



Discussion of Obesity and Physical Education: Risks, Implications and Alternatives

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Abstract

In this article, we explore the current situation of school Physical Education in Spain, characterised by a biomedical debate, by a concern for the increase in teaching hours of the subject in order to fight against childhood and youth obesity and by a certain neoliberal channelling. To satisfy this predominant debate, Physical Education curricula are prioritising aspects related to health among their various elements (aims, contents and evaluative references), while other educational aspects assume a residual role. Therefore, we defend a model of Physical Education with an educational approach that uses movement as a comprehensive means of training and of transformation of society from a critical position. The article intends to contribute to the current debate on the relevance (or not) of increasing the hours of the subject, while trying to contribute to a paradigm shift in the subject that would allow the redefining and reconstituting of its pedagogical, critical and fundamentally educational essence.

Keywords: attitudinal style, critical pedagogy, Critical Physical Education, health, medicine.

Introduction

From an epistemological point of view, two postulates stand as the seeds of the social discourse that feeds the school Physical Education (PE) model. On the one hand, technical rationalism, which assumes a pedagogy by objectives, behavioural and quantifiable. On the other hand, practical rationalism, which assumes a curriculum as a project and process. For technical rationalism, the epistemological position is specified in curricula that understand PE mainly as a "vaccine" against obesity, using methods and assessments based on physical and sports performance. From the other point of view, practical rationality in PE is based on a curriculum which is not monopolised by the obesity discourse but on learning and assessment methods based on student participation (López-Pastor, 1999). Likewise, and as an evolution of the second model, a third critical model tries to make the participation of teachers and students in their learning transform their social environment. This last epistemological approach is the one that this work assumes with PE being critical, with personal and social transformation tools such as formative and shared assessment, attitudinal style, service learning or the critical PE itself, which will be the detailed subjects of this work.

PE, focused from a critical and pedagogical perspective, has moved into the background and is almost non-existent (Kirk, 2020). The debate has centred around the so-called "obesity debate" (Tinning et al., 2016), which has led, in recent years, to the subject focussing on fighting the "growing epidemic of couch kids" (British Heart Foundation, 2000). A salutogenic perspective has inspired studies on health promotion initiatives in schools and youth participation in community sport (McCuaig & Quennerstedt, 2018). Therefore, academics have resorted to this health approach to underpin new research agendas and justifications for the school curriculum that go beyond the perspective of the youth physical activity deficit, something that directly affects school PE and its teachers (Kirk, 2020).

The medical discourse, probably the one with the greatest weight and prestige of all of them, has been joined by the political discourse. In Spain, this means that most of the political programs of the various ideologies use PE as a tool with which to negotiate and seek votes. "We will increase the subject hours in those places where we manage to govern" is usually one of their slogans, always backed by physiological ideas.

But, despite the obvious efforts that are being made in most Western countries to avoid what is already considered the biggest health problem of the 21st century (Smith, 2016), the truth is that obesity is still increasing in developed societies. As Popkin and Hawkes (2016) point out, the causes go beyond individual behaviour (economic

interests, trade agreements, subsidies for production, urban designs, etc.) and, to tackle it, PE has only a very limited role, although for advertising it is "gimmicky".

Likewise, as Wright (2009) explains, one should ask whether the obesity crisis is a real or fabricated issue, and whether the considerable resources, intellectual and economic, that have been allocated to fight it are justified, when, on the other hand, the aspects that could jeopardise the economic factors of the phenomenon are not addressed.

Under the guise of truth, most of the behaviours of society are driven by very defined socioeconomic parameters and imbued with consumerism, nihilism and hyperactivity (Han, 2018). In the field of physical exercise, this trend is reflected in the emergence of thousands of gyms and sports clubs, the rise of dietary and food products, the new patterns of physical activity and the medical guidelines that regulate how PE should be taught in schools (Varea et al., 2019).

