

The Impacts of Healthy School Culture
on Early-Years Generalist Teachers' Identities

by

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Abstract

This study investigates the ways in which healthy school initiatives shape teachers' identities on both a professional and personal level. Using social constructionism as a research lens, and drawing on the research literature pertaining to health promotion, critical obesity and fatness discourses, body pedagogy, and the embodiment of health, teachers' experiences working within the healthy school environments are explored. This study seeks to better understand how teachers navigate the dominant discourses of biopedagogies and how these discourses shape their professional and personal lives. Discourses of health and identity are explored through individual interviews with generalist early-years teachers in one school division in Manitoba to get a sense of how health is understood both inside and outside the classroom for today's practicing teachers.

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Dedication

To my husband, James, thank you for your continuous love, prayers, and support. To my sons, Josh and Jordan, my first two wonderful and most important creations, I love you both.

Chapter 1: Introduction

To date, especially within the Canadian context, how primary school teachers feel about the increased emphasis on school health remains relatively unknown. Many schools have implemented health promotion initiatives in an attempt to address the so-called ‘childhood obesity epidemic’. These health promotion initiatives provide students with opportunities to develop quality health behaviours and gain developmentally appropriate health knowledge. Other adjustments and changes are also occurring in schools because of policy and procedural changes (e.g. removal of sugary drinks, food guidelines, and physical activity initiatives), but as Burrows and McCormack (2012) note “there has been little research specifically addressing how teachers, rather than students, are making sense of the raft of health imperatives reaching into their school gates” (p. 370). Welch and Wright (2011) indicate that “the desire to understand the ways schools, students and teachers engage with discourse of health and the body has attracted a small but growing body of scholarship” (p. 200). The intent of this study is to contribute to the further understanding of how teachers engage with the healthy school discourses, and reveal how the healthy school discourses may impact teachers’ professional and personal identities.

Teachers are affected by the body norms created by school-based pedagogies; they also experience a loss of autonomy within the classroom due to heavily regulated and evaluation-based curriculums; and with this comes an increasingly demanding culture in many school contexts. In addition, there is a lack of acknowledgement of the emotional aspects of teaching, in particular teaching others about so-called ‘healthy lifestyles’ in an educational setting (Darby, 2008; Kelchtermans, 2005; McCaughtry, 2004; McCaughtry & Martin, 2006; Reio, 2005; Schmidt & Datnow, 2005). Moreover, it is difficult to distinguish between the professional and the personal identity of a teacher as several studies have shown that teachers bring a personal

part of themselves to the profession (Beauchamp & Thomas, 2009; Day, 2002; Hamberger & Moore, 1997; Sachs, 2000; Woodrow, 2007).

The purpose of this study is to examine how teachers participate in, resist, and perhaps subvert the current health-focused initiatives within school environments. Moreover, this study explores the effects of the healthy school culture movement on early-years generalist teachers as they navigate the curricular expectations and the growing societal emphasis on health and healthy behaviours that seemingly position being healthy as a societal imperative. In response to this growing emphasis, schools have included healthy school initiatives that are to be incorporated into the daily curricular requirements. In addition to the demands of teaching subject knowledge, teachers also participate in extracurricular events (e.g. breakfast programs, lunch hour activities, school health planning, and community engagement) that are often intended to build healthy school culture and promote healthy practices. Coinciding with these school environments is a proliferation of healthy initiatives and growing public concern with the health of individuals and populations. Teachers are not immune to these concerns personally for their own health but also professionally as they are called to shape the future of others. A dearth of research exists regarding how teachers respond to, resist, and subvert calls to promote health imperatives in school settings. As teaching is a complex practice, adding health promotion initiatives to teachers' workloads may affect different teachers differently. Thus much can be learned about how individuals meet the complex demands of teaching and health promotion.

In Canada, the Joint Consortium for School Health "supports and encourages the partnerships between health and education that are essential to comprehensive school health" (Comprehensive School Health in Canada, para. 1). The Joint Consortium for School Health's mission is "to provide leadership and facilitate a comprehensive approach to school health by

building the capacity of the education and health systems to work together” (Pan-Canadian Joint Consortium for School Health Annual Report, 2012, p. 9). The Comprehensive School Health (CSH) model is an international model that is recognized and adopted by the province of Manitoba. In Canada, the CSH model is available for use for elementary or secondary schools. The CSH model involves four pillars: social and physical environment, teaching and learning, healthy school policy, and partnerships and services. British Columbia, Alberta, Saskatchewan, Manitoba, Ontario, New Brunswick, Nova Scotia, Prince Edward Island, Nunavut, and the Northwest Territories are all members of the Joint Consortium for School Health that promotes the CSH model in Canada.

The CSH model involves an interdependent working relationship between health and education that incorporates a holistic approach to children’s well-being. The social and physical environment pillar consists of the social environment of the teachers and the students, and the physical environment includes the infrastructure and the cleanliness of the infrastructure. The teaching and learning pillar includes resources, curriculum and activities that can be used to encourage students to adopt a healthy lifestyle and sense of well-being. The healthy school policy pillar provides support and guidelines for a healthy school environment. The final pillar, partnerships and services, involves the relationships outside the school environment, such as the families of the students, other schools, and the extended community that provides supports and promotes the advancement of the health and well-being of children. All four pillars function interdependently for the promotion of the health and well-being of the children; the CSH model “encompasses the whole school environment” (Pan-Canadian Joint Consortium for School Health Annual Report, 2012, p. 7).

Welch and Wright (2011) note that “enlisting schools as sites of health promotion and body regulation agendas is not [a] particularly new phenomenon” (p. 199) and, with recent concerns about childhood obesity, schools have become “a contemporary impetus to the many interventionist practices” (p. 200). They indicate that primary schools are seen as early prevention sites in which the “initiatives firmly position physical activity and nutritional education as a ‘cure’ for excess weight,” and therefore, believe it is imperative to learn what graduating teacher candidates “know and believe about health and the body” (Welch & Wright, 2011, p. 200). Similar to Garret and Wrench’s (2008) study of primary schools in Australia, physical activity and nutritional education is taught by generalist teachers. The addition of health-related content to the curriculum gives teachers a central role in communicating health messaging to students, other teachers, and parents. With teachers playing a central role in the communication of health, it is important to examine how they interpret and translate this knowledge on both a professional and personal level; and how this central role impacts them on both a professional and personal level.

With teachers playing this central role, it is important then to critically examine, the teachers’ experiences in relation to the impact and effectiveness of normative discourses, as it provides an opportunity to focus on teachers as they are called upon to normalize the health imperative. Through this normalization teachers become part of the culture of bio-citizenry which calls upon individuals to take individual responsibility for one’s health, and to become part of the consumer culture for health and the idea of healthism. Within the next chapter these concepts of healthism, bio-citizenry, consumer culture, and the idea of neo-liberalism will be expanded upon, as well as the role that teachers play in promoting the normative discourses containing these concepts.

Welch and Wright (2011) indicate that normative discourses contain messages that encourage eating less and exercising more, which can have negative consequences. The discourses need to be examined for language of healthism, and for reproduction of bio-citizenship and neo-liberalism, but it is also important to establish if teachers agree or disagree with these discourses. Welch and Wright (2011) discovered that many of the courses that prepare primary teachers contained the dominant normative language of healthism, based on “neo-liberal discourses of individual responsibility and the ‘obesity crisis’, which are re-cited in public education initiatives, the media and schools” (p. 207). As suggested by Welch and Wright (2011) the merging of ‘healthy citizenship’ and ‘schooling bodies’ is a response to the recent concern over an ‘obesity crisis’ (p. 200). In response to this obesity crisis, many schools in North America and Europe are implementing school health models. As many initiatives target young children, it falls to primary teachers to implement, or at the very least support, healthy school culture initiatives. To better comprehend how these healthy school cultures are shaping teachers lives, researchers suggest there must be consideration of how teachers interpret, translate, and communicate health discourse (Welch & Wright, 2011).

Day (2002), Kelchtermans (2005), Reio (2005), and Schmidt and Datnow (2005) note that whenever change is imposed or emerges within the school context, teachers’ roles and responsibilities change, which can have an impact on their identities both at a professional and personal level. As schools increasingly become sites of health promotion there is the potential for these supposedly well-intentioned health promotion initiatives to create stress and a sense of vulnerability in the teachers tasked with implementing health intervention programs in contexts that have mandated educational programs. If teachers do not ascribe to dominant health ideas, they may resent that they have to include new initiatives in their daily curriculum and as part of

their professional identities. Body pedagogies emerging from the media and health industry emphasize the need to work on the body if one wants to follow dominant trends to be considered a moral, responsible person (Shilling, 2010). Shilling (2010) suggests that “these bodily ideals are not just prominent in the spheres of consumer culture, work and health care, but have become increasingly relevant to the education of bodies in schools across the west” (p. 155). The use of media and health promotion messaging sets up a mode of surveillance where individuals monitor their own and others’ health practices. Given that teachers are part of the delivery of health messages in the school context, students learn from both listening and watching teachers engage with various health practices (Shilling, 2010). As teachers deliver health information, their bodies are also being scrutinized in relation to dominant body pedagogies (Petherick & Beausoleil, 2016). With the existence of this scrutiny there is the potential for teachers to experience external judgement and surveillance leading to feelings of vulnerability which may impact teachers on both a professional and personal level.

This study aims to explore the affects of health discourse on early-years generalist teachers’ identities and responsibilities in a school setting. Learning how teachers navigate their own personal responses to health messaging within today’s school context is important as teachers play a role in delivering, shaping, and adapting messages about health within an educational context. Therefore, the objective of this study is to explore how the promotion of healthy school cultures may affect teachers both on a professional and personal level.

Chapter 2: Review of Literature

This chapter provides a history of the discourses of health promotion, and how these discourses have been communicated by media, research, and government to the general public. The inclusion of this history is important in order to establish a foundation of understanding of how each evolved and how each contributes in the shaping of early-years generalist teachers' professional and personal identities. Few previous studies address this topic, and what literature that exists mostly pertains to physical education teachers. The review of literature that follows provides an examination of the origin and perpetuation of the obesity epidemic, a review of health promotion and its evolution, and a review of the embodiment of health literature to demonstrate how this embodiment influences school-based body pedagogy, which in turn may affect the shaping of early-years generalist teachers' identities both on a professional and personal level.

