, but I also think just engaging with – I would like to think that people would get it. I mean we have done stuff on the Ottawa Charter, and that type of thing and the two sociocultural [courses]. I enjoyed the sociocultural [courses] – they were a two-fold thing for me. I enjoyed them, was thoughtful, was interesting to look at perspectives …, but I’ve absolutely hated and struggled with the assessments … but I enjoyed the content. I don’t know if it comes from that? (Nick, 26-year-old HMS, post-practicum interview).

Here Nick acknowledges the power of the sociocultural courses and associated discourses circulating in his undergraduate degree; but also, the power of the Honours project in further shaping his knowledge about these core concepts. However, by his own admission, he is not sure why he ‘gets it’. He did not attempt to make links to his own personal biography, which I would argue provides some clues as to why he understood these core concepts more so than some of his peers. Raised in a small rural town, Nick was educated in public schools and did not have a background in elite sport, although he was a very capable “all-round” sportsman; he
also worked before attending university. Arguably this broader exposure to diversity has helped to “clean his lenses”, to make more visible that which is invisible to his peers. When questioned further as to whether the concepts of a sociocultural health might have resonated as well with him when he was a younger man, Nick responded:

I would say I've grown heaps, out of work and everything like that, but yes, definitely it would have been different. Maybe reflecting on, I've had, yes, for about eight or nine years since school, for effect on what school's done for me, whereas I think if you reflect on that the year after, you don't have the appreciation on how that's made you appreciate school, appreciate the lifestyle and that type of thing (Nick, 26-year-old HMS, post-practicum interview).

In the context of this research, Nick represents the perfect intersecting storm of influences, his personal biography was largely consistent with the underlying principles of EDU39 and the sociology courses of his program had resonated with him. Combine this with an honours project involving social justice, coupled with a consistent practicum experience, and the resultant effect was that Nick was not only shaken by EDU39, but by the entirety of his university experience.

8.2.2 Preparing teachers to foster democratic engagement among young people.
According to Sleeter (2013), those who occupy positions of privilege should learn to “listen to, hear and work with those who do not” (p.145). There is no question that Sally attempted to do this throughout the course, but particularly in the Vogue dance and Task 1 Shoe Box Collage and Reflective Critical Essay. The HMS students generally understood that the intent of the task was to provide an environment where confident and competent physical movers felt uncomfortable, thus inspiring empathy and understanding for students they may teach themselves. Nonetheless, there were problematics for students in achieving meaningful reflection which restricted the effectiveness of this task. The greatest barrier appeared to be a limited knowledge of, and engagement with, young people. Because of this, students had little insight into predicting the impact their principled biographies would have on the young people they would teach. As reported in Chapter 7, Nick, in particular, found this situation to be “very frustrating”.

One of the recurring themes concerning HMS students in their Task 1 written reflections, was teaching PE to students who do not share their own love of sport. This was not surprising since this scenario was given as an example in the tutorials by Sally. Generally, the students optimistically believed that their own enthusiasm and love for sport would overcome students who demonstrated resistance in their lessons. It was not until practicum that the HMS students
gained a genuine appreciation of how difficult this is in practice, and how resentful and they
felt towards students who deliberately sabotaged their lessons by their non-compliance and
resistance. As reported in Chapter 7, Nick recalled experiencing this on practicum, recalling
that the level of apathy of some school students towards HPE was frustrating. When asked in
the post practicum interview, how he dealt with these children, Nick honestly replied, “a couple
of them not so well”.

In reading the HMS students written reflections for Task 1, I was intrigued by their repeated
referral to the use of PE examples to illustrate the impact of their biographies on the students
they would teach in a HE context. This is probably predictable, as, for the most part, these
students had limited experience to draw on from their own schooling. By comparison, the
generalists drew on their own health issues to illustrate how their personal biographies might
impact on students. For example, they wrote that if I had body image issues I will be able to
better relate to students with body image issues; because I have experienced bullying I will be
better placed to teach bullying and harassment etc. These students did not perceive any dangers
in these situations, only that it would be a positive as their subjective experiences would make
them better teachers they generally failed to consider how this might be a negative for their
students, or put themselves in positions where they might over disclose to students, get too
close or become too passionate and therefore blinded to alternative views, understandings and
other ways of knowing and doing.

8.2.3 Preparing teachers to advocate for children and young people by situating
inequities within a systemic socio-political analysis.

One of the clearly articulated telos dimensions identified by Sally and the teaching team was
for good health education teachers to be advocates for the health of young people. However,
according to the scholarship on social justice pedagogy, one of the shortcomings of Sally’s
approach was not to situate the individual experience within the systemic dimensions of social
inequity and inequality (Hytten, 2001; Kimmel, 2002; Sleeter, 2013).

Scholarship confirms that while individual experiences are important, there is a greater
imperative to understand privilege in terms of systems and social patterns (Adams et al., 2007;
helping students explore privileged identities, it is important to emphasise the systemic nature
of oppression and avoid individual blaming. In doing so, Goodman (2010) believes this process
to be less threatening, as everyone has been socialised therefore students feel freer to examine their own attitudes, prejudices and behaviours. The term privilege can imply that one has not worked hard to obtain the benefits they enjoy. This is not the case, instead Kimmel (2002) believes privilege means that you have not faced the obstacles that others have had to overcome to earn the same benefits. Kimmel (2002) maintains that people tend to individualise social problems, which is why focusing on systemic manifestations of privilege can be advantageous. For example, if an individual has never him/herself used homophobic language, they might feel they are not part of the problem of discrimination against the sexually non-normative. Therefore, they don’t consider themselves to be part of the solution. Since the Collage Reflective Essay focused on personal biographies, students could identify ways in which they were privileged, but tended then to view this as a positive rather than a negative. Clearly, they did not see these issues as part of wider systemic inequities.

Related to this issue of students’ individual focus in the Collage Reflective Essay was the propensity for students to focus on their exceptionality. Tatum (2000) postulates that the aspects of our identity that do capture our attention is that which makes us exceptional, it captures our attention and that of others and is reflected at us. The written personal reflections were full of such references to exceptionality, particularly with the HMS group who wrote at length about their sporting and academic prowess, yet both generalists and HMS participants acknowledged their exceptionality: “I’ve always been in a high achieving cohort” (Ellen, 23 Generalist); “being a Caucasian male allow me to associate with many of the traits outlined in the typical HPE teacher profile” (Nick); “attending one of the country’s most elite private girls’ schools” (Erin); “I was usually one of the best in my age group. I was the age champion in most of my sports” (Anthony); I was not one of the elite participants, but I was not ashamed of the results I achieved (Brooke) and “the better I play sport, the more respect and privileges I get” (Billy). Gender was mentioned by the female participants, but in favourable ways, for example Erin wrote: “I also fit the stereotypical self-perception of female student PE teachers in that I am strong willed, value presentation and appearance and can have aggressive and dominant behaviour at times” (Erin 27 HMS Task 1 written reflection Essay).

Students in this current study may not have been given sufficient time to unpack the implications of how difference matters in EDU27&39 workshops. Sally provided her own reflective writing piece which modelled what she wanted students to achieve. However, in the workshops themselves, students were not given opportunities to unpack, discuss or examine
the potential implications of difference for students. Time poverty in crowded teacher education courses invariably has an impact on student learning with Hollingsworth, Dybdahl, and Turner-Minarik (1993) maintaining that the pace knowledge is delivered in teacher education courses can result in a lack of meaningful reflection. Additionally, Hytten (2001) warns that in undertaking this work, we need to be mindful not to press students too quickly as this may result in students simply “telling us what they think we want to hear” (p. 442).