Therefore, it is necessary to think along two lines. On the one hand, the necessary holistic approach to health, from an integrated psychological, motor and social point of view, and on the other, and more dangerous, hand, that which focuses solely on physical performance in PE. Thus, we try to encourage critical thinking on these issues and to disrupt entrenched debates on health, to *make the familiar strange* (Pringle, 2009).

Is a more critical and meaningful PE necessary?

The traditional orientation given to PE has focused on achieving goals exclusively in the motor field and, in recent years, its approach has been predominantly biomedical (Kirk, 2020), focusing on the prevention or treatment of obesity among the youngest. However, in Spain some professionals in the sector have, for many years, used a Pedagogical Treatment of the Body (e.g. Bores Calle, 2005). This pedagogical approach opens the possibility of seeking learning that is not only significant, but also critical in the students. In other words, PE teaching can improve the acquisition of motor patterns in students, while trying to apply what they have learned to their daily lives to the conditioning factors that revolve around motor skills (sports elitism, sexism, bodily discrimination, etc.). The curriculum, thus understood, will be an intersection of practices that constitutes "a framework of interaction of the various processes, agents and contexts that, within a complex social process, give it a practical and real meaning" (Devís-Devís & Molina-Alventosa, 2001, p. 248). According to these authors, this way of understanding the curriculum is typical of those teachers who follow a critical theory of society and pedagogy, concerned about the connection between the theory and practice of teaching and the connection between schools and society.

On the other hand, meaningful learning, understood as that which connects new learning to existing learning, implies developing knowledge about cognition, that is, about the way in which we perceive, understand, learn, remember and think (Walseth et al., 2018). Meaningful learning is verified by the subject's active and personal involvement: participating by organising, making decisions, evaluating, searching for information, analysing it, comparing it. From this perspective, helping students to learn means providing them with tools that allow them to develop their own learning potential.

It seems clear that professionals who work in the world of education have to (re)consider the meaning of our job. Therefore, the role of the teacher cannot be reduced to the simple explanation of theoretical contents and the assessment of the degree to which these contents have been absorbed by the students. Nor can it be assumed that our task is reduced to the simple concept of preventing obesity in the school environment.

Therefore, our concept of PE aims to put into practice a curriculum formed from, and based on, an emancipatory interest that follows three essential principles (Grundy, 1998): (a) that students actively participate in the teaching-learning process; (b) the learning experience is meaningful to the students; and (c) that the learning is oriented to the development of the critical sense.

Linked to the theoretical position of a critical PE that is made in the present work, Kirk (1986) wrote that the initial training of PE teachers has failed to provide teachers with the critical skills necessary to protect schools against political inferences and their use as an agency of control, instead of as spaces for emancipation. This leads us to ask why, despite decades of efforts by various researchers and critical teachers, schools are predominantly dominated by a neoliberal agenda.

In this sense, the neoliberal system could lead to an immutable globalisation and homogenisation of ideas, services and products, not to mention feelings and actions. This situation gives rise to a sociocultural knowledge known as "the overabundance of the identical" (Han, 2018) which, paradoxically, under the precept of providing more freedom, ends up limiting it. Health, education and physical activity are areas in which large companies (banks, pharmaceutical companies, clothing companies, advertising companies, insurance agencies, sports franchises, etc.) have a lot to gain or lose (Varea et al., 2019). Thus, the obesity discourse "collapses" PE teaching, since it generates body prototypes through stereotypes, supported by political debates and marketing strategies (Evans, 2013).

The risks of allowing PE to be governed exclusively by biomedical criteria

PE as a subject has made a leap in recent years from achieving objectives in the motor field as its main reason for being, to focusing almost exclusively on a predominantly medical approach, focused on the prevention or treatment of obesity (Tinning et al. al., 2016).