Research in the area of critical studies of health promotion tends to draw from both a Foucauldian informed perspectives as well as a Bourdieusian perspective, thus the literature within my review follows a similar trajectory. I believe, as do Wrench and Garrett (2013) and McLeod and Yates (2006), that human life is too complex to use only one perspective. Wrench and Garrett (2013) reiterating the thoughts of McLeod and Yates (2006) state that, "individual lives cannot be rendered comprehensible through a single theoretical framework" (p. 73). To provide an understanding of how discourses of health promotion are constructed and translated into pedagogy, I conducted an analysis of the existing literature on obesity, embodiments of health, body pedagogy, and teacher identity. By employing both theorists' perspectives it provides different, but interrelated, ways of thinking of the relationship between the individual and agency as well as the social and the biological environment of the individual. Schlosser

(2012) states: “Although the similarities between them are under analyzed, Pierre Bourdieu’s and Michel Foucault’s theories of culture and power are interrelated in some compelling ways” (p. 31). These perspectives will be explained in sections 2.4 and 2.5 after I have chronicled the historical growth of health promotion, and assessed how the obesity epidemic was created and sustained. Then I will synthesize the embodiment of health literature in school contexts in order to establish how and why school-based body pedagogies may impact teachers’ identities on both a professional and personal level.

2.1 Measuring the Obesity Epidemic

Discourses on obesity, embodiment of health, and pedagogy demonstrate the socially constructed approach to understanding the issue of a so-called obesity epidemic. Gard and Wright (2005) argue “that rather than a global health crisis or an ‘objective’ scientific fact, the ‘obesity epidemic’ can be seen as a complex pot-pourri of science, morality, and ideological assumptions about people and their lives which has ethically questionable effects” (p. 3). They suggest that many scientists approach their studies with pre-packaged or pre-determined ideas and interpret data in an attempt to fit a story, which can lead to incomplete information about obesity and flawed assumptions (Gard & Wright, 2005). Segall and Fries (2011) explain that the obesity epidemic is a combination of human biology and factors that “include a decrease in physical activity, shifts toward high-fat and sugary processed foods, the design of the built environment, and perpetuation of medical consumerism and consumer culture,” (pp. 200-201) which produces an “obesogenic environment” (p. 201). Gard (2011) argues that the media’s exaggeration of the obesity epidemic has prolonged the epidemic and resulted in a perceived need for policies to combat obesity. He also explains how language is used to create a sense of

urgency: “Many people and organisations are now personally, emotionally and financially invested in the belief that fighting obesity as vigorously as possible is the right thing to do” (Gard, 2011, p. 83).

The accuracy and validity of the methods and measurements used to calculate obesity are under scrutiny. There are claims that the obesity epidemic may be constructed by the same governing bodies who have responded to this epidemic by creating and implementing a health promotion model (Gard, 2011). These governing bodies include obesity researchers and the governments responsible for creating health policy.

In the last decade, both media and research have continued to perpetuate the claim that childhood obesity has increased exponentially and is found in every demographic. The “data from the 1998-1999 Canadian National Longitudinal Survey of Children and Youth showing that 19 per cent of children aged 2 to 11 were overweight, and 18 per cent were obese” (Segall & Fries, 2011, p. 200) substantiate this claim. Wu, Macaskill, Salvadori, and Dworatzek (2015) indicate that there is a “global concern, with Canadian prevalence rates of 13.9% and 11.6% for 6- to 11-year-old overweight and obese children, respectively” (p. 408). However, their numbers appear to be lower, so this brings into question how the statistics are created or in what context that they are presented. Angier (2000) states that “the dreaded obesity epidemic that is everywhere in the news is not restricted to any race, creed, ethnicity or slice of the socioeconomic supersized pie” (as cited in Halse, 2009, p. 45). Gard and Wright (2005) agree and believe that obesity is “affecting everyone everywhere” (p. 19). It is important to remain cognizant of the effects and affects of this information can have when considering the rationale for healthy school initiatives being implemented in response to childhood obesity. To understand the effects of various forms of health promotion, as these have been a common response to the

obesity epidemic, it is imperative to review the literature regarding the shifts in body-based health measurement, the origins and basis of health promotion discourses, and the incorporation of both body measurements and health promotion in school initiatives.

2.2 Body, Health, and Measurement

With the increased concern relating to childhood obesity, schools have become a site to intervene in childhood health concerns. Almost overnight thousands of Americans went from being overweight to obese as the standards of the Body Mass Index (BMI) shifted. Gard and Wright (2005) question the legitimacy of the obesity epidemic asking: “does this mean that at some point during the 1970s and 1980s huge numbers of people around the world suddenly went into moral decline” (p. 7). Petherick (2013) states “although I remain cautiously skeptical of much of the panic-laden representations of childhood obesity, it is nonetheless undeniable that children’s health risks have had an impact on physical education policy and pedagogy” (p. 712). With questioning and skepticism of the legitimacy of a childhood obesity epidemic there must be cautionary considerations when responding with the implementation of health promotion discourses.

Health promotion discourses modeled after the Comprehensive School Health model include such measures as the BMI that associates ideal body weights with height and mass ratios. However, there are shortcomings to this technique of measurement as BMI determination does not consider fat content, bone and cartilage mass, and internal fluid retention. Halse (2009) notes that this technique of measurement “is premised on the assumption that there is an identifiable ‘normal’ weight that is ‘true’ across genders and across different cultural, socio-economic and geographical groups” (p.47). He further claims that “BMI deploys the language of scientific positivism to invoke an aura of truth, trustworthiness and transparency” (Halse, 2009, p. 47).

This technique of measurement is often considered an objective tool despite its shortcomings, and continues to be used in the healthcare field in determining who is and is not overweight and obese.

Through the medicalisation of people's lives there has been a change in the classifications of overweight and obese. These changes were constructed by the bio-medical profession and have created a moral panic over the idea of an obesity epidemic. Evans and Rich (2011) believe that bio-citizenry is the result in the change of approach by medicine to health, also known as "a medicalisation of people's lives" (p. 364). They suggest that norms are formed by these classification changes in obesity discourses, and health is then constructed through dominant medical ideals and models. In this process individuals are made to feel responsible for their health status or health conditions. They state that the obesity discourses privilege certain body weights using BMI indicators as an official measure. Evans and Rich (2011) describe this "privileging" by utilizing Foucault's term bio-power, which states that through the "management of life" populations become the focus of "surveillance, analysis, intervention and correction across space and time" (p. 365). In this fashion, individuals and populations are called to become specific kinds of people, in particular, people who manage their own lives and the lives of others.

Positioning health as something that can be attained through diligence and determination creates the myth that health is an individual responsibility, which perpetuates a cycle of consumption (Halse, 2009; Shilling, 2010). Through the concept of bio-power, consumer culture has capitalized on the ideal body type, which has translated into interest among some members of society and health care systems. From this perspective, populations are taught how to take care of and feel about their bodies and thereby form a societal body pedagogic (Halse, 2009; Shilling, 2010). Shilling (2010) heeds that "the bodily ideal with which they are associated

appear to have been reflected, albeit in mediated forms, in the policies and curricula informing the education of young people in the contemporary west” (p. 151). Because of the increase in childhood obesity there is a growing concern for children’s health and fitness, resulting in “complete homology between schools and other sectors” and the “relationship between societal body pedagogies and school-based pedagogies” (Shilling, 2010, p. 156). This relationship and the “bodily ideal” both potentially influence how a healthy school initiative is designed, communicated and implemented; and in turn it may impact early-years generalist teachers’ identities on both a professional and personal level.

2.3 Health Promotion

With the potential effects of governmental discourses and policies relating to health promotion, there is an existing debate in regard to health promotion and how it should be defined, what sources should be used to create the definition, what purpose should health promotion serve, and what politics are involved. Prior to reviewing the history of health promotion it is important to first define health promotion. Segall and Fries (2011) describe health promotion as “a state-sponsored process aimed at getting people to take control over and improve their health by providing health-related education and information” (p. 202).

Alternately, Eriksson and Lindström (2008) describe health promotion as “a cultural, social, environmental, economical and political process” (p. 194). To understand how discourses of health promotion are created and communicated one must review the historical perspectives of health promotion. The following two sections provide an overview of the history of health promotion, which originated from a biomedical perspective and has since progressed toward a sociological perspective.

2.3.1 From a biomedical perspective: A pathogenic approach.

Traditional models of health were initiated through a biomedical model. A biomedical model focuses on the causes of disease and illness and is known as the *pathogenic* approach to health. Within Europe there was a change in the pathogenic approach to health governance during a health revolution in the 18th century where the approach to health governance became a “part of the role of the state to ensure health as a common good but at the same time health becomes part of the civic and moral duty role of the individual citizen” (Kickbusch, 2007, p. 148). The state or governmental institution was seen as having responsibility to ensure the health of its citizens.

In the 19th century the new Soviet Union along with many European countries saw a “significant expansion” of health governance on the part of the state that included the state assuming responsibility for the rights of individuals. These responsibilities included “safety, security and control measures, welfare and access to medical care rights and ensuring quality of life and citizen identity” (Kickbusch, 2007, p. 149). In theory the state provides access to certain health care services, and each individual is deemed deserving of health care as a basic right. In 1986, with the adoption of the *Ottawa Charter for Health Promotion*, there was a shift away from the pathogenic approach in Canada. Prior to this time, health was often viewed as a biomedical element of human life. By looking at disease as a series of body-related genetic risk factors, a pathogenic approach overlooks a myriad of social factors and living conditions that shape individual health. Potvin and McQueen (2007) noted the *Ottawa Charter for Health Promotion* (1986) caused a movement toward viewing health as a “social phenomena” (p. 19). With this shift, Kickbush (2007) notes that the territory of health was expanded to include the idea that “health is everywhere,” and it is “where people live, love, work and play” (p. 151).