It was not made clear to students in EDU27&39 that privilege was a form of oppression. The sense here is that Sally did not want to push students to this extent, perhaps fearful that students would reject or disavow her messages. Encouraging students to realise that they have received benefits at the expense of others is uncomfortable learning and certainly at odds with the liberal ideology of individualism. For the most part, students in this study had chosen to look at benefits they enjoyed resulting from their parents and their own hard work. Therefore “individual blaming” and individual crediting statements were common throughout the interviews, both end-of-semester and post-practicum. In encouraging people to unpack their “invisible knapsacks” (McIntosh, 1989) of privilege, Kimmel (2002) acknowledges that it is both “difficult and unpleasant to acknowledge that all the good things that have happened to you are not simply the result of your hard work, talent and motivation but the result of something over which you had no power” (p. 4). Brittany reflects this notion stating that:

   My identity shaping continued when I attended a non-denominational, middle to upper class all girls’ high school, which highly valued the academic pursuits of its students; a tertiary education was predominantly expected once you graduated. The majority of families who sent their daughters to my school were high-income earners who valued academic achievement. However, this is not to say that everyone who attended was from wealthy backgrounds. My family, being middle-income earners, worked hard to allow me to complete my five years at this high school. In my household, education is greatly valued, and university qualifications respected (Brittany, 19 Generalist, Task 1 written reflection).

In this statement, Brittany acknowledges her privilege, but diminishes it since she was not as wealthy as her peers. Brittany does not see middle class status as being privileged by comparing herself to others who are considerably more advantaged. She also attributes her family’s wealth to working hard, therefore failing to acknowledge the invisible wind that may have propelled and supported her parents’ efforts to accrue benefits and status in society.

This individual rather than systemic focus, allowed students to focus on targeted identities, that is, the parts of our identities that capture our attention in the first instance. According to Tatum
(2000), it is the targeted identities that hold our attention. The personal written reflections completed as part of Task 1 served to reinforce these identities, however did not sufficiently challenge students to the point where the dangers or potential problems were revealed to participants. Due to their privilege, participants did not see themselves as “othered” in terms of repressed groups i.e. race or ethnicity, gender, religion, class, age, dis/ability. Billy did mention his ethnicity, however his interpretation was more consistent with what Goodman (2010) describes as being an attempt to focus on subordinated group identity in order to avoid feeling guilt or shame, “an attempt to shift the spotlight from how they are advantaged in one area to how they are disadvantaged in another” (p. 11). In the written reflection, Billy chronicles his experience of the racism he received when he moved from his birth country of Hong Kong to England. As a basketball-playing Asian male in a rugby-dominated school, Billy was aware that he was not afforded the sporting capital granted to his rugby counterparts, even in his role as team vice-captain. Billy writes that:

Learning in a stereotypical judgemental environment actually driven me more towards rejecting the social stereotype and striving to excel to disprove a stereotype. This led me to follow White middle-class values, which are believed to be normative, authentic behaviour … Acquiescing whilst constantly spending cognitive thought on criticizing white middle-class values and identities during my academic high school years broadened my mind and enhanced myself learning skills to view the world beyond being constricted through the lens of either culture alone (Billy, 22-year-old HMS, Task 1 written reflection).

Billy chose to ignore his privileged identity and instead focus on experiences with racism. Billy may not believe that he had experienced privilege because he has also experienced oppression. However, even poor white people experience privileges that poor people of colour do not receive (Kimmel, 2002). Not to diminish Billy’s experience with racism, there is no denying the high socio-economic status of his parents that allowed him to be educated abroad at an English private boarding school and to attend university in Australia. But this is not the case. In this somewhat confusing excerpt, Billy seems to focus on the racism he experienced, but then also seems to acknowledge his reluctant acceptance of the dominant culture. This could also be an example of Billy telling Sally in his written reflection “what she wanted to hear”, mimicry (Meyer et al., 2010), or the pressure to write about what could be justified in terms of the literature suggested for referencing in the written task. Billy mentions this fact during the end of semester interview, stating that:

The written part was actually surprisingly easy because it's all just your own life. You write about it and then you just reference it. You've got your researching skills, you've got your referencing skills, so it's all about just finding articles to back up what you write and then comparing it to your own life. It's a very reflective thing
that I actually - it helped me improve myself as a person, just looking back at how I developed (Billy, 22-year-old HMS, end-of-semester interview).

The interviews themselves are littered with examples where participants’ prejudices and privilege sneak through their politically correct filters. For example, I asked Kaycee if she had any experience with social justice at either of her schools, to which she replied that she hadn’t. I questioned her further and inquired as to whether she had noticed any physical differences between her two practicum schools, Inland Northern Queensland (INQ) SHS and Brisbane Western Suburbs (BWS) SHS, to which she responded that all the students at BWS from Year 10 and above had lap tops but not at INQ. Kaycee was puzzled as to why this situation existed. When asked if she noticed anything different about the two cohorts of students to the extent that they were equally motivated to achieve well at school, Kaycee responded:

**Kaycee:** No. I don’t think so. I think at BWS they are quite motivated and want to learn. And they have limited behaviour management issues. There was not any behaviour management except for the basic classroom stuff. I would say the attendance was not [as good] at INQ, and I think you can tell the kids weren’t so motivated.

**Karen:** Why do you think that is?

**Kaycee:** Probably because of the socio-economic status.

**Karen:** And why do you think that has an impact on attendance and motivation at school?

**Kaycee:** I don’t know. It just does, doesn’t it? Everyone knows it does, but what is the reason? I have no idea.

Kaycee is demonstrating her privileged position and taken-for-granted assumptions about people from low socio-economic backgrounds. This is consistent with students interviewed in Howard’s (2010) study who were from privileged private schools in the United States. These students felt that the poor made wrong decisions about their lives, did not value education, and were less motivated to do well at school. Although these students acknowledged that this situation was unfair; like Kaycee, they felt that it was “just the way the world works … natural and unavoidable” (p. 1987).

**8.3 Summary**

I commenced this journey expecting to witness critical pedagogy in action; however, I believe that what I in fact witnessed was Modest Social Justice pedagogy in practice. Most Sally’s work, although not overtly stated during the course, involved concerted attempts to disrupt the impacts of privileged biographies on emerging teacher identities. Working with pre-service teachers, who are increasingly from white middle/upper class backgrounds lacking in cultural
and ethnic diversity and making them more capable of teaching diverse groups of students in socially just and responsible ways is very important work. Drawing from the scholarship on social justice pedagogy in education provides some insights into effective practice, and merging this into the HE space provides new insights into effective and less effective practice, and opens spaces for further research into the relationship between pedagogy and privilege in HPETE. There is no doubting that Sally’s pedagogical endeavours had significant impacts on the students involved in this research. For some it was transformative, for others it was annoying, and others were left struggling to make sense of what they had witnessed and experienced in the context of their own lives and those of the young people they would ultimately be teaching. While it was possible to predict the biographies that would be more and less receptive to Sally’s strategies, these did not always hold true, and there were surprising exceptions to these biography types.
9. Reflecting on the messiness in HETE
This research has been concerned with illuminating what happens inside the health education “black box”. In considering classroom assessment practices, Black and Wiliam (2001) state that:

In terms of systems engineering, present policy seems to treat the classroom as a **black box** (*emphasis original*). Certain inputs from the outside are fed in or make demands—pupils, teachers, other resources, management rules and requirements, parental anxieties, tests with pressures to score highly, and so on. Some outputs follow, hopefully pupils who are more knowledgeable and competent, better test results, teachers who are more or less satisfied, and more or less exhausted. But what is happening inside? How can anyone be sure that a particular set of new inputs will produce better outputs if we don’t at least study what happens inside? (p. 1)