The priority is no longer acquiring and improving students' motor patterns and applying what they learn to their daily lives, nor is it reflection on the conditioning factors that revolve around physical exercise and sport (aspects related to sports elitism, sexism and bodily discrimination, among others). If PE is oriented exclusively by a biomedical perspective, then providing students with tools that allow them to develop their own learning potential would cease to be important, so that physical educators are asked to (re)think the meaning of our work, work that has to go beyond the simple idea of avoiding excess weight among students. Thus, letting ourselves be carried away by a curriculum dictated by biomedical discourse implies giving in to passivity and the comfort of absorbing what medical science considers to be good and appropriate, without even thinking about it.

Although the interests that exist around health and PE have good intentions and meaning, the truth is that they are not as benign as, ironically, they think they are, since they send certain messages and behaviours to be imposed on the purpose of the subject. It is possible that this approach to health/obesity and PE is detrimental to the health and well-being of children and young people (Evans et al., 2008). The health debate is centred on the idea that the body can, effectively, be converted into a source of health through education in schools, based on the idea that society is at risk of succumbing to *obesity disease*. Following Evans (2003), the terms "weight", "overweight" and "obesity", as opposed to the physical/visceral condition of fat, are based on social arbitrariness and constructs measured and devised by someone (doctors, insurance companies, etc.) based on generic data that do not have to respond to personal realities. The term "ideal weight", for example, is highly questionable (Couch et al., 2016). It is a concept associated with optimal health and longevity, but the commonly used measure, BMI, has little validity (Evans, 2003; Smith, 2016). In any case, and despite the problems of measuring obesity and the lack of reliability in the relationship between obesity and disease spread in various media, the truth is that the increase in the prevalence of obesity in children/adolescents is considered an alarming fact in Western societies (Tinning et al., 2016). Thus, there is an emphasis on the prevention of obesity being the highest of our public health priorities.

Constructing a PE that is governed by biomedical criteria makes it obvious that the most obese and least healthy people are those who belong to the most disadvantaged economic backgrounds (Smith, 2016). As there is no simple remedy to prevent and combat this increase in obesity rates, prevention involves intervening in schools, trying to persuade students through PE to lead a more physically active life and to have a lower-fat diet. Thus, obesity ends up being reduced to a matter of "weight", the product of an inactive lifestyle and an unhealthy diet. Thus, the data is rationalised to generate policy recommendations that try to influence the practices of health experts, as is the case for physical educators (McCuaig & Quennerstedt, 2018; Varea et al., 2019). Herein lies the language of individual, national and global "threat", "risk", and "uncertainty". Our economic health and well-being are threatened by the increase in obesity, which leads to stigmatising those who are obese or overweight, without considering the social, cultural and economic reasons that underlie the problem (Lusk & Ellison, 2013).

This situation is worsening because there are more and more food companies and trading houses that flood the advertising market with misleading messages that influence the knowledge, attitudes and behaviours of this part of the population in relation to obesity and sugary products and drinks (Boles et al., 2014). Food advertising promotes unhealthy food products, although tasty and attractive to children and young people, and which contribute significantly to the current obesity epidemic (Folkvord et al., 2016). In some cases, the trading houses are linked to multinationals in children's television entertainment, closing the circle of abundant economic gains but little ethics, by making the most vulnerable public the direct recipient of the message. With all this, we end up creating a moral panic (Fletcher, 2013) that can only be tackled by monitoring and treating body shape, size and fat, through medical/educational interventions. And, although there are already many voices that, within Spain, are asking the Government for changes in the legislation to prevent the promotion of unhealthy foods with claims directed at children, that allow a greater reconciliation of family and work life, and that increase healthy leisure activities in rural areas and in disadvantaged socioeconomic contexts, much remains to be done.