2.3.2 From a sociological perspective: A salutogenic approach.

By observing health through a sociological perspective one can examine social structures, social interactions, and personal circumstances through an intersectional approach to understanding the social and physical characteristics that can affect health. These social structures, social interactions, and intersectional relationships are as complex as the humans that live within them. Segall and Fries (2011) note that “population health is shaped by a number of different factors, including biology and genetic endowment, the social and physical environment, access to supportive relationships, and the formal health-care system” (p. 115). This approach to health promotion considers the social determinants that constitute social structures, social interactions, and intersectional relationships, and is known as the salutogenic model (Segall & Fries, 2011). Segall and Fries (2011) describes the salutogenic approach as emphasizing “the psychosocial aspects of health status and searches for the sources of good health in the individual’s social environment and lifestyle practices” (p. 114). The inclusion of the social determinants of health created a turning point in health promotion, supporting the introduction of a critical approach based on a symbiotic relationship between the individual and the social world.

Antonovsky (2007) proposes that observing health through the origins of health or salutogenesis can strengthen research and practice. Segall and Fries’ (2011) salutogenic approach and intersectional model provides a thorough method of analysis of the complexities within the social structures and social relationships. The intersectional model of analysis approach “employs mixed-methods research to study factors interacting across the macro and micro levels of social analysis based upon the realization that each of us occupies different social locations and has varying life chances” (Segall & Fries, 2011, p. 197). This model attempts to identify and

address the complexities, interconnectedness, overlapping, and directional interrelationships existing within social structures and social relationships.

Segall and Fries (2011) group these complexities into four broad key determinants of health, which are human biology, lifestyle, environment, and health care. Through the application of the intersectional model of health, each of the four broad key determinants can be an avenue for analyzing the complexities, interconnectedness, overlapping, and directional relationships. This model can assist in identifying health disparities, such as inclusion, exclusion, and inequality that occur between social classes and within social classes. Disparities can be identified through what Segall and Fries (2011) identify as primary and secondary determinants of health. The primary determinants are socioeconomic factors consisting of income, education, and employment, which have a direct influence on the secondary determinants of health. These secondary determinants include life choices and psychosocial well-being. Each determinant can directly affect quality of health in either a positive or negative way. Disparities that occur within social classes are referred to as social gradients, which are found within social and cultural hierarchies and are based on gender, age, and ethnicity. By using the intersectional model for health promotion, existing social gradients can be identified and addressed in ways that are relevant to a specific gender, age, or ethnicity. The intersectional model can be adapted when working with diverse populations and to target either individuals or groups that may be identified as vulnerable due to existing disparities. The intersectional model provides a framework to identify how diverse aspects of health promotion intersect and create both vertical and horizontally layering of health opportunities and constraints subsequently shaping teachers' identities on both a professional and personal level (Segall & Fries, 2011).

Kickbusch (2007) suggests the new form of health promotion is a more overt movement towards normalizing societal expectations for individuals and their responsibility for their own health. With modernity came the belief that health is a right and the salutogenic model offered health as a state that “can be created, managed and produced by addressing the determinants of health as well as by influencing behavior and lifestyles” (Kickbusch, 2007, p. 147). She suggests health promotion is an innovative form of health governance, which establishes “the rules, norms and principles” (Kickbusch, 2007, p. 147) upon which individuals are expected to follow as responsible healthy citizens. The shift towards individual responsibility is taken up in this ‘new’ approach to health promotion. Thus, the salutogenic approach to health promotion encompasses many more variables than its pathogenic predecessor. However, it takes on characteristics of the dominant socio-political trends.

2.3.3 Health promotion summary: From biomedical to sociological perspectives.

In review, health promotion originated from a biomedical approach with emphasis on the prevention of illness and disease. In the 19th century it was the responsibility of the state to ensure the health of citizens, which lasted until the 20th century when the responsibility shifted to the individual. Health promotion took the form of educating individuals on how to prevent illness and disease, and emphasized that it was the responsibility of the individuals to achieve healthy outcomes. As Lupton (1999) states, the creation and decision-making of health has been left to the individual and has “led to an increased delegation of risk management to the individual, the family, the community” (as cited in Kickbusch, 2007, p. 154). The research literature suggests that health promotion, through health governance, experienced a shift from a biomedical perspective to a sociological perspective to promote health. The importance of this shift is captured in Raphael’s (2003a) observation “that social determinants of health 1) have a

direct impact on health of individuals and populations, 2) are the best predictors of individual and population health, 3) structure lifestyle choices, and 4) interact with each other to produce health” (as cited in Segall & Fries, 2011, p. 116). It remains unclear if these social determinants impact teachers on both a professional and personal level, and if there is any connection to how their identities are shaped as a result of this impact.

2.4 Explaining the Shaping of Teachers’ Identities Through a Bourdieusian Lens

How teachers’ identities are shaped is complicated, and determining how social determinants contribute to this shaping is also complex. As mentioned earlier, I have chosen to frame these complexities using ideas from both Pierre Bourdieu and Michel Foucault. As Samuelsen and Steffen (2010) explain, “[l]ike Foucault, Bourdieu was interested in understanding the complex relationships between the subject and the society” (p. 5). Bourdieu (1984) suggested that individuals make either conscious or unconscious choices as part of their daily ritual or routine. He referred to this as logic of practice, which contributes to the formation of the habitus, and explained that the habitus differs for each individual dependent on his/her gender and class location.

Shilling (2010) describes habitus as “a socially constructed bodily disposition and associated body techniques that organizes each generation’s senses into particular hierarchies, predisposes people toward particular ways of knowing and acting, and promotes particular orientations to the world” (p. 158). For example, a white middle-class woman would most likely have more opportunity to purchase healthier food choices, access a variety of exercise programs and have knowledge of the importance of making healthy choices than a white lower-class woman living in poverty who does not financially have the opportunity to make healthy choices,

and perhaps does not have access to the knowledge outlining the importance of making healthy life choices. Wrench and Garrett (2013) describe Bourdieu's understanding of social capital as incorporating "systems of investments, exchanges and transformations of different kinds of assets that extend beyond economics to include cultural, social and symbolic" (p. 76). Bourdieu talks about social capital as a determining factor, which is dependent on the types and strengths of the social capital (Samuelson & Steffen, 2010, p. 5); and he sees social capital "as a kind of power or as the 'energy of social physics'" (Samuelson & Steffen, 2010, p. 5). Moola, Norman, Petherick, and Strachan (2014) note that,

for critical sociologists, the 'starting line' for practicing healthy active living, and thus the attainment of the 'good life,' is not the same for all, but is influenced by an individual's location in a broader web of power relations that mediate his or her ability to access social, cultural, and material health resources (p. 209).

Hence an individual's access to health is dependent on the social class that he or she exists within and is also dependent on the level of social power that he or she holds within that social class.

Bourdieu (1984) suggests that we are products of our social experiences and it is the interaction within our social environments that helps us to form our beliefs, values, and attitudes. Within the social experiences and interactions occurring within the social environment there is an "overlapping" (as cited in Sima, Tinning, & Rossi, 2010, p. 73) of these environments which Bourdieu refers to as fields. Examples of fields are our family, school, and work. Within each field there are "rules and relationships that work to shape practices" (Wrench & Garrett, 2012, p. 4). Bourdieu (1984) stated that social interaction contributes to the creation of both our habitus and the habitus of the field, and "through this ongoing experiential process, identities are

formed” (as cited in Sima, Tinning, & Rossi, 2010, p. 73). He believed that resistance operates on a continuum of the conscious to the unconscious through emotional impulses and desires. It is within the teachers’ habitus that cultural norms are worked and reworked, and may or may not resist against the norms of health promotion.

Through this habitus Bourdieu believed society affects us and we in turn affect society, creating a cyclical relationship between society and human behaviour. He “argues that the cultural capital stored in the schools acts as an effective filtering device in the reproduction of a hierarchical society” (as cited in Apple, 1978, p. 375). Abel (2007) infers that Bourdieu’s relational theory, which describes the relationship at the intersection of structure (identified as life chances and social controls) and agency (identified as human free will), is important to the intersectional relationship that identifies and defines health disparities (Segall & Fries, 2011). “He [Bourdieu] understands society as a multi-dimensional ‘social space’ made up of overlapping and interconnected cultural fields” (Segall & Fries, 2011, p. 217) and within these spaces behaviour is shaped and formed.

Within the existing complexities in the social structures and social relationships it is important to question in the context of structure and agency if individuals are actually free to choose positive healthy outcomes, or if they are a product of the environment in which they find themselves. Woodrow (2007) suggests that: “[o]ver the last decade teachers, teachers’ work and teacher education across all domains of education have been subject to increasing surveillance and regulation” (p. 233). Blame and accountability can be placed on the teachers by the state “for many of society’s ills” (Hamberger & Moore, 1997, p. 301). Apple (1988) agrees that the shift of blame has moved to the schools, accusing schools of eroding “traditional values and standards in the family, education and the paid workplace” (p. 275).

These ‘society ills’ are found within disparities, and these disparities remain Bourdieu states because of the logic of practice. The logic of practice refers to people moving through their social worlds making decisions and doing certain things without conscious thought, as well as making assumptions regarding certain things. As a result disparities continue to exist. Within the logic of practice, Bourdieu argued that a class habitus tends to reproduce the conditions of its own reproduction unconsciously (Apple, 2000, p. 243). It is important to consider the class habitus and the habitus of the field of the beginning teacher, as well as the experienced teacher, in order to determine the difference in the fields of practice, and in turn how these fields of practice may shape teachers’ identities. Sima, Tinning and Rossi (2010) state that more research is needed “regarding the HPE teaching community, the habitus shaping various worksites within schools, and the impact these have on student-teachers’ identities” (p. 81).

2.5 Explaining the Shaping of Teachers’ Identities Through a Foucauldian Lens

In contrast, Foucault believes that resistance or struggle is found in the forms of power existing in the relationships with governmental and institutional bodies. This power is not held by these bodies, but rather within the relationship with these bodies, which Foucault refers to as “power relations” (Samuelson & Steffen, 2010, p. 7). In defining bio-power, Samuelson & Steffen (2010) state that “power both subjugates and makes subjects” (p. 8). Joram and Babriale (1998) address subjectivity by stating that beginning teachers’ range of subjectivities “act as a lens through which new knowledge and ideas are interpreted” and the subjectivities “are constituted over time by personal histories, cultural beliefs and affective experiences” (as cited in Garrett & Wrench, 2008, p. 40).