This research has been afforded the rare opportunity to view learning and teaching from inside the black box. It has not been concerned with determining “better” outputs, rather with the type of outputs which certain inputs might yield. Many thousands of words ago, it was proposed that the central concern of this research was to consider if a critically-oriented HETE program could be effective in creating, moulding and shaping ‘good’ socio-critical teachers of health education. According to Black and Wiliam (2001), “[h]ow can anybody be sure that a particular set of new inputs will produce better outputs if we don’t at least study what happens inside” (p. 1)? This research has provided insight to answer the question “what outputs?”. Not surprisingly, and somewhat disappointedly, we cannot be certain that any set of inputs will produce the desired outputs. The assemblage of strategies employed with the view to shaping good teachers of health education did appear to have some impact on the formation of early teacher identity, for some students involved in this research. Conversely, it had negligible impact on others. Complicating things further, understanding or having an intellectual appreciation of the qualities and practices of good health education teachers as espoused in EDU27&39 at the end-of-semester interviews, did not necessarily translate into teaching practice by the pre-service teachers involved in this study. Having the opportunity to implement the pedagogy advocated and modelled in EDU27&39 while on practicum, was crucial to the adoption and commitment to these principles and practices, even in embryonic form. In contrast, failing to teach health education on practicum was a major barrier to the development of good teachers of health education. This occurred either because health education was not taught at all during practicum, or because the pre-service teachers were given such tightly scripted, pre-prepared lessons (in the form of workbooks) by their mentor teachers that afforded them no licence to experiment or implement their own teaching strategies.
The espoused teleologies for EDU27&39 were three-fold: to produce quality teachers of health education; to model effective pedagogy for quality health education, and, for students to see themselves as health education teachers. When I commenced this research, I was hopeful that we might be able to contribute some understanding of the teaching strategies that are useful in achieving these articulated goals. Now I must reluctantly acknowledge, there is no blue-print or map for this work, unlike other pedagogical approaches used in the physical education context, such as Siedentop’s (1983) concept of sport or performance pedagogy. In this respect, my research journey has been completely consistent with the poststructuralist project; and I must find peace in the “mess of ambiguity” (Crotty, 1998, p. 185), and the doubt, partial and contingent knowledge (Adams St Pierre, 2000) that are features of work in the poststructuralist domain. However the benefits to this work, as predicted by (2002) is that peering into the Black Box has made “visible what has been invisible” (p. 144). This study has provided some evidence and optimism that although not easily predicted, when the outcomes of a pedagogical encounter do pay off, the payoff is substantial. If these approaches can contribute to shaping teachers whose practice is more equitable and socially just ways as was evident in the outcomes for some of the participants involved, I would argue the uncertain effects and benefits are worth the leap of faith into these pedagogically uncertain waters. This is easily acknowledged, but not so easily achieved. As busy professionals working in higher education (Dixon, Scott, & Dixon, 2007; Kenny, Fluck, & Jetson, 2012), there are many competing and conflicting demands and accountabilities. Having surety around the fact that specific pedagogic approaches employed will yield benefits as expected, would be convenient, but not realistic.

In this conclusion, I am mindful of Gore’s (1990) call for educators to “own up to the uncertainty with which we approach … our pedagogy” (p. 134) and Tinning’s (2002) acknowledgement that “we cannot assume that our students will all find the same meaning in a pedagogical encounter as one another or, equally importantly, as the teacher educator” (p.232). After this doctoral project, I am still left seeking ways to make sense of this “pedagogical soup” (Tinning, 1991). I am comforted, to some extent by Meyer and Land’s (2003) seminal work on threshold concepts, which, as stated previously, confirms the importance of this process and the cognitive and emotional impacts on learners attempting to understand socio-critical as a threshold concept. Additionally, I am drawn to the work of Deleuze and Guittari (1987) in A Thousand Plateaus, particularly their concept of the rhizome, which was developed to assist their understanding of the relationship between texts and readers. I also consider the work of Honan (2004), who
argues for the use of Deluzian theories in education contexts. Borrowing from Honan (2004), I suggest it might be generative to understand pre-service teachers themselves as rhizomes, and the relations within pedagogical encounters between the person devising and delivering it and the persons receiving it, as rhizomatic. Earlier in this paper I proposed the use of Rose’s (2000) Regime of the Person as a useful analytic to investigate the formation of subject identities, which have evolved and developed due to interaction with other people, history, society and culture. According to Rose (2000), The Regime of the Person includes all the practices that create a particular person, in this instance, a good socio-critical teacher of health education, across multiple sites, planes and practices. Rose refers to “webs of tension … across … hybrid assemblages of knowledge…” (p. 322), and uses the term “folds in the soul” to describe how these different forces are infolded into one’s identity. The process of employing the Regime of the Person analytic to assist in ‘unfolding the folds’ in the formation of subject identities has revealed a rhizome. Considering pre-service teachers as rhizomes and the act of pedagogy as rhizomatic may open new ways of understanding the teaching and learning process, and shed light on reasons why the search for certainty in this process is futile.

Why is a pre-service teacher, or indeed any learner, like a rhizome? In A Thousand Plateaus, Deleuze and Guittari (1987) consider ‘a book’ to be an assemblage – “a multiplicity” – and use the analogy of a rhizome to explain the book. A rhizome is a botanical name for a continuously growing horizontal underground stem (not root) which puts out lateral shoots and roots that can form a new plant and can assume very different forms (Figure 20). According to Deleuze and Guittari (1987), there are six characteristic principles of a rhizome: connection and heterogeneity; multiplicity; assigning rupture; and, cartography and decalcomania. In the remaining commentary, I would like to illustrate how Deleuze and Guittari’s principles provide alternative possibilities for considering the impact of pedagogy on learners and why this concept provides optimism for our pedagogical endeavours.
9.1 Principles of Connection and heterogeneity

Within a rhizome, any point can be connected to anything or any other, and according to Deleuze and Guittari “must be” (p. 7). The same can be said for learners attempting to internalise new knowledge and information: any knowledge will be connected to pre-existing knowledge, attitudes or beliefs as it must be. Deleuze and Guittari point out that a rhizome is different from a tree or a root, which “plots a point and fixes an order” (p. 7). New knowledge is constructed and understood by the learner when they connect new knowledge to pre-existing ideas. In a classroom learning environment, this relates not only to pre-existing knowledge of the individual, but of all those involved in the pedagogical encounter.

I have acknowledged the substantial problematics of the pre-existing assemblage of knowledge, attitudes, values, beliefs and behaviours that form a part of pre-service teacher’s early teacher subject identities. The PETE literature clearly identified that PE students are rarely challenged to critically examine their pre-entry beliefs (Curtner-Smith, 2007; Kagan, 1992). While EDU27&39 attempted to do just that, one of the limitations of this research was not ascertaining exactly where individual students were ‘at’ in their thinking about health education when they began the course. This may have afforded greater insight into the reported changes, or lack of, after participation in Sally’s courses. This may also have assisted Sally in working in a more targeted way. The scholarship on social justice pedagogy confirms that more likely impactful teaching outcomes occur when an educator possesses this knowledge about his/her students (Howard, 2013; Swalwell, 2013). It was an assumption of this research that the HMS students would be typical of HPETE students reported elsewhere in the literature, and
that they possessed similar attitudes and beliefs about health and the body as reflected in broader health agendas around individualism (Quennerstedt et al., 2010), healthism (Evans, 2003; Tinning & Glasby, 2002), obesity epidemic (Gard, 2007) and privileging scientific and technocratic knowledge (Curtner-Smith & Sofo, 2004). There was some evidence during the end-of-semester and post-practicum interviews confirming the presence of these ideologies and paradigms in the PST’s thoughts about health. Not surprisingly, these statements were more commonly articulated by those students “unmoved” by Sally’s pedagogical efforts. However, it is acknowledged that students may have had their filters on, and probably had the forethought not to articulate views they possessed which may have been inconsistent with those espoused in the courses; thus, exposing yet another research limitation.