Some alternatives to the PE monopoly understood as a "remedy against obesity"

Although this work considers the dominance of the medical-physiological paradigm in the understanding of PE, it seems necessary to suggest alternatives to this model. In its beginnings, critical pedagogy proposed very reasonable ethical and pedagogical amendments, but these were rarely

put into practice. For PE and for any discipline in the curriculum, this is resolved with specific methodological approaches that expand the reduced horizon of PE as it is understood within the obesity discourse. Some of them innovate the different elements of the curriculum, contribute to the personal development of the student and, in the medium term, promote change in the educational environment. This is the case for approaches such as the Educational Treatment of the Body (Bores-Calle, 2005), the Formative and Shared Assessment (López-Pastor & Pérez-Pueyo, 2017), the Attitudinal Style (Pérez-Pueyo, 2010) or the Learning-Service (Batle, 2013), among others.

Other approaches address the inclusion of ethnic and cultural minorities through PE and radically target social transformation. These models contribute to the education of a critical citizen, beyond the mere measurement of behaviours that can contribute to the achievement of objectives or standards, without educating the students. For example, Kirk (2020) understands PE as a tool for emancipation and which, therefore, cannot be constrained under assessment standards that are so limited and restricted by the students' physical condition. If PE is intended to be an ideal tool for generating motor awareness in students, health must be approached from a purely holistic, reflective and critical approach, without the medical criterion of obesity collapsing the entire pedagogical approach to the subject. If this were to happen, the subject curriculum would be reduced to the mere treatment of the body from an anatomical and physiological point of view. Likewise, assessment in PE curricula cannot be understood as the measurement of biomedical behaviours through curricular standards, but rather should encourage student development and participation (Otero-Saborido et al., 2020). Thus, it is essential to provide curricular alternatives clearly connected with the initial and ongoing training of teachers, resisting merely physiological approaches with action alternatives that allow progress.

Good examples from the PE area are the approaches of Azzarito (2010) and Oliver and Kirk (2016) that open the curriculum to social issues such as gender equality, racism or activism within PE. Action-research from a critical model (not technical or merely interpretive), service-learning or formative and shared assessment itself are methodological perspectives that broaden the horizon of a "medicalised" curriculum. We must be alert to the fact that the sciences, including Medicine, do not offer absolute certainties, so we must be on guard against those who, for whatever reason, claim to have found them. Students must leave school with not only a deep critical understanding of their individual health needs, but also how those needs have been constructed, manipulated and, perhaps, obfuscated by the interests of the health industry. But PE, reduced to the

"obesity debate", does not lead the subject to be interested in knowledge, understanding and competence, but rather, to concerning itself only with body shape, height and weight.

Several countries are experiencing the forces of change from both within the education profession and outside it. Consequently, the discursive practices of PE are based on a range of changing ideologies that extend from sports education to health education, but often with no consensus, consistency, regulation or clear and achievable goals (Wrench & Garrett, 2015).

As Biesta (2014) indicates, critical approaches allow us to resist the inertia that has caused the school to forget the educational paradigm to settle exclusively on the learning paradigm. Corporeality is an area with infinite possibilities for learning and socialisation, and, for this reason, it is necessary that the approaches applied to the subject are connected to the reality of everyday life, giving students transferability of learning to a range of contexts. If it is intended that, through PE, the emancipation of students is promoted through the use of the body, curricular and pedagogical paths must be established that build reflexive and critical students about their body, as well as with the possibility of carrying out physical activity and sport in their environment. This social relationship bond that must prevail in PE must be structured under the assumption of individual and group responsibility as key elements of a more equitable, proportionate and fair society. For this, it is necessary to generate autonomy in schoolchildren, applying self-regulation processes that allow them to decide how, when and where to carry out a physical activity suited to their needs and characteristics. No alternative approach to obesity-centred PE would make sense if positive motor experiences are not generated, making them explore, investigate and, above all, increase their perceived competence in performing tasks. This will make them incorporate a truly healthy lifestyle into their daily reality and will give them the ability to abstract themselves from media approaches, which are often politicised and lacking in rigour. For this, the pedagogical and evaluative models used in the subject are key.