The intersectional model for health promotion may aid in identifying health disparities; however, as discussed above, the dominant discourses on obesity continue to perpetuate the notion of an epidemic. Halse (2009) describes BMI as a “virtue discourse” with a “set of values, beliefs, practices and behaviours that establish regimes of truth and shape subjects and subjectivities by articulating and constructing particular behaviours and qualities as worthy, desirable and necessary virtues” (as cited in Wright & Harwood, p. 47). This “virtue discourse” gives credibility to the idea of bio-citizenry. Halse (2009) notes the concept of bio-citizenry “emerged as a new sociological and biological benchmark for describing, categorizing and differentiating between human beings and human societies” (as cited in Wright & Harwood, p. 50). The virtue discourse and idea of bio-citizenry have contributed to the legitimization of global surveillance. As Halse (2009) describes, the virtue discourses are taken up and accepted as truth, and I propose that through Bourdieu’s concepts of habitus, field and practice that these discourses are accepted in the field, reproduced by the logic of practice, and become part of an individual’s habitus. That is, an individual unconsciously reproduces what he or she understands to be true, and this becomes the cultural norm within this individual’s habitus that is continually being unconsciously reproduced.

If health is associated with virtuous discourses, how health ideals are being taken up by teachers becomes an interesting point of departure to think about the habitus being constructed in school settings as healthy school movements proliferate. McCaughy, Martin, Fahlman, and Shen (2011) indicate that little is known about how these initiatives affect teachers who are given the responsibility of having to implement them. Hausman and Ruzek (1995) highlight two concerns, which are “teachers’ confidence that they would be able to teach a comprehensive health curriculum and their perception of their preparedness to teach specific content areas of a

complex curriculum” (p. 82). It is essential to identify what discourses are being disseminated within the health promotion initiatives and what effects they may be having on the teachers’ identities on both a professional and personal level.

2.6 Critical Obesity Studies, the Science of Fatness, and Emotion

To establish why healthy school initiatives are implemented as a response to the childhood obesity epidemic it is helpful to understand what research findings have been used to determine the existence of an obesity epidemic, if these findings are accurate, and if there are other factors that strengthen the claim of an epidemic. Beausoleil and Petherick (2015) indicate that: “Policy makers across Canada have established programs promoting healthy eating and physical activity among youth as ways of preventing or counteracting obesity, with the assumption that lifestyle choices may solve the ‘problem’” (p. 407). Fraser, Maher, and Wright (2010) examined the relationship that emotion plays in the production of subjectivities, health, and public discourse about individual responsibility by using Sara Ahmed’s (2004) work to address “the ‘moral panic’ about fat” (p. 192) and the role that emotion plays in constructing the epidemic. They also referred to Monaghan’s (2005) work which challenges the science that is declaring an obesity epidemic and suggests that economics is a driving force of the epidemic. Monaghan (2005) sees the obesity epidemic stemming from a form of power. With this type of power subjects’ bodies are judged for their ability to demonstrate control and body management techniques. The skills that coincide with these abilities are often taught in physical and health education. Monaghan suggests that bodies are stigmatized given their deviance from cultural and social norms that label the obese body as an “inferior social status” (as cited in Fraser, Maher, & Wright, 2010, p.

196). The stigmatization coincides with shaming arising from a moral panic perpetuated in the dominant approaches to constructing an obesity epidemic.

The emotional aspect of the ‘obesity’ epidemic and the subsequent body and social relations are paramount in critical obesity scholarship. Fraser, Maher, and Wright (2010) argue that emotion cannot be ignored as emotions are “central to the production of social collectivities via its reading of bodies, and more broadly, its realisation that the social, the emotional and the corporeal cannot be separated” (p. 207). Emotion cannot be separated from the body, the subject, and the social when creating future discourses, as they exist together affecting one other. Emotion plays a role in the construction of the obesity epidemic, affecting the researchers’ and the public’s views on the fat body.

The relationship between emotion and the construction of the obesity epidemic is representative of the symbiotic relationship between the subject and the social world, each influencing the other. The data collected on obesity by scientists, how they package that data, and the discourses created based on the research outcomes influence this symbiotic relationship. Gard and Wright (2005) address this symbiotic relationship by drawing on Gould’s (1996) work that cautions scientists not to fall into the trap of interpreting the data to tell a story they want told. Scientists can find it difficult to avoid this trap when their research is commercially funded by a company that is financially motivated by the “production of the ‘war on fat’” (Fraser, Maher, & Wright, 2010, p. 197). Gard and Wright (2005) claim the creation of the unsubstantiated assumptions and generalizations are the basis of both public and scientific discourse. The consequences they suggest are two-fold: the first danger is an over exaggeration of the situation that threatens everyone, potentially creating “more harm than good” (Gard & Wright, 2005, p. 8), and the second is the misguided information used by people to explain the

epidemic. Examining how emotion plays a role then in the formation of health promotion discourses and the idea of an obesity epidemic is vital to ensure that health promotion is “doing good” and not creating “harm”.

Fraser, Maher, and Wright (2010) discuss how emotions “about fat shape the public and scientific debate” (p. 192) and help to construct the obesity epidemic. It is important to recognize that scientists are not immune to the influence of emotions. As argued by Gard and Wright (2005), a “simplification and misreading of the evidence about human body size reinforces our cultural prejudices about the sinfulness of being fat” (p. 106). If scientists are not immune to emotion, it is safe to presume that emotion can be found in the information regarding the obesity epidemic. This information is widespread within our culture, a culture that is dynamic and circulating, potentially feeding off of itself, perpetuating the notion of an obesity epidemic; but if the obesity epidemic is being considered only as a ‘notion,’ consideration must be taken as to the justification of school health promotion initiatives. This study will hopefully provide insight from the teachers’ perspectives on the obesity epidemic, the school health promotion initiatives that exist in their schools, and what effects each may have on the shaping of their identities on both a professional and personal level.

2.7 Teachers and the Embodiment of Health

With the inclusion of healthy school initiatives to the teachers’ habitus, it is essential to explore how teachers take up the message and how they embody health, both on a professional and a personal level. Using a Foucauldian theoretical framework, Martino and Beckett’s (2004) investigation of two male teachers’ constructions of health and physical education noted that the way teachers talk influence pedagogical practice “within the context of regimes of normalization, regulation and techniques of subjectification” (p. 240). They note that certain pedagogical

practices “get mobilised around certain gender norms” (Martino & Beckett, 2004, p. 240) creating inequalities. However, Garrett and Wrench (2008) found that beginning teachers were “less concerned with issues of social justice and equality” (p. 44) as they did not want to risk losing control of the children, and were more focused on the technical aspects of teaching. They concluded that “dominant social arrangements” and “taken-for-granted assumptions” played a role in perpetuating disparities (Garrett & Wrench, 2008, p. 56).

Lupton (1995) also focussed on highlighting the inequality in the existing health promotion discourses and policies, noting a tendency to privilege the subject “who possess the appropriate economic, cultural or symbolic capital” (p. 131). The discourses and policies feed into a consumer culture that promotes a particular way of being from which health is often conflated with appearance. As mentioned previously, consumer culture capitalizes on health emphasizing healthy eating and exercise, from which the population constructs ideas about bodies, health, and attractiveness. In particular, middle-class consumer culture idealizes the body, and often treats it as a commodity. Thus under self-control a body and health can be constructed through various consumer practices. Lupton (1995) indicates that educational institutions, like the military, have been “integral to the construction of the ‘healthy’ and ‘fit’ body (p. 146). Both institutions provide individuals with the skills to learn to take responsibility for their health. Teachers are often concerned about providing students with these skills; thus some beginning teachers might be less confident addressing the social justice issues that coincide with a blanket approach to health promotion.

Evidence identified by Webb, Quennerstedt, and Öhman (2008) regarding discourses in physical education suggests that through issues of embodiment and power the construction of the healthy body is formed. The embodiment of health refers to embracing the idea of the healthy

body defined by the virtuous discourse, which means a healthy body that is not overweight or obese. Through such factors as normalization and surveillance the healthy body is constructed and restructured, and it is of significance that one is mindful of what messages are being produced in the discourses for health promotion. With the embodiment of health there is acceptance of the virtuous discourse, a certain culture is established and accepted, and then reproduced through Bourdieu's field of practice to become part of the habitus. The privileging of certain actions over others leads to the formation of patterns and regularities pertaining to the construction of the healthy body. This construction of patterns and regularities discursively produces teachers' subjectivities, and is part of their logic of practice.

In a multi-faceted view of the construction of body and health, a study that was conducted in Australia and Sweden found that there was a "problematic relationship between healthy body discourses and the physical, mental, social and emotional health of teachers and students in physical education" (Webb, Quennerstedt, & Öhman, 2008, p. 359). The results of this research in Australia and Sweden indicate "that the construction of healthy bodies" privileged "a fit healthy body, and an at risk healthy body, mainly with normalisation and regulation as techniques of power" (Webb, et al, 2008, p. 369). Normalization and regulation was seen as a form of power, one in which an individual was required to conform to "a standard defining the normal" (Webb, et al, 2008, p. 367). This standard of normal was achieved by having a fit and thin body controlled by diet and exercise. Webb, et al (2008) indicates that certain knowledge and truths are taken for granted through this production of power. This power technique of regulation was seen through "healthism" in the discourses of physical education. Lupton (1995) defines healthism as an ideology that includes the notion that fitness and monitoring of the physical body leads to good health, and working through the assumptions that

the human body acts as a machine which is measured by an absolute science that is constructed by experts, and is “merely implemented by teachers” and it is seen as “privileging of the fit, slim, muscular body (as cited in Webb, et al, 2008, p. 368).

Because teachers use their bodies as a tool for work, they can experience a magnified concern for their bodies. Petherick and Beausoleil (2016) acknowledge that teachers are “confronting and confounding the daily tensions shaping who is a ‘good’ citizen and who is socially and culturally positioned to be a ‘good’ and healthy subject is part of teachers’ everyday dilemma” (p. 331). Health surveillance is linked to a performative culture, and teachers may feel pressure to ensure that they are healthy role models. Teachers may feel a moral duty to be healthy, and if teachers see it as their moral duty, through the embodied experiences of healthism to uphold the expectation of being a healthy role model, then they are under the scrutiny of the health surveillance, but may also serve as part of that health surveillance. The teacher’s gaze and self-surveillance can be considered part of the health surveillance, and can become part of the field of practice within that habitus. Given that discourses of surveillance are generally heightened in relation to healthism, how early-years generalist teachers experience new or increased emphasis on healthy practices in school setting remains under-researched. Webb and Quennerstedt (2010) caution that further research is needed to identify the consequences of this health surveillance and the role that the teachers may play. This complex relationship gives further reason to investigate how health messages are embodied and shape teachers’ identities on both a professional and personal level.

2.8 Surveillance and Health Interventions in Primary Schools

The shift to intervention measures when dealing with unhealthy behaviours is focused on early prevention, which makes schools a target site “for getting children more active, ‘thin’ or changing their eating patterns” (Evans & Rich, 2011, p. 365). The shift to intervention created new health and education policies that promote both mass health surveillance and self-regulation. The focus has been on the effects of the children, but there has been little research relating to the teachers in regards to the potential effects as a result of the health surveillance, self-regulation, and the language used in the related discourses. It is important to review the language and discourses used when attempting to identify truths and establish policy, as they have the potential to influence how teachers perceive themselves and others.

For this reason Evans and Rich (2011) believe that it is important to challenge the “obesity discourses constructed *outside* schools” (p. 368), as the power and control of these discourses translate into the wider health discourses that are responsible for the bio-policies created and the principles of bio-pedagogy. Moola, Norman, Petherick, and Strachan (2014) write that “these body pedagogies are taken up in schools and curricula” (p. 212) and are “shaping cultural ideals and entrenching knowledge hierarchies” (p. 212). These obesity discourses that originate outside of school are being translated into school policy for health and education, further promoting health surveillance. School policies, when translated formally and informally into school practices, are referred to as biopedagogies, which involve “structures of meaning defining what the body is and ought to be” (Evans & Rich, 2011, p. 367). Shilling (2010) describes bio-pedagogy as moving,

from a concern with identifying the external manifestations of social facts, to an interest in how embodied subjects experience these facts, and to a further focus on

their internal dimensions by examining the extent to which they are actually embodied in a set of outcomes that can be referred to as a habitus (p. 158).

Evans and Rich (2011) state that no one can escape the “evaluative gaze” (p. 367) as a result of the changes in power and authority. If no one escapes the “evaluative gaze” then it must be considered that the teachers are included, and if so then this becomes part of a teacher’s habitus making it important to consider how this “evaluative gaze” may shape their identities on both a professional and personal level.

The performative aspect of health culture creates standards of comparison that are established to protect, yet these continue to evolve and change. With the changes made to the Body Mass Index (BMI) indicators used as the standards of comparison, and with this continuing evolution and change “teachers and students are damaged in this process” (Evans & Rich, 2011, p. 371). Teachers, when using their bodies as tools for the purpose of serving as a health role model, undergo surveillance “both inside and outside the school setting” (Petherick & Beausoleil, 2016, p. 335). What then occurs is an environment where surveillance of what teachers eat, if they exercise, and how they are viewed by other teachers and other individuals outside of the school environment, is accepted as part of a culture of surveillance. Within this surveillance culture, if teachers accept this as part of being a teacher, it becomes part of the habitus of the teacher. Shilling (2010) reveals, however, “that the production of a specific habitus is not a guaranteed outcome of any single set of body pedagogic means and their associated experiences” (p. 158). There is potential for negative health outcomes with the constant altering of social identities by introducing new descriptions and narratives of an existing habitus. Within the production of social habitus as it relates to health, subjectivities become part of the “virtue

discourse” that propels people into thinking and believing that healthy is good, and individuals who follow dominant health practice are thus virtuous.

In reaction to the obesity epidemic, government funded initiatives and programs have influenced the pedagogies of physical education and nutrition in the primary schools. These pedagogies have been identified “as the major resources in the crusade against childhood obesity” (Welch & Wright, 2011, p. 199). Physical activity and nutrition are often seen as simplistic cures to obesity, but this simple solution to a complexity of causes is concerning. There are further concerns regarding the debate over having health and physical education taught by generalist teachers. The basis of this concern arises from where the teachers draw their knowledge from, what values they hold regarding health and physical education, and how they translate their knowledge to their students. It is also important to learn what generalist teachers graduating from university embody about health and their bodies. Welch and Wright (2011) note that primary teachers receive minimal training in how to deliver health knowledge; thus based on this research it seems important to better understand how beginning and experienced teachers construct, respond to, or resist healthy schools campaigns within the Canadian context.

Literature addressing teachers’ responses to health are emerging, but much of this research is from the discipline of physical and health education, and in particular from Australia or the United Kingdom. There has been minimal research that has focused on Canadian generalist teachers’ responses to healthy school practices within this country. Thus further research is required to identify how early-years teachers’ identities, on both a professional and personal level, are affected by constant health surveillance and how this may affect how they embody health.

2.9 The Significance of Teachers' Identities

When investigating if the healthy school discourses influence the shaping of teachers' identities, it is essential to consider the significance of teachers' identities on both a professional and personal level. As with any profession, there is the expectation that teachers will perform their duties in a professional manner. Day (2002) notes that there has been an increase in governmental "control of curriculum content, pedagogy and assessment historically associated with teacher professionalism" (p. 680). Explaining Hargreaves' (2000a) four historical phases that professionalism has passed through to reach the current increased governmental control on curriculum, Day (2002) notes this in turn impacts teachers' professionalism. The four historical descriptions are:

- (1) the pre-professional (managerially demanding but technically simple in terms of pedagogy);
- (2) autonomous (marked by a challenge to the uniform view of pedagogy, teacher individualism in and wide areas for discretionary decision taking);
- (3) collegial (the building of strong collaborative cultures alongside role expansion, diffusion and intensification); and
- (4) post-professional (where teachers struggle to counter centralized curricula, testing regimes and external surveillance, and the economic imperatives and marketisation) (as cited in Day, 2002, p. 680).

This account of the history of professionalism reflects how teachers' experiences in the classrooms have moved from one of autonomy to one of heavy regulation and evaluation.

Sachs (2003) notes that teachers can assume two contrasting forms of professional identity:

1) entrepreneurial and 2) activist (Day, 2002). The entrepreneurial identity is described as

“being individualistic, competitive, controlling and regulative, externally defined and standards-led” which is in response to “performativity, managerialist agendas” (Day, 2002, p. 681). The activist identity is defined as “teachers primarily concerned with creating and putting into place standards and processes which give students democratic experiences” (Day, 2002, p. 681).

Sachs (2003) argues that the activist identity provides an opportunity for collaboration within classrooms and schools allowing for inclusion of “societal ideals and values” (as cited in Day, 2002, p. 681). With this collaboration and inclusion, the meeting of structure and agency, and through a continuous and dynamic relationship between the habitus and field identities are formed (Sima, Tinning & Rossi, 2010). Bourdieu and Wacquant (1992) note within this dynamic relationship and “over time, through practice in the field, socially constructed ways of thinking become embodied in individuals and thus ‘naturalized’” (as cited in Sima, Tinning, & Rossi, 2010, p. 73). With an activist identity bringing collaboration to the classroom and inclusion of societal ideals and values, there must be consideration that at both the professional and personal level, identities of the teachers are part of this collaboration and inclusion.

As Day (2002) indicates, teachers bring a personal part of themselves into their work, and both their professional and personal values and aspirations are intimately linked. Kelchtermans and Vandenberghe (1994) indicate that “the self is a crucial element in the way teachers themselves construe the nature of the job” (as cited in Day, 2002, p. 682). Kelchtermans (1993) believes that the professional and personal self evolve over time and include five interrelated parts:

- 1) self-image: how teachers describe themselves through their career stories,
- 2) self-esteem: the evolution of self as a teacher, how good or otherwise ad defined by self or others,

- 3) job-motivation: what makes teachers choose, remain committed to or leave the job,
- 4) task perception: how teachers define their jobs, and
- 5) future perspective: teachers' expectations for the future development of their jobs (as cited in Day, 2002, p. 683).

From this description of interrelated evolution of the professional and personal self, a summation can be made that teachers' identities are not only constructed through the technical aspects of teaching, such as instruction in the classroom, but also from their personal interactions with the social, cultural, and institutional environments which shapes their own habitus.

Sima, Tinning, and Rossi (2010) believe "that individuals have agency while constrained within societal conditions" and describe Bourdieu's (1984) "conceptual tools of habitus, field and practice helpful for making sense of HPE student-teachers actively forming identities while immersed within broader school and societal contexts" (p. 73). Janzen (2013) sees agency as occurring "between the push and pull of subjectification" where there is "a space for making conscious decisions about how to respond to various authoritative and internal discourses" (p. 391) which she describes as "a moment of reflexivity" (p. 391). It is in this moment that teachers may be compelled to push against the constraints of agency, challenge their logic of practice, and change their teachers' habitus, in turn affecting their identities on both a professional and personal level.

Teacher identity is described by Beauchamp and Thomas (2009) as "dynamic" due to internal and external issues where there is an "unclear distinction between personal and professional identity" (p. 177). They describe the professional and personal self as linked "mirror images of one another," (p. 180) which involves complex factors that are required to understand teacher identity. The "mirror images" refer to the entangling of the professional and personal

self, that one affects the other, and are not separate identities but rather interrelated. Day (2002) states that teachers' professional identities are formed by how they feel about themselves and towards their students, yet their personal identities are often omitted in discussions of the pursuit of professionalism. He stresses that there "is an unavoidable interrelationship between professional and personal, cognitive and emotional identities" (Day, 2002, p. 684). When considering the existence of this interrelationship, there is caution from Apple (2000) that there is "a growing scarcity of resources both emotional and physical" as teachers continue to have very busy schedules and the addition of healthy school initiatives further contributes to this business (p. 239). With this study I hope to better understand how early-years generalist teachers respond to such approaches to health in their school settings, and address how these stresses may be impacting the early-years generalist teachers' identities on both a professional and personal level.

2.10 Vulnerability and Teachers' Identities

Given the dominance of obesity discourse in schools, Welch and Wright (2011) suggest that early-years generalist teachers should be provided opportunities to challenge and question these narratives during their pre-service training or within professional development. The early-years are often the times when technocratic approaches to teaching about physical activity and health overlook the complex issues that arise when talking about health or providing activities for children to be active. These authors also state that early-years generalist teachers may find themselves inappropriately prepared to address health topics thus creating a sense of vulnerability and stress for teachers due to a lack of knowledge and expertise. As Evans and Rich (2011) note, teachers and students are judged by norms that are established outside of the

school; thus as teachers speak about health there is a recognition that their knowledge and bodies may be judged by students, other teachers, and students' parents. It is important to understand how health discourses play out in schools as reinforcing factors that perpetuate body norms and the value judgment that coincide with healthy ideals.

Teachers are described as being the “centerpiece of educational change;” however, their emotions regarding these changes are seldom considered (Schmidt & Datnow, 2005, p. 949). Reio's (2005) analysis of the interrelationship between emotion, identity, and change drew attention to “the role of teachers' emotions in the formation of their identities as teachers when confronted with change” (p. 985). In his review of teacher emotion he notes, “risk taking, emotions, and professional vulnerability significantly contribute to teachers' identity formation” (Reio, 2005, p. 986), therefore emotions and values that affect teachers' sense-making need to be recognized in research examining teachers' experiences. If teachers' morals and values are being challenged it is important to consider how it may have an effect on their identities on both a professional and personal level.

Burrows and McCormack (2012) indicate that the research conducted thus far has been in the area of physical education teachers, but very little is known about the perceptions of primary teachers. Green, Smith, and Thurston (2009) “suggest ‘the impact of emotion as well as reason’ have all been implicated in the production of particular professional knowledge and orientations towards both subject matter and students in physical education” (as cited in Burrows & McCormack, 2012, p. 730). Kelchtermans (2005) construes that “emotions are understood as experiences” and “are treated as meaningful experiences, revealing teachers' sense making and showing what is at stake for them” (p. 996). In my study, the intention is to identify how teachers

make sense of the school health initiatives through both professional and personal contexts, how they interpret and translate that knowledge, and how their identities may be impacted.

The teachers' emotions produced by the demands placed on them are often a by-product of their sense making, and how they align with their morals and values both within a professional and personal context. These emotions or "reactions" of the teachers, which Kelchtermans (2005) refers to as "agency" (p. 996), are the result of teachers' sense making or understanding through social, cultural, and identity contexts. The expectation of teachers to meet the needs and demands of their students, from individuals outside the classroom such as school administrators, school districts, government officials, and parents, can induce emotions (Darby, 2008).

Similarly, van Veen and Lasky (2005) viewed emotion as an important contributing factor in forming identity, and used "emotions as a lens for looking at teacher identity and educational change" (as cited in Darby, 2008, p. 1161). Some of the determining factors in identifying teacher identities are self-image, job motivation, future perspectives, self-esteem, and task perception. Burrows and McCormack's (2012) research revealed that "teachers' personal health values, experiences, and understandings appeared to be influencing their practices" (p. 731). They discovered that teachers' personal knowledge, values, and beliefs of health were connected to their "dispositions, beliefs and practices" (p. 732). The researchers found "that it is not only 'local' cultures that shape the ways health messages are received, but also that personal/political understandings of individual teachers are very much implicated in any answer to the question 'what is the problem?'" (Burrows & McCormack, 2012, p. 735).

To maintain teachers' identities, Reio (2005) believes that there must be an environment within the school that provides both formal and informal learning on a continuous basis. His research suggests that it is paramount that teachers are provided with this formal and informal

training (for example, mentorship with a more senior colleague or opportunity to collaborate with fellow colleagues) to equip teachers with the tools that they need to uphold both a positive professional and personal identity. Kelchtermans (2005) emphasizes that “working conditions at the school level play a crucial role as mediating factors, interfering in the processes of teachers’ sense making of changes in policy and society and the emotions that go with it” (p. 1003).

An example of creating supportive working conditions that assisted teachers in the sense making of policy changes is included in the “Healthy Schools Programme” report published in Hong Kong (Lee, Tsang, & To, 2003, p. 174). The report concludes that to implement health-promoting programs effectively, teachers must “understand the basic concepts and communicate their meaning to others” (Lee, Tsang, & To, 2003, p. 174). The authors emphasize the need for training teachers, as well as encouraging collaboration amongst fellow teachers to ensure success of the healthy school model. Through clear communication and training, the implementation of the new school health education curriculum was successful, and the teachers’ understanding of the policies was successful. Based on this example of Hong Kong’s Healthy Schools Programme, clear communication and training are keys to a successful implementation.

Without clear communication and training, teachers can experience vulnerability and negative emotions that negatively affect their identities. Salzberger and Wittenberg (1996) state “our capacity to function intellectually is highly dependent on our emotional state” (as cited in Day, 2002, p. 685). Burrows and McCormack (2012) conclude that “once teachers’ own personal and political aspirations are added to the mix, it is multiple and uncertain effects that are yielded rather than normative ones” (p. 741). It is therefore important, as Schmidt and Datnow (2005) state, to examine the effects on teacher emotions and their identities and how in turn these effects

may “undermine or undervalue teachers’ own moral purposes” potentially creating vulnerability (p. 962).

Bandura (2004) believes that “schools are inadequately equipped with the resources, training, and incentives to undertake health promotion and early modification of habits that jeopardize health” (p. 158). He believes that the onus for health promotion should not just be on the school, hence the teachers, but also include the “home, the community, and the society at large” (Bandura, 2004, p. 158). Segall and Fries (2011) also do not believe in placing the onus only on schools and teachers in the attempt to address childhood obesity through health promotion discourses; rather, they regard the obesity epidemic as “a huge multidimensional issue which requires everybody to change their policies and practice” and “every branch of society has to be involved if we are to avoid an overwhelming financial and societal burden” (p. 201). The literature demonstrates that there is not widespread agreement on what teachers’ roles are or should be in constructing and disseminating health discourses in schools. The intent of my study is to help identify what discourses are included in school health promotion initiatives and contribute to the gap of knowledge on the potential effects health promotion initiatives may have on early-years generalist teachers’ identities.

2.11 Chapter Summary

The literature reviewed in this chapter suggests an increasing number of researchers oppose the notion of an obesity epidemic that is supposedly affecting every demographic. Scholars are questioning the obesity research that is being used to create health promotion policy, which is being implemented as interventions within school curriculum. A historical review of health promotion efforts reveals that much of the obesity discourse is based on the

measurements obtained from the BMI, which creates powerful discourses without taking into account the shortcomings of this measurement. These powerful discourses uphold the notion of an ‘ideal’ body image, which is formed from these measurements, and many researchers, governments, and media outlets continue to report it as a valid measurement of obesity.

It became apparent during the literature review that societal views and messages about the body influence biopedagogies in schools. As teachers work at being ‘good’ responsible professionals, serving as role models, they are learning to navigate through these messages that are filtered through the organization of schools via healthy school initiatives. In addition to the school messages, the messages from the discursive practices of the broader social world inform how people conduct themselves in school and also how they learn to think and feel about bodies and health. This literature review establishes that we know relatively little about how healthy school culture shapes early-years generalist teachers’ identities on both a professional and personal level. These identities are not seen as two separate identities, but rather are a “mirror image” (Beauchamp & Thomas, 2009, p. 180) of one another; that is, what is experienced in the professional habitus is experienced in the personal habitus because they are interconnected and overlapping. Fernandez-Balboa (1998) substantiates this claim by arguing “that in teaching, the personal and the pedagogical cannot be separated and what happens in one area deeply affects the other” (as cited in Wrench & Garrett, 2012, p. 1). This literature review reveals that emotion is often not taken into consideration as part of the shaping of teachers’ identities on both a professional and personal level.

Emotion is defined here as feelings of stress, vulnerability, and/or external judgement impacting teachers on both a professional and personal level. Emotion may be the result of teachers not feeling like they are healthy role models to their students, not having enough

classroom time, or not being able to respond to the needs of their students, among other examples. It is evident that large amounts of responsibility and accountability are placed on teachers, and more is continually being asked of them without consideration for what emotions may be evoked from this increased responsibility and accountability. Healthy school initiatives have been incorporated into many school curriculums, and many teachers are required to include these initiatives as part of their daily curriculum. The literature review highlights that support is needed to provide adequate professional training when new initiatives are being released in school settings. Also clear communication on the purpose and benefits of these initiatives is needed, as well as training and resources through professional development; otherwise feelings of vulnerability and resentment may develop among teachers as they may feel unequipped to implement healthy school initiatives in their classrooms. Lee, Tsang and To (2003) discovered through an examination of examples from the European Network of Health Promoting Schools that “The main problems encountered were lack of resources and insufficient training opportunities” (p. 174). In particular, if health initiatives are mandated in a school setting, the complex relationship individuals have with health make it an interesting point of departure to think about how the habitus is being constructed in school settings as healthy promotion messages proliferate. By using Bourdieu’s conceptual tools of habitus, field, and practice and Foucault’s perspective on power relations, and the current biopower initiatives occurring in schools, this study attempts to fill some of these gaps related to teachers’ subjectivities as they continuously shift between professional and personal knowledge.

Chapter 3: Methods and Methodology

As demonstrated in Chapter 2, efforts to combat the so-called obesity epidemic often focus on implementing ‘healthy’ initiatives within early-years curriculum or through extra-curriculum initiatives; however, how teachers perceive and respond to health promotion initiatives remains a relatively unknown area of inquiry. What is also unknown is how the healthy school initiatives may impact teachers’ identities on both a professional and personal level. From the literature reviewed in Chapter 2 it is evident that the professional and personal selves of teachers are closely linked and interconnect and overlap, and this became evident when examining how healthy school initiatives impacted early-years generalist teachers’ identities. Learning more about how early-years generalist teachers navigate their professional responsibilities to educate students, while also being charged with promoting health or healthy lifestyles, will help provide insight into how a sample of teachers experience these initiatives occurring within their schools. Therefore the objective of this study is to gain insight into the dynamics and effects of healthy school culture on the identities of early-years generalist teachers.

3.1 Methodology

Both a qualitative research approach and constructionist epistemology was utilized in this study. With a constructionist epistemology there is an understanding that multiple realities exist. This is based on the assumption that these multiple realities exist as each human being interacts with the world differently and will assign different meaning to the same phenomena.

Constructionism is defined by Crotty (2010) as, “all knowledge, and therefore all meaningful reality as such, is contingent upon human practices, being constructed in and out of interaction

between human beings and their world, and developed and transmitted within an essentially social context” (p. 42).

This epistemology suggests that the phenomena can be considered open for interpretation; and with this understanding I employed symbolic interactionism as the interpretative framework. Symbolic interactionism is defined by Taylor (1998) as placing “primary importance on the social meanings people attach to the world around them” (p. 11). Gibbs (2007) perceives these constructed meanings as an attempt by individuals to understand their experiences within the context of the world in which they live. To capture the meanings and experiences of early-years generalist teachers this study used semi-formal interviews as the research method. By employing qualitative methods based in a constructivist epistemological framework, this chapter explains the methods used to explore early-years generalist teachers’ professional and personal values, assumptions, and experiences of healthy school culture and the promotional initiatives constructing health discourse in Manitoba schools.

3.2 Methods

To investigate how promoting a healthy school culture impacts teachers’ identities on both a professional and personal level, individual semi-structured interviews were conducted with a sample of early-years generalist teachers. Nine open-ended questions were devised to guide the interview and to ensure that the focus of the study was maintained (see Appendix A).

Only early-years generalist teachers were invited to participate in this study. Based on the literature reviewed in Chapter 2, it became apparent that a majority of the healthy school initiatives were implemented at the early-years’ level to coincide with children’s development and with the goal of educating them at an early age to supposedly enhance their healthy

development. Initiatives are usually school-wide approaches thus generalist teachers are often responsible for delivering healthy school initiatives in their classrooms, and as Bandura (2004) suggests, they can be ill-equipped to do so. Early-years physical education specialist teachers were excluded from this study as their knowledge base with healthy school initiatives may differ from those of early-years generalist teachers. In addition, given the range of school-based approaches to constructing a healthy school culture, I chose to research only one school division to focus on the types of initiatives, programs, support, and organizational structure within one school division. Similar policies and guidelines regarding healthy school initiatives were more likely to be structured around specific themes or topics within one school division, thus this research project is not a comprehensive study of healthy school initiatives throughout the province. The teachers identified several initiatives in their schools, including the use of the Canada Food Guide, the organization of Active Start Programs at the start of day for students and staff, and the promotion of allergy awareness. A search of the school division's website failed to produce any information about any division-wide healthy school initiatives. However, when I examined the websites of the specific schools in which the teachers in this study worked, I found information on the initiatives listed in Table 1.

Table 1. List of Initiatives Identified on School Websites

	School #1	School #2	School #3	School #4
Intramurals		X		X
Inter-School Teams		X		X
Chess Club				X
Music				X
Special Events		X		

Note: Schools 1 and 2 did not have any initiatives listed on their website.

3.2.1 General recruitment procedure.

The first step in the recruitment process involved obtaining approval from the Education/Nursing Research Ethics Board (ENREB) at the University of Manitoba to conduct the study. Once ENREB approval was obtained, a letter (Appendix B) was sent to the superintendents of four separate school divisions within Winnipeg, Manitoba with the goal of gaining approval to conduct this study in one school division.

Superintendents from all four school divisions responded to the invitation to participate with a positive reply indicating that they wished to participate; however, for the purpose of this study, only one school division was selected. The superintendents from the three remaining school divisions were sent an email thanking them for agreeing to participate in the study and explaining that because of the scope of the study and time constraints only one school division would be used, and the first school division of the superintendent that replied first was chosen. I offered to share the results of my study, upon successfully defending my thesis, with the superintendents of each of the other school divisions that were not chosen, and I also offered to make a presentation of my results if they so desired.

Using one school division allowed for purposive sampling. This method of selecting participants involves selecting “individuals and sites for study because they can purposefully inform an understanding of the research problem and central phenomenon in the study” (Creswell, 2007, p. 125). Purposive sampling provided the ability to select the participants according to a shared knowledge and/or characteristics related to the purpose of this study.

After obtaining approval via email from the superintendent of the selected school division, I sent a letter via email to each of the 19 principals of the early-years schools within that school division asking if they would be interested in participating in the study. Of the 19 principals

contacted, 12 agreed to participate, five declined to participate, and two did not respond. The initial email to the principals was sent out in early March 2015, with a follow-up phone call two days later to ensure that they had received the email and to make personal contact with the principal. If I did not hear from the principal within a week's time, I followed up with another email by forwarding the original email and stating that I was following up on my initial email and adding that I had left either a message with the school secretary or on voicemail. If I did not receive a return email or phone call, I sent out another a final follow-up email and tried to reach the principal by phone once again.

Once a principal replied indicating that he/she would be interested in participating and he/she had signed and returned an informed consent form (Appendix C), I sent a letter of information/invitation to the teachers working in that principal's school (Appendix D) outlining the study. The principals had a choice as to how the teachers received the letter of invitation. These letters were either delivered in hard copy to the school to put in each of the teachers' mailboxes or an electronic version of the letter was sent to the principal to forward to his/her teachers via the school's email system. I also requested in the letter to the principal that a recruitment poster (see Appendix E) be posted in the staff lounge of his/her school which described the study and invited individuals to participate. Some principals requested an electronic version of the poster to share with the teachers along with the electronic letter of invitation.

The teachers invited to participate in this study were early-years generalist teachers and were recruited by use of posters on staff bulletin boards as well as a letter of invitation sent via email inviting them to participate in this study. After the initial emails/letters were sent/given to the teachers, I followed up within one week with the principals, requesting their assistance in

resending the emails to their early-years generalist teachers. If they had put letters in the teachers' mailboxes I inquired about the possibility of using email to send an electronic version of the letter via their internal email system. During these follow-up phone calls, several of the principals suggested visiting their schools over the lunch hour to give the teachers a chance to meet me, and for me to briefly explain my study. To be able to conduct these visits, I submitted an amendment request for my research ethics protocol that would grant me permission to visit the schools that had initially agreed to participate, and received approval from ENREB to do so. I sent out a separate email to each of the 12 principals to notify them that I had received research ethics approval to visit their schools, but received permission to visit from only four principals. Visits to schools were made during the schools' lunch hour breaks. During my visit I made a brief oral presentation in regard to the purpose of my study and then the individuals present were asked if anyone would like to participate in the study. To thank them for allowing me to interrupt their lunch break I brought with me either a fruit or a vegetable tray that I left in the staff room along with a copy of my recruitment poster. Initially I had hoped to have 12 participants, but managed to recruit only eight participants. I closed the recruitment for the study at the end of the school year in June 2015.

The principals who accepted the invitation to participate in this study were very supportive and welcomed me into their schools. Their support was shown by their promptness in responding to my phone calls and emails, and willingness to put up recruitment posters for me or send the poster out by email to their teachers. Although the principals were encouraging and appeared to be enthusiastic about my study they did indicate that their early-years teachers were extremely busy and it may be difficult to recruit them to participate in my study. It was suggested by several principals that I visit their schools over the lunch hour and make a brief oral presentation

to their teachers in the staff lounge to give the teachers a chance to meet me in person before they made a decision as to whether to participate or not; however, I discovered that this was not an effective method of recruiting teachers because the teachers were aware that I would be visiting and quite often did not come into the staff lounge. During the visit to one school, a teacher indicated to me that she would be the only one coming in and promised that she would participate in my study. I believe that the teachers did not appreciate the intrusion on their “off time” and I also sensed that sometimes they were not pleased that I was there. If this is what they were feeling, I could appreciate why as I recognized how busy they were, and for me to intrude on their lunch hour to ask them for 70 minutes of their time may have been perceived by them as too much of a time commitment.

3.2.2 Participant details.

The participants in this study consisted of eight early-years generalist teachers, that is, teachers who teach kindergarten to grade four. All participants are employed at schools located in one school division in Winnipeg, Manitoba, Canada. Each participant took part in an individual in-person interview. The following is an introduction to the eight teachers that participated in my study.

The first teacher that I interviewed selected the pseudonym Wendy. She has been teaching for over 30 years, and she indicated that “I was raised by an educator and so I knew from a very very early age that I wanted to be a teacher.” Wendy has taught kindergarten as well as grade one and two, in two different school divisions during her career.

Susan was the second teacher that I interviewed, and she has been teaching for 15 years within the same school division. She has taught kindergarten to grade 6, but also had the opportunity to teach French, hold a reading recovery position (this is a position where a teacher

is appointed to work with students on an individual basis to improve their reading skills), and serve in a resource role.

Ms. Bindergarten was the third teacher to participate in the study, and she has been teaching for nine years. When asked why she wanted to be a teacher she responded “it just seemed to fit with my personality. I’m generally a bubbly person and enthusiastic.” She has taught both kindergarten and grade four.

Ms. S was the fourth teacher who agreed to participate in this study, and she has been teaching for eight years. Her teaching career began in Europe and because of her husband’s career they moved to Canada where she resumed her teaching career. She initially had not planned to teach but rather she wanted to be an Active Schools coordinator, but was told she needed more experience with working with children, so she decided to go back and get her teaching certification. After completing this certification she said, “I found out I actually enjoy being in the classroom and I love teaching. So I kind of fell into it not knowing that I was going to love it so much.”

Michelle was the fifth teacher that participated in this study. She is in her second year of teaching and she too had not planned to be a classroom teacher but rather a “phys. ed. teacher.” In fact, she had started her education thinking that she would be a geologist but found that she preferred working with people and that geology was not the right fit for her. She first took a classroom teacher position, and when she was offered a “phys. ed. position” she turned it down to remain in the classroom because as she indicates, “it’s so fun (she laughs) umm...umm...it kind of just fell into my lap being a teacher...and I am so happy that it did.”

The sixth participant in this study selected the pseudonym Kelly. She is a single parent working full-time. Kelly indicated that she had started out studying to be an accountant but soon

realized that she did not “find accounting interesting.” It was on a visit to her friend who lived and taught school in Mexico that she discovered after spending 10 days there and “most of the time in the classroom – I loved it and I started pursuing education right away” upon her return to Canada.

Shirley was the seventh participant and is in her third year of teaching. Originally she said she tried to avoid a teaching career by travelling, then taking a job as a nanny, and then teaching preschool. “My parents were both teachers so it seemed like the natural progression, but knew in my heart that is what I was going to do eventually.”

The final participant in this study selected the pseudonym Anne, and she was just finishing her first year of teaching. Anne said that she always liked helping younger children and would volunteer in a school while she was finishing high school, and it was in this capacity that she “fell in love with being with the kids.” Her parents were also teachers and she chatted with her parents about becoming a teacher, and Anne felt that “it was a good fit” for her.

I did not intentionally recruit only female participants, but every participant who volunteered was female. No male early-years generalist teachers volunteered to participate.

Table 2. Teachers’ Age Range and Years of Teaching

Name	Age Range	Years of Teaching
Wendy	50-59	30
Susan	40-49	15
Kelly	30-39	12
Ms. Bindergarten	30-39	9
Ms. S	30-39	8
Shirley	30-39	3
Michelle	20-29	2
Anne	20-29	1

3.3 Study Design

3.3.1 Single-case study.

McCormick (2000) notes that a case study can take the form of research or as a methodology, and either form can function within different research paradigms. For the purpose of this project, the single-case study was implemented as a method to examine several schools in one school division in-depth. In addition, I used a constructionist framework which is described by Searle (1995) as “built upon the premise of a social construction of reality” (as cited in Baxter & Jack, 2008, p. 545). By assuming a constructivist paradigm in this single-case study I sought to examine the impact healthy school initiatives have on teachers’ identities both on a professional and personal level by using an interview process with a potential outcome of gaining insight into their perspectives on healthy school initiatives. As noted by Baxter and Jack (2005) constructivism provides the researcher with a chance to work in close collaboration with the participants, which in turn may provide the opportunity to have the teachers feel more comfortable meeting with me.

This case study involved a sample of early-years generalist teachers (described above) who all work in the same school division. Merriam (1988) notes that it was not until the late 1960s and early 1970s that case study research was recognized by the United States federal government as providing “useful insights into educational practice and proved helpful in forming policy” (p. xi). Case study is defined by Yin (1989) as “an empirical investigation that investigates a contemporary phenomenon within its real life context; when the boundaries between phenomenon and context are not clearly evident; and in which multiple sources of evidence are used” (as cited in McCormick, 2000, p. 246). I chose to use a case study approach to capture the understandings and perspectives of the early-years generalist teachers in relation to the healthy

school initiatives. From my literature review it became apparent that there was a lack of research available; yet there appeared to be numerous internal and external forces guiding the development and implementation of healthy school initiatives. Gall, Gall, and Borg (2005) note that a case study helps to “describe, explain, or evaluate particular social phenomena” (p. 306) and assist in the exploration and refinement of educational practice.

Merriam (1988) believes that research that is based on the perspectives of those being studied, “offers the greatest promise of making significant contributions to the knowledge base and practice of education” (p. 3). To ensure that this single-case study captured the lived experiences of the participants in rich detail, I examined the experiences of early-years generalist teachers working within the same school division on the assumption that they would be under the same governance structure for healthy school initiatives within their school environments. Using semi-structured interviews and field notes, I attempted to identify the commonalities and differences constructed by participants in this research study, and to gain insight into the culture of health promoting initiatives within several school contexts.

3.3.2 Semi-structured interviews.

Each semi-structured interview lasted between 30 and 40 minutes. The interview guide (Appendix A) consisted of nine open-ended questions that were used to guide the interviews. The semi-structured interview consisted of a series of open-ended questions designed to serve as both an interview guide and reference check to ensure the purpose of the study continued to be the focus throughout the interview process without influencing the responses of the participants. Kvale (2007) describes the semi-structured interview as “a conversation that has a structure and a purpose” and is “a construction site for knowledge” (Kvale, 2007, p. 7). When I first sat down with each of the teachers I explained that we were simply going to have a conversation and that

the nine questions that I had would help guide that conversation. By introducing the interview as a guided conversation I wanted to present the interview as semi-structured, but with the emphasis that there was some flexibility in the process.

The questions for the individual interviews were designed from a phenomenological perspective. As Taylor (1998) explains: “In contrast to practitioners of a natural science approach, phenomenologists strive for what Max Weber (1968) called *verstehen*, understanding on a personal level the motives and beliefs behind people’s actions” (p. 4). Moreover, Taylor (1998) adds that phenomenologists “view human behavior, what people say and do, as a product of how people define their world” (p. 10). Hermeneutic phenomenology “is not only a description, but it is also seen as an interpretive process in which the researcher makes an interpretation ... of the meaning of the lived experiences” (Creswell, 2007, p. 59). Working from this perspective I framed the interview questions to explore teachers’ professional and personal values and factors shaping their social construction of health in relation to the school setting. Using a hermeneutic phenomenology perspective is instrumental to me, as the researcher, in the interpretation and meaning of the teachers’ lived experiences in relation to healthy school initiatives.

3.3.3 Data collection.

Interviews took place over each participant’s lunch hour, immediately after the school day, or at another time and location that was convenient for the participant. I remained flexible to accommodate each participant’s schedule to minimize disruptions to the participant’s school responsibilities. Recognizing that participants have very full daily schedules, the interviews were conducted over a maximum of 40 minutes in a room specified by the school administration, or the teacher, where privacy could be maintained and interruptions could be prevented during the

interviews. In two cases I met the teachers after the end of their work day, in another case the teacher came to my place of work where I used a conference room to conduct the interview, and in these three cases the teachers seemed to be less concerned about finishing in the 40-minute designated time, and these interviews lasted closer to 50 minutes in duration.

The interviews were recorded using an audio recording device to capture the participants' responses, and I also made field notes immediately following each interview. Kvale (2007) states that field notes aid the researcher in recording observed body posture, gestures, emotions, and more sensitive-in-nature comments that may be shared after the recording device is turned off. In line with Kvale's recommendations, at the end of each interview, I recorded notes to capture any events, actions, or reflections that occurred during the interview. I kept the interview field notes, known as primary data, separate from what is referred to as reflective or analytical field notes written after termination of the interview and the departure of the teacher. I used both types of field notes to provide further data contextualization.

Within two weeks of each interview, I transcribed verbatim the audio-recordings. After the transcription was completed, I shared the transcript with the participant for her to review. The participant had the option as to how she wished to receive the copy of the transcript for her review. Each participant chose to receive the transcript via email. The password protected transcript was sent to the teacher, and then a second email was sent with the password to open the file containing the transcript. This form of review by the participant and researcher is known as member-checking. Working from a constructivist paradigm, member-checking is a reasonable tool for verifying the richness of the transcriptions of the interviews, as "constructivists claim that truth is relative and that it is dependent on one's perspective" (Baxter & Jack, 2005, p. 545). A constructivist, in this context, is concerned with ensuring that the teachers' voices and

experiences are accurately reflected and strives for authenticity. The process of member-checking permits the participants to add depth and nuance to their responses.

Taylor (1998) explains that the significance of member-checking is to provide a means to validate the richness and trustworthiness of the recorded data: “Any interpretation of a social scene will be richer if you have induced members of that scene to comment on it and react to it. Even if people reject the interpretation, this can enhance your understanding of their perspectives” (p. 159). Each teacher participating in this study completed the member-checking process and did not make any editorial changes to her perspective transcript.

3.3.4 Data analysis.

When analysing data from interviews, Gibbs (2007) notes the importance of recognizing how the participants frame their answers and in what context they form them. It is important to include the ‘what’ and ‘how’ of the responses. This ‘what’ and ‘how’ are important considerations in a constructivist paradigm as it stresses, “that the world we experience arises from multiple, socially constructed realities” (Gibbs, 2007, p. 7). It was imperative in the data collection to not only hear the responses of the participants, but also listen to how they framed their responses within the context of the individual interviews and events occurring within the school to assist in a comprehensive description of their experiences, on both a professional and personal level for each teacher.

Miller and Crabtree (1999) describe the interpretative process of data analysis as a “big dance” (p. 128) in which a researcher must assume patience, stamina, and discipline as he/she works through the data collected. During data analysis I worked to describe and interpret the information collected, with the knowledge that new knowledge may be revealed through this process. The semi-structured individual interview guide served to choreograph my interactions

with participants. Knowing that the interview guide served as a format to converse with participants, the interview process itself revealed new themes or relationships I had not yet contemplated. These themes will be discussed in detail in the next chapter.

To ensure a detailed analysis of the data collected from the semi-structured individual interviews, I followed Miller and Crabtree's (1999) organizing styles of template and editing to organize my data. Miller and Crabtree (1999) define the template style as "using initial codes or categories to interact with the text; additional categories can emerge or old ones changed based on that interaction" (p. 134). The editing style is when "the analyst identifies new categories through direct interaction with and sifting and sorting of the text" (Miller & Crabtree, 1999, p. 134).

Firstly I focused on themes and assumptions used in the design of the interview guide. These themes and assumptions evolved from a thorough review of the existing literature, which was the framework for the initial themes. As I began the analysis of my data I moved into what Miller and Crabtree (1999) refer to as the editing style, where new themes were identified as I worked through the transcript of each participant. By implementing this style to organize the data I was able to maintain the themes that were initially identified, but was also able to revise the themes as new themes were revealed during my analysis of the data collected during the individual interviews. From the organization phase I moved to the connecting phase where links between themes were identified and established, which led to the discovery of new ideas.

Through the connecting phase I searched for commonalities and differences between the teachers' responses. As I filtered through the identified commonalities and differences in the data, I reflected on the content of my literature review, and how I had designed the interview questions as an outcome of that review. The literature review had revealed teachers' identities,

within a professional and personal context, interconnected and overlapped. With this knowledge I questioned how then at both a professional and personal level their identities may be impacted if teachers experienced lack of knowledge and/or resources to implement healthy school initiatives. I considered that they may experience stress from feeling ill-equipped to incorporate these healthy school initiatives which