9.2 Principle of Multiplicity
A rhizome is multiplex and is neither subject nor object and has no points or positions found in a structure – there are only lines. Within a rhizome everything is multiple and interrelated. These lines enable growth in any direction to form an assemblage. Deleuze and Guittari (1987) view an assemblage as:

…precisely this increase in the dimensions of a multiplicity that necessarily changes in nature as it expands its connection. There are no points or positions in a rhizome, such as those found in a structure, tree or root. There are only lines (p. 8).

The authors extend their analogy to explain that the lines of flight can change in nature, to deterritorialize, and connect to another multiplicity. Just as in the act of learning, a learner brings his or her complex subjectivity to the learning space, a multiplex of learning and life experiences that have been formed and reformed over the duration of one’s life. This assemblage has no structure, just as learning throughout life has not followed a linear path, but comprises many multiple lines that together form a complex assemblage of knowledge, values, beliefs and associated behaviours.

Pedagogy itself is multiplex, and I would like to pause here to consider Sally as the person delivering the strategies and herself as being rhizomatic. As mentioned in the literature review section of this paper, “teachers teach who they are” (Garth Boomer quoted in Tinning, 2004b, p. 245), and a teacher’s identity, biography, subjective warrant, acculturation, apprenticeship of observation will all be enmeshed in the curriculum and pedagogy they implement in their classrooms. Compounding this is the fact that teachers must all adhere to higher authorities
that govern their practice. I was constantly aware of this tension in viewing Sally’s teaching. Sally was cognisant not only of the institution’s requirements for teaching, assessment and reporting but also higher education authorities: Tertiary Education Quality and Standards Agency; Australian Institute for Teaching and School Leadership; and professional bodies: the Queensland College of Teachers. A good example of this was reported in Chapter 4 in the first workshop with the generalists where Sally covered many health topics, introduced potentially dangerous health education practice and the moved adeptly to addressing functional literacy demands of the assessment task. These authorities provide competing demands on Sally and the course structure and content as she attempted to align what needed to be taught with what Sally believed should be covered and experienced in her course. In fact, for the most part, it is my reflection that Sally indeed tried to do too much in the context of this single health education course.

9.3 Principle of Asignifying Rupture
A rhizome can be broken or shattered at any given spot, but will commence growing again along one of its other old or new lines. Consistent with the Foucauldian notion of power in its productive sense, this principle implies that students have the power to resist, or the freedom to embrace, Sally’s vision for health education. The critically inspired pedagogy employed in this instance was designed to rupture, dislodge or shatter students pre-existing subject identities, which were considered to be problematic to the formation of good teachers of health education. However, when this happens, the ways in which students mobilise their power is unpredictable. Will a pre-service teacher disavow the socio-critical health space, just as Billy and Ryan did, in favour of reterritorializing another line of flight, perhaps one more familiar and consistent with personal biographies steeped in neoliberalism, technocratic and rational understandings of health and the body? Or will disruption cause reterritorialization? New knowledge may be aligned with what students had experienced or expected, and therefore they carry along on their line of flight. This was true for Michelle. Even though her zealous personal crusade to prevent students making the same dubious personal health behaviours and decisions she had made, blinded her to the fact that her health education trajectory was essentially inconsistent to that espoused by Sally. Or will the rupture cause territorialisation and follow a new line down a path envisioned and intended by the designer of the pedagogy along his/her vision of a good teacher of health education? As it did for Erin’s, who commenced the course with a subjectivity consistent with elite sport and privileged background, only to find the
principles and practices of good health education resonating with her to the extent that she consequently saw more value in health education than in traditional PE.

With respect to this principle, Delezue and Guittari (1987) remind us that a rhizome might be ruptured, but it can start again on one of its old or new lines. This is where the value of practicum became critical for the participants in this research. The experience implementing health education while on practicum was extremely powerful for these students and allowed Erin, Anthony and Nick the opportunity to continue along their new, sociocultural health education line. For students like Kaycee, the absence of health education teaching on practicum left her confused and wondering how the espoused pedagogy and vision of a good health educator would work in practice. For generalists, Brittany and Kirsten, having no reinforcement of the principles espoused in EDU27, left them settling back into their old line, a place where they did not see themselves as health educators, believing HPE to be the remit of the specialist PE teacher. It is a recommendation of this research that longitudinal studies tracking pre-service teachers after they graduate and become early career teachers is necessary to determine when, or even if, these new lines eventuate.

Again, to consider Sally within the rhizome, the experience of having her own teaching scrutinised as part of this research provided a unique opportunity for professional growth. Sally too, could use the experience and feedback to mobilise a new line for her teaching, or she could continue down an old line. As there are very few opportunities for experienced, practising teachers to critically, but supportively, examine their practice, it is my belief that this type of work provides a largely untapped gateway to professional growth and development in tertiary education. There needs to be more work on pedagogy as implemented in university settings, beyond popular peer teaching models (Bell, 2001; Boud, 1999), and reflective practice (Kane, Sandretto, & Heath, 2004). Looking inside the university “black box” is just as important as examining school classroom practice, but it is rarely undertaken in the context of PhD supervision where power imbalances prevail. Cognisant of the inherent dangers in forming these ambiguous relationships, when mentor becomes the muse, supervisor becomes supervised, protégée becomes the critical friend - this research supports the contention that this work can be successfully implemented arguably can make a substantial contribution to improving the quality of teaching in tertiary institutions. It is a strong recommendation of this research that more of this work be undertaken in the context of PhD studies with some caveats. First, the relationship between supervisor and supervisee needs be egalitarian with an
underlying basis of mutual respect. This might be difficult to achieve particularly when there is a significant age/professional experience differential between student and supervisor. The relationship needs to be completely open and honest, with the integrity of the data being paramount. The use of a third party to act as a mediator to ensure data integrity and to mediate any personal or professional issues that arise between supervisor and PhD student is useful, and should be incorporated into the methodology of this type of work.

9.4 Principle of Cartography and Decalcomania

According to Deleuze and Guittari (1987) a rhizome can be conceptualised as a map that has no beginning and no ending. The rhizome cannot be reproduced by any structural or generative model, and has no pivot points upon which successive stages are organised. According to Le Grange (2011), considering pedagogy and learning from this perspective, allows the process to be “constantly opened to new connections and alternative possibilities … creat[ing] maps or new possibilities for growth, new possibilities for knowing and being” (p. 748). The rhizome has multiple entry and exit points, likewise with pedagogy and learning, one can never be sure where or when a concept or idea will be internalised and embraced by a learner, or indeed if or when this will be translated or enfolded to form part of the learners own teaching practice or pedagogy. Honan (2004) suggests, that texts themselves can never be read as linear, just as the reading of pedagogy is not a linear process, information in does not equal information out and learners will not always take the learning journey or path intended by the pedagogical designer. Deleuze and Guittari use the animal metaphor of a burrow to explain the “multiplicity of openings into a rhizome: [and] an animal can enter at any place and exit at any other. Entering into the burrow at any one particular place sets the animal onto one particular journey” (Honan, 2004, p. 279). Honan (2004) acknowledges that the selection of each entry way into the burrow is unique for each animal, and cannot be predetermined, or preselected. The participants in this research confirmed the notion that it was not possible to predetermine which students would embrace Sally’s vision of a good health education teacher. While there were some students who conformed to a certain demographic that may have been more receptive: being female, mature age or undertaking a gap year, not having a background of privilege or elite sport participation. Nonetheless, there were surprising exceptions to these generalisations which proved emphatically that it was not possible to predict or predetermine receptivity to specific approaches and principles. Just as there is no logical pattern for rhizome growth, so too can there be no logical or certain prediction of the outcomes of a pedagogical experience. This
doctoral study confirms research by other scholars including Alfrey et al. (2017) who acknowledge that “curriculum …[is] volatile and rarely mobilised as creator/s intended” (p. 107).

9.5 Conclusion

Employing the metaphor of the rhizome to formulate a minor philosophy of education, Gregoriou (2004) quotes Deleuze’s contention that language or discourse is not made to be believed but obeyed. In truth, this research has focused on whether the discourses utilised in EDU27&39 were ‘obeyed’ by the students and adopted into their own teaching practice. Gregoriou (2004) contends that “teachers and students agonize to find whether an idea … is just or correct” (p. 235). She maintains that the “rhizome comes to signify for students a sense of loss” and that it is not uncommon for learners to utter statements like: “I’m confused, how does this fit in now, how is this going to be useful in my teaching, how do all these fit together… why do we keep shifting from subject to subject … why do we keep criticising things …?” (p. 238). These statements were commonplace, and made repeatedly by students in this study both at the end-of-semester and during the post-practicum interviews. Gregoriou (2004) continues:

Students do not impugn foundations and metanarratives. Student incredulity is more likely to erupt against modes of teaching that evade traditional modes of delivery, imprinting and organization, and defiant comments are more likely to erupt in regard to a course’s utility (p. 238).

In truth, some students were lost in the pedagogical rhizome; others made defiant comments, for example Ryan thought the collage assessment was “the biggest joke in the world”. However, some students resonated with the pedagogy and used it to territorialise a new trajectory, a line of flight consistent with Sally’s vision. I argue that one of the reasons students lost their way in the rhizome was clearly related to limited knowledge of, understanding about, and engagement with young people. This exacerbated the fact that students could acknowledge their privileged biographies, but could not meaningfully articulate why or how these biographies could pose a problem for their future students. Consequentially, some participants were lost in the rhizome, struggling to make sense of the new knowledge, within their existing knowledge and belief systems. Therefore, a clear conception of how this may be problematic for their future teaching practice was not easily envisioned or articulated. The three students who were stirred by this pedagogical encounter, Kaycee, Kirsten and Brooke had no experience observing or teaching health education on practicum. They therefore had no opportunity to ground their new learnings; or to test newly acquired health education pedagogy and so
subsequently, no opportunity to develop a new line of flight. This research supports the contention that more work making privilege visible in HPETE is required as demonstrated in Chapter 8.

With uncertainty inherent within the rhizomatic learner, and by association, a complete lack of certainty around outcomes in the pedagogical moment, I am left wondering if we should bother at all in attempting to incite students to embrace discourses and practices that we as educators believe fulfil a higher purpose? Or should we abandon this as folly and focus on producing students who have a good intellectual grasp of the syllabus requirements and assessment practices, an authority they seem more willing to accept? Once again, I seek comfort in Meyer and Land’s (2003) threshold concept and more specifically their notion of liminal spaces in the learning of new concepts. The scholars propose that learning of troublesome, threshold concepts, like sociocultural health, can be viewed as a journey in which the learner progresses through three phases:

- preliminal – where the learner encounters the troublesome knowledge
- liminal – where the new knowledge unsettles prior learning
- postliminal phase - where the learner has crossed the conceptual boundary and the concept has become transformational.

At this final stage, a cognitive metamorphosis has taken place and this learning is irreversible.

The rhizome represents the liminal phase. Meyer, Land and Baillie (2010) adeptly describe what happens in the liminal and postliminal phases:

Within the liminal state an integration of new knowledge occurs which requires a reconfiguring of the learner’s prior conceptual schema and a letting go or discarding of any earlier conceptual stance. This reconfiguration occasions an ontological and an epistemic shift. The integration/reconfiguration and accompanying ontological/epistemic shift can be seen as reconstitutive features of the threshold concept. Together these features bring about the required new understanding. As a consequence of this new understanding the learner crosses a conceptual boundary into a new conceptual space and enters a postliminal state in which both learning and the learner are transformed. This is an irreversible transformation and is marked by a change in the use of discourse (p. xi).

It is a finding of this research project that a sociocultural understanding of health is a threshold concept for teachers of health education, who must implement sociocultural health syllabi. A sociocultural view of health in and of itself, is not intellectually difficult to grasp, however it is difficult for most learners to understand because it is at odds with the way in which they have
been socialised to see and view the world. It can therefore threaten learner’s ontological security (Tinning, 2004b). For this reason, time in the rhizome is critical. As Alfreys et al. (2017) argue, it takes time for “teachers’ philosophies to be challenged and transformed” (p. 107), to digest, reconcile or adopt. This process is assisted and enhanced by consistency across other undergraduate programs and, most significantly, practicum experiences appeared to have assisted students in crossing this important cognitive threshold.

When students participating in this project understood, appreciated and adopted the principles of a good teacher of health education and the concept of sociocultural health education, the payoff was overwhelming. Temper this with the underwhelming response by the students who disavowed Sally’s attempts. Ultimately however, it is my opinion that this work is too important to abandon. On this issue I concur with Hytten (2001) who calls on educators to “aim to dismantle social practices and structures that perpetuate white privilege and white racism” (p. 439) and to rethink the ways in which we prepare predominantly white, future teachers to effectively teach more diverse students in more diverse school settings. Therefore, pedagogical work in this space should not be ignored.

Thus, hope springs eternal for those students in this study who are still trying to place the concepts and practices together in the rhizome and it is unknown if, or when, a new line of flight may emerge and form a sprout that looks like Sally’s vision of a good health educator. If we never tried, we would never have any hope of this off-shoot materialising. As with the metaphor of the rhizome, discourses will enter and exit at various times, and resonate differently with people. As such, one may never know if, or when a move to territorialise a trajectory towards being a good teacher of health education will occur. Again, I am comforted by Deleuze and Guittai (1987) who acknowledge that the rhizome is always in the middle, as it has no beginning or end, it is always between things “interbeing or intermezzo” (p. 25). However, these authors maintain that it is precisely at this point, at the plateau, where it picks up speed and can therefore be conceived as a productive liminal space for learners to inhabit. At the end of the day, I find optimism in the rhizome, as teacher educators, we want to believe that our endeavours will result in positive change, indeed there is evidence, albeit modest, in this research to support that contention.
10. References


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Cliff, K., & Wright, J. (2010). Confusing and contradictory: considering obesity discourse and eating disorders as they shape body pedagogies in HPE. *Sport, Education and Society, 15*(2), 221-233. doi:10.1080/13573321003683893


An Australian child of the sixties and seventies, I was born into an era that witnessed considerable social and cultural change. During this time Australia struggled with immigration and multiculturalism, its treatment of Aborigines, standards of education, the limits of social welfare and a vocal youth (Southern, 1973; Crowley, 1986). Throughout this turmoil Australia remained ‘largely white, English speaking, literate, Christian, capitalist, middle class, stable, democratic and industrialized’ (Crowley, 1986, p. 242). Family, school, music, church, and most significantly sport wove the rich tapestry of my challenging yet safe formative years, whereas the eldest daughter I endeavoured to meet my parents’ exhortations to be a ‘good girl’ and a sterling example to my three siblings. Piano exams were a regular feature of my calendar, but sport was where I excelled and in the water I shone, encouraging my ‘mesomorph physique’, a disconcerting tag of ‘tomboy’ and close relationships with high school PE teachers. Destined for heaven with Jesus and the angels on my side, I was hard working, outspoken and competitive, an exemplary product of the protestant work ethic (PWE). My formative years bore testament to the four PWE tenets: ‘with effort comes success’, ‘hard work is good and the path to a better life’, ‘too much leisure is bad’, and ‘a certain amount of suffering is necessary to be successful’ (Warner, 1999, p. 20). At 18 years of age I achieved national representation in water polo and subsequently entered university a white, middle-class, able-bodied, heterosexual young woman, the embodiment of the Physical Education Teacher Education (PETE) student profile. Research in the field of physical education (PE) suggests that those aspiring to a career in PE have tended to exhibit a particular profile of bodily and personality characteristics (Macdonald & Tinning, 1995; Armour & Jones, 1998; Tinning, 2004). Abernethy et al. (1997) identify this profile as one that is typically competitive, outgoing and mesomorphic, with students indicating an interest in PE as a result of their attraction to working with young people and most importantly, a desire to sustain their participation in physical activity and sport. During four years of study at an elite tertiary institution I acquired a wealth of ‘scientific’ knowledge about bodies, teaching and sporting performance. Ensconced as I was within a privileged elite university environment, these undergraduate days provided few opportunities to challenge my worldview, reflecting the contention of Evans et al. (1996) that there exists a ‘widespread pedagogic traditionalism of PE teachers, whose views are neither shaken nor stirred by training’ (p. 169). In spite of all this teacher education, survival rather than passion characterized the early years of my teaching as I struggled to cope with the diversity of home and family contexts, ethnicity, values and ideologies at play in the lives of
my students. Not surprisingly, my life experiences and education degree had left me ill-prepared for the complex interpersonal relationships that characterized the reality of my teaching world. Hollingsworth et al. (1993) eloquently summarize this bewilderment, noting that ‘teachers’ general mode of teacher preparation, growing out of research that emphasized apolitical, objective, and distanced knowing, [leaves] them somewhat surprised, confused and unprepared’ (p. 6). My HPE classes were comprised of young people whose lives were complex and messy, who more often than not were unable to leave this messiness at the classroom door. I rapidly came to acknowledge that as an HPE teacher I would be engaged in sharing, at times unwittingly, the personal trials and tribulations of young people. Given my evolving commitment to these features of my HPE teaching, it should come as no surprise that I welcomed curriculum developments in Australia resulting in a formalized integration of health education, physical education and personal development subject matter (Macdonald & Kirk, 1999). During the early nineties a groundswell of interest regarding an Australia-wide common curriculum for students in Years 110 (ages 515) resulted in the identification of eight broad areas of education, subsequently organized into Key Learning Areas (KLA) (Dinan-Thompson, 2006). These national initiatives in curriculum development stimulated much debate and contestation amongst those who had vested interests in the HPE field, some even claiming a crisis of identity for PE (Kirk & Tinning, 1990; Kirk, 1996; Thorpe, 2003). Despite these often-heated debates, HPE was established as one of the eight national KLAs. In Queensland, a state of Australia, the syllabus devised from these national documents resulted in three strands of study: Promoting the health of individuals and communities; Developing concepts and skills for physical activity; and Enhancing personal development (Queensland Schools Curriculum Council [QSCC], 1999). Educational health outcomes aspired to in this new syllabus endeavoured to move schools and their HPE teachers beyond the mere provision of physical activity and sport opportunities for young people. Nonetheless, what stood for HPE in Queensland had reformed little following five years of ad hoc syllabus implementation. Given the inclusion of a socially critical perspective and dramatic shifts in content and pedagogical knowledge, researchers had not surprisingly found that for PE teachers the implementation of the HPE KLA was a negative experience, citing challenges to self-identity, ontological security and sense of competence (Glover & Macdonald, 1997; Macdonald et al., 2000; Tinning, 2001, 2004). Considerable professional development needs, particularly with respect to health and personal development education, were an ongoing concern (Macdonald & Kirk, 1996; Penney, 1998). Additionally, components of this curriculum posed a considerable challenge to HPE teachers’ identities, identities powerfully shaped by the...
discourses of elitism, sexism, racism, individualism and homophobia (Tinning, 2004). All this was not entirely unexpected given that the new health and personal development subject matter constituted the most morally contested issues within school curricula (Macdonald et al., unpublished paper). At the time, my own concerns as an HPE HOD were manifest in an escalating criticism of those colleagues who were unwilling to transform their teaching practices into a more egalitarian and caring pedagogy, practices which I believed reflected the social justice principles underpinning the new HPE KLA. Moreover, experiences across broader school contexts had further exacerbated a sense of unease. Engaging students in health and personal development courses inevitably resulted in student discussion and disclosures regarding, for example, personal drug use, sexual abuse, relationship breakdown and eating disorders. Such positioning presented a double-edged sword. For in knowing more about the challenges, concerns and frustrations of young people I became increasingly aware of schools’ and teachers’ capacities to aggravate rather than alleviate student distress. I later found the sociocultural critique of eating disorders provided by Rich et al. (2004) particularly evocative regarding these concerns, illustrating as they do the demands of a ‘school culture which builds pressure for perfection and performance, often in forms which are undesirable or impossible to achieve’ (p. 187), placing the moral obligation on individual students for their health and problems. Furthermore, while education slogans trumpeted the caring and supportive nature of schools, those who undertook these caring roles appeared to receive little support from school management, and were often viewed with suspicion by their colleagues. Negotiating the formal and informal boundaries that define the caring yet professional teacher was personally and professionally taxing. In the latter stages of my career I was not unwise to the costs I had incurred. In seeking to make sense of this teaching landscape I decided to pursue further study, determined to explore issues surrounding schools, young people, HPE, teachers and teaching. Why do schools fail to conceptualize the whole child, marginalizing those issues emanating from the physical, emotional and spiritual? Why does society value depersonalized teaching, questioning those who get too ‘close’? From my classroom teacher’s perspective, I wanted to know why schools and teachers paid lip service to care.
### Appendix 2: Course outline for EDU39

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<th>Workshop and Date</th>
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| **Lecture One** 25 Feb 2013 4pm (Whole Cohort) | **Introduction and assessment overview**  
  - Part One: Education Matters for Health  
| **Workshop Two** 4 Mar 2013 | **Assessment Task One**  
  - Personal reflection on school health education experiences  
  - Implications for future practice as teachers of health education – what don’t I know? [Hot Potato activity]  
| **Workshop Three** 11 Mar 2013 | **Addressing young people's health issues in schools**  
  - What are the major health concerns facing Australian children and young people?  
  - Establish key information/facts/figures regarding the six major health issues according to the National HPE curriculum  
| **Workshop Four** 18 Mar 2013 | **Health promoting schools in action**  
  - Part One: Unpacking the Health Promoting Schools Model  
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<td>Health promotion and education: principles and practices</td>
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<td>Australian Curriculum, Assessment and Reporting Authority. (2012). The Shape of the Australian Curriculum: Health and Physical Education. <a href="http://www.acara.edu.au/verve/_resources/Shape_of_the_Australian_Curriculum_Health_and_Physical_Education.pdf">link</a></td>
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<td>• Part One: Critique of Health Literacy Unit of Work</td>
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| 15 Apr 2013 | • Part One: Students engage in two sex education learning experiences  
| 22 Apr 12 | • Complete Policy in Action  
• Role of Assessment in Health Education  
• Review of Lesson Planning | |
| 29 April | • Part One: Developing students understanding of values and values clarification learning experiences  
• Part Two: Analysis of drug education and child protection case studies | |
| Workshop Ten | On-line Exam | No reading |
| Week 6 May 11 | | |
| Workshop Eleven | Sexualised behaviours in primary & middle years settings | Family Planning Queensland. *Sexualised Behaviours Fact Sheet*. Brisbane: FPQ. |
| 13 May 12 | • Guest presentation: FPQ | Please bring this document to the workshop. |
### Workshop Twelve
20 May 2011

**Enhancing Community Partnerships**
- **Part One:** Exploring the role of community partnerships
- **Part Two:** Developing a community partnership network


### Workshop Thirteen
27 May 2013

**Assessment Due**

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**Assessment Summary**

**Assessment Task No. 1**

This essay task asks you to respond to the following question:

*What is your principled position regarding school based health education and how has your identity [values, life experiences, attitudes, interests] shaped this principled position and what are the implications for the health, education and wellbeing of you and your future students?*

This is a complex piece of critical reflective writing that takes into consideration your teaching and learning experiences to date. Your intended audience is your lecturer/tutor and your work should comply with an expository essay genre style.

In addition to your written piece, you will be expected to submit a “Shoebox Collage”. This item of art challenges you to explore mediums other than written text to represent your identity and should reflect the main themes and ideas that you have provided in your reflective essay.

This essay should provide details of your life journey to date, demonstrating the major influences the construction of your principled position: your values, priorities, dispositions and interests. You will then be required to consider the impacts of these on your future work in schools and with young people in light of contemporary research in the fields of health, education and youth studies.
To complete this task you will need to provide justification of your main points through your understandings and application of:

- the materials presented in the lecture series and readings
- your own independent research;
- your personal life story;
- the contexts within which you have been a teacher and/or learner; and,
- the feedback/experiences you have had to date as a teacher.

In effect this essay challenges you to explore those aspects of your identity which may allow you to see, privilege, miss or ignore certain health and wellbeing issues amongst your future students.

**Assessment Task No. 2: On-line Quiz**

**Assessment Task No. 3**
Lesson duration: 50 minutes. A sample lesson plan proforma will be provided to you in Lecture No. 5.

Your work should draw on a range of research, literature, data and examples which must be referenced within the text of your annotation section.

To be eligible for a Grade of 4 your paper must demonstrate a clear structure and appropriate use of grammar, spelling and referencing.
Appendix 3: Words to Shane Koyczan YouTube Clip: To This Day
(Available from: https://www.musixmatch.com/lyrics/Shane-Koyczan/To-This-Day)

When I was a kid I used to think that pork chops and karate chops were the same thing I thought they were both pork chops. My grandmother thought it was cute so she let me keep doing it. Because you know, they were my favourite. It wasn't a big deal until I was seven years old and a bad fall caused me to bruise my upper arm and shoulder rather severely I didn't wan't to tell my grandmother what happened because I was afraid I would get in trouble because I was playing somewhere I shouldn't have been. One day in gym class the teacher notices the bruise and I was sent to the principal’s office. Not long after that I ended up in another small room with a really nice lady who asked me all sorts of questions about my life at home. I saw no reason to lie. It was pretty good as far as I was concerned so I told her; whenever I'm sad my grandmother gives me karate chops. This lead to a full-scale investigation and I was removed from my grandparents’ house for three days and then returned when they finally asked me how I got the bruises.

News of this silly little story eventually spread through the school. And when the students finally caught wind of it I earned my first name Pork Chop. To this day I fucking hate pork chops. I'm not the only kid who grew up this way. Surrounded by people who used to say that rhyme about sticks and stones as if broken bones hurt more than the names we got called. And we got called them all. So we grew up believing no one would ever fall in love with us that we'd be lonely forever that we'd never meet someone to make us feel like the sun was something they built for us in their tool shed. So broken heart strings bled the blues as we tried to empty ourselves so we would feel nothing. Don't tell me that hurts less than a broken bone. That an ingrown life is something surgeons can cut away. That there's no way for it to metastasize - it does.

She was eight years old. Our first day of grade three when she got called ugly. We both got moved to the back of the class so we would stop getting bombarded by spit balls. But the school halls were a battleground we found ourselves outnumbered day after day. We used to stay inside for recess because outside was worse. Outside we'd have to rehearse running away or learn to stay still like statues giving no clues that we were there. In grade five they taped a sign to the front of her desk that read "Beware Of Dog". To this day despite a loving husband she doesn't think she's beautiful. Because of a birthmark that takes up a little less than half of her face kids used to say she looks like a wrong answer that someone tried to erase but couldn't quite get the job done. And they'll never understand that she's raising two kids whose definition of beauty begins with the word mom because they see her heart before they see her skin because she's only ever always been amazing.

He was a broken branch grafted onto a different family tree. Adopted, but not because his parents opted for a different destiny. He was three when he became a mixed drink of one part left alone and two parts tragedy. Started therapy in 8th grade. Had a personality made up of tests and pills Lived like the uphills were mountains and the downhills were cliffs. Four fifths suicidal. A tidal wave of anti-depressants and an adolescence of being called popper. One part because of the pills and ninety-nine parts because of the cruelty. He tried to kill himself in
grade ten when a kid who could still go home to mom and dad had the audacity to tell him "get over it". As if depression is something that can be remedied by any of the contents found in a first aid kit. To this day he is a stick of TNT lift from both ends. Could describe you in detail the way the sky bends In the moments before it's about to fall and despite an army of friends who all call him an inspiration, he remains a conversation piece between people who can't understand That sometimes becoming drug free has less to do with addiction and more to do with sanity.

We weren't the only kids who grew up this way. To this day kids are still being called names; the classics were "Hey stupid" "Hey spaz". Seems like every school has an arsenal of names getting updated every year and if a kid breaks in a school and no one around chooses to hear do they make a sound? Are they just the background noise of a soundtrack stuck on repeat? When people say things like kids can be cruel? Every school was a big top circus tent and the pecking order went from acrobats to lion tamers; from clowns to carnies. All of these were miles ahead of who we were we were freaks, lobster claw boys and bearded ladies. Oddities. Juggling depression and loneliness playing solitaire spin the bottle, trying to kiss the wounded parts of ourselves and heal. But at night while the others slept we kept walking the tightrope. It was practice, and yeah some of us fell. But I wanna tell them that all of this is just debris leftover when we finally decide to smash all the things we thought we used to be. And if you can't see anything beautiful about yourself get a better mirror, look a little closer, stare a little longer because there's something inside you that made you keep trying despite everyone who told you to quit. You built a cast around your broken heart and signed it yourself. You signed it "they were wrong" because maybe you didn't belong to a group or a click. Maybe they decided to pick you last for basketball or everything maybe you used to bring bruises and broken teeth to show and tell but never told because how can you hold your ground If everyone around you wants to better you beneath it. You have to believe that they were wrong. They have to be wrong; why else we'd still be here? We grew up learning to cheer on the underdog because we see ourselves in them. We stem from a root planted in the belief that we are not what we were called. We are not abandoned cars stalled out and sitting empty on some highway. And if in some way we are don't worry. We only got out to walk and get gas. We are graduating members from the class of we made it not the faded echoes of voices crying out names will never hurt me. Of course, they did; but our lives will only ever always continue to be a balancing act that has less to do with pain and more to do with beauty.
Appendix 4: Brokered interview with Sally and Julie
(Karen’s Questions for Sally)

Shaken or Stirred Research Project

1. How did you feel having your practice observed?
2. How did the debriefing sessions after the observations go for you? Ie. were you uncomfortable at all about questions Karen asked of you?
3. You are aware of the issues faced by Cassidy when she undertook similar research (ie. straining of the personal relationship between her and her supervisor and then the feeling by Cassidy that she was unable to critique Frank’s teaching practice objectively). How do you distinguish your relationship with Karen from the relationship (and subsequent issues) from that experienced by Cassidy and Frank? What strategies do you have in place to ensure that the relationship between supervisor/researched and supervisee/researcher remains open and objective?
4. When this project first began, you felt that your teaching strategies were consistent with a critical pedagogical approach. In your think piece – “The Strong are Lonely” you said that you believed the strategies were more in keeping with Tinning’s notion of a “modest pedagogy” – what changed your position and do you still hold this perspective today?
5. Have you been surprised at some of the feedback by students on the course?
6. How do you feel about the interim findings of the research in regard to the course/your teaching?
7. How do you think the findings of this research reflect on your teaching? Are you concerned at all about that?
8. Do you perceive any potential problems with the findings of this research and future publications about this work – given that many academics know you for this work and may be able to identify you/this work as your practice?
9. The current working title of this research project: Considering the usefulness of critical pedagogy in preparing teachers...to teach health education/to implement the socio-cultural HPE curriculum. It seems almost all students who were interviewed did not walk away with more than a very vague idea of what constituted a socio-cultural/critical view of health, how does that sit with you and what are the implications of that for this research title and future publications?
10. Other issues/questions??
Appendix 5: The Strong are Lonely - a reflection on the mission of the critical HPETE pedagogue

Authored by Sally (Excerpts – not complete work)

Increasingly I have been considering my work within Health and Physical Education Teacher Education (HPETE) as an obscure and contemporary version of the Jesuit missionary story depicted on film in The Mission, albeit one that lacks the haunting beauty and power of Father Gabriel’s oboe to captivate my ‘heathen’ students. Interestingly, as my colleague Richard Tinning has noted, my current penchant for crucifix-style jewellery underscores my HPETE high priestess persona, as I cruise my lecture theatres enticing, enthusing and challenging my students to engage with my ‘mission’ to save HPE from the grips of the ‘isms’: positivism, elitism, individualism, sexism, racism, homophobic-ism, bored-ism…you get the picture!

But my analogy extends well beyond the surface issue of fashionable dress to the specific pedagogical practices that I employ within my HPETE courses. My passionate commitment to the idea that it is impossible to separate the ‘how’ one teaches from the ‘what’, and most critically from the ‘who’, has led me to design a suite of learning experiences that can be loosely gathered under the critical pedagogy banner. In seeking to disrupt my students’ ‘taken-for-granteds’ whilst adopting and modelling a student-centred approach that meets them ‘where they are at’, I have engaged my students in collaging shoe boxes, voguing in drag, writing reflections, playing one-arm basketball and rolling condoms onto various implements including fulsome zucchinis. Anecdotal evidence, student feedback, national teaching awards and teachable moments have all motivated my ongoing enthusiasm for these disruptive HPETE learning experiences.

These ‘disruptive’ learning activities have been underpinned by a commitment to a collection of founding philosophies that have coagulated to form my teacher education identity lens. Indeed, I while reading one of my PhD student’s review of the HPE field’s use of critical pedagogies, I was afforded an insight into the theories and perspectives which I have thoughtlessly plucked and woven into what stands for the philosophical stance that shapes my approach to HPETE. Thus my Christian upbringing; schooling and teacher education; fifteen year HPE teacher journey and more recently, a decade of teacher education and research, have provided the resource-rich terrain from which I have carved out my praxis.

Despite all of this experience and theory, I am constantly challenged by a growing disquiet concerning the amount of ‘confession’ that appears to be the hallmark of these disruptive HPETE pursuits. Of course my dear ‘frenemy’ Foucault (1994) has a lot to answer for here, as his voice inside my head has been a powerful stimulant of the ‘uncomfortableness’ I experience. And now to a little theory. As McNay (1994) instructs, Foucault’s understanding of the constitution of subjectivity through pastoral technologies involves a “process of subjection either to an external party or in the form of an internalization of social norms” (p. 123). In modern societies, this subjection to an external party has involved the regulatory technique of confession, and it is within this confessional context that I have grown decidedly uncomfortable. Drawing substantially on the work of Foucault, Besley’s (2005) insightful interrogation of modern confessional relationships presents the case that the locus of power-knowledge resides “not in the person who speaks but in the one who questions and listens” (p. 375). It is the professional (in this case the teacher educator, but often a school teacher) who, armed with the appropriate expertise and techniques, solicits confessions, interprets their meaning, diagnoses...
underlying or inner truths, and devises suitable interventions for self-management and improvement (McCuaig & Tinning, 2010).

Indeed, as I interrogate the life histories of my students, pour over their collage shoe boxes and monitor their endeavours to ‘dance like a boy or girl’, I am mindful of Fendler’s (2003) admonition, “what does a teacher have no right to know about a student?” (p. 22). When placed within an historical context of Christian confessional practices, it becomes impossible not to question the “normalizing and disciplinary effects” (ibid) of this work. In my ruminations on this situation, I have been challenged by Nealon’s (2008) commentary concerning the intensification of Foucauldian power: when “power becomes lighter, more ubiquitous, less attached to ‘negative’ objects or practices...power becomes more effective while offering less obvious potential for resistance” (p. 71). Here the danger of employing disruptive pedagogical strategies as an inherently ‘good’ strategy to minimise harm, incite a socially just HPE and care about HPETE students’ is laid bare.

And yet, what stands for HPE ‘out there’ at the ‘coalface’ continues to surprise, intrigue and at times frustrate me. In my position as HPETE program coordinator I am regularly subjected to passionate teachers who take the opportunity to regale the ivory tower dweller with a list of HPETE’s failings, particularly students’ poor performance in and delivery of such activities as the 100 metre sprint, high jump or the correct over arm volleyball serve. Ironically, this lecture is often delivered alongside a lesson in which some 25 students stand patiently waiting for their 1 of 5 jumps, ready to endure a humiliating dissection of their incapacities and the teasing or dismissal they inevitably receive from their more competent peers. To what extent such lessons are inspiring a lifelong love of active healthy living escapes my understanding. Within the Australian context, HPE curriculum initiatives of the past twenty years have specifically sought to challenge and disrupt these very practices and the “isms” that often accompany them, yet there appears to be little in the literature or my anecdotal experiences that would suggest the dominance of the “ism” family has changed or been challenged. Instead, research has shown that the implementation of the new sociocritical perspective within HPE has been a negative experience for many teachers, revealing challenges to self-identity, ontological security and sense of competence (Macdonald, Glasby, & Carlson, 2000; Tinning, 2001, 2004).

Nonetheless, another scholarly ‘voice’ has contributed to the cacophony of perspectives shaping my critical reflection on these pedagogical provocations. As Tinning (1995) has advised, we do not have a fool-proof strategy for making HPETE students think (or confess) as we might want them to. And it is here that my childhood Sunday School experiences have surprisingly come to the rescue (trust me…I am as surprised as you are!). In fact, I am increasingly comforted by the parable of the sower.

Behold, a sower went out to sow. And as he sowed, some seed fell by the wayside; and the birds (biophysical zealots) came and devoured them. Some fell on stony places (sceptic assimilators), where they did not have much earth; they immediately sprang up because they had no depth of earth. But when the sun was up they were scorched (challenging classrooms and students), and because they had no root they withered away. And some fell among thorns, and the thorns sprang up and choked them (sportist staffrooms). But others fell on good ground and yielded a crop, some a hundredfold, some sixty, some thirty. (Wikipedia, 2012)

Following a decade of teacher education I am more than ever convinced that we can adopt none other than a “modest pedagogy” (Tinning, 2002) given the challenges posed by ‘soil and environment’. I live...
with the hope that my graduates’ future life experiences, students or teaching environments inspire epiphanies that might germinate rather than scorch my seeds of criticality.

But what of the quality of the seed? Not surprisingly my biblical parable does not question this aspect – but I believe we, as HPE teacher educators, must constantly critique the cross-pollination that has occurred within the production of our “seeds of wisdom”. Putting sociocritical theory and critical pedagogy to work within HPETE or school based HPE, does not hold a promise of success or complacency. We should not be surprised to discover then that the screenplay of The Mission is based on the 1942 play "Das Heilige Experiment", in English, The Strong Are Lonely!