Conclusions

In accordance with what we state in our article, it is important that those of us who work in the field of PE be alert to scientific approaches focused on a single discipline, discourses that, moreover, try to monopolise the role that PE has to play within the school, thus reducing its diverse and comprehensive character. Rather, the subject should ensure that students leave school with not only a deep critical understanding of their individual health needs, but also

how those needs have been constructed, manipulated and, perhaps, obfuscated by the interests of the health industry. But PE, reduced to the "obesity debate", does not lead the subject to be interested in knowledge, understanding and competence but, rather, to concern itself only with body shape, height and weight, conditioned by consumerist and neoliberal criteria (Varea et al., 2019).

As educators in general, and physical educators in particular, we need to be able to seek something more than "weight loss" in the students. We have to be moved by the desire to build in the student a sense of control and self-esteem and to at least entertain the idea that you can be healthy at any size. Therefore, the discursive practices of PE are based on a range of changing ideologies that extend from sports education to health education, but often with no consensus, consistency, regulation or clear and achievable goals (Wrench & Garrett, 2015). As PE is a readily available resource to promote physical activity among children and adolescents, its curriculum has been increased and targeted, notably, towards the public health domain.

PE has had a long association with health that is based on a debate concerned with monitoring and regulating students' bodies, a monitoring which began with the regulation of postural habits in school, then turned its attention to *fitness* related health and, in recent years, it has focused on body size and shape (Kirk, 2020). The emphasis placed on physical activity and its relationship with health can be considered as a manifestation of the new public health agenda (Evans & Rich, 2011), summed up by each person being called on to do their part, implying that health is an individual responsibility. In addition, health is used as a means to give prestige to PE, a subject that has always been somewhat undervalued (González-Calvo, 2013) and that, therefore, is given relevance and legitimacy.

Not surprisingly, the professional culture of PE is quite close to the idea of a utilitarian and activist education, but these demands put its professionals in a dilemma. If the subject is dominated by "anti-obesity" physical activity classes (a challenge that, in itself, we understand to be impossible), we wonder if it would not be better to hire physical exercise professionals (sports instructors, gym instructors), who in addition to offering a better service, would offer it at a lower cost than that required for the teaching staff in charge of the subject. On the other hand, if PE refuses to put itself at the service of medical opinions, it will be socially criticised and could be excluded from the official curriculum. It is not a simple matter to resolve, and perhaps even less so in our country, where the subject has been unable to generate a debate and practices that legitimise it and separate it from sports and biomedical debates.

On the other hand, the idea that exercising is good for the health of young people is becoming popular. However, children and young people do not see the point of doing physical exercise for their health, since they are at an age where their health is fine. Physical activity must be approached from a fully playful perspective and not associated under any circumstances with an imposed external systematisation. Thus, understanding PE as a means of promoting and improving health can lead to considering the subject as irrelevant, lacking spontaneity, fun and autonomy, when PE is aimed at being something uniform, disciplined and regulated. It is ironic that physical exercise, often considered one of the most pleasurable human activities, is at the centre of an ideology that is too close to the idea of correctness and not close enough to the idea of improving and enhancing one's life (Evans & Davies, 2004). Scientific knowledge has been mediated and given meaning through PE, allowing teachers to promote a programme whose objective is to encourage students to make healthy choices in what they eat, the exercise they do and what their body image should be (González-Calvo et al., 2020).

We are opposed to the utilitarian approach of "increasing weekly PE time" based on medical and physiological criteria, since we understand that the current challenges of the subject should include: providing resources and rewarding and inclusive experiences that allow individual and collective activities to be carried out and organised in different contexts throughout life; developing a good self-image that allows one to accept one's own body reality, and that of other people; and providing a general vision of society, adopting a critical perspective to consumption, food and the media. For this, it is necessary to make a firm commitment to an emancipatory PE that abandons "medicalised" and physiological discourses that focus only on obesity, understanding health as a comprehensive and transversal concept adapted to the global needs of each student.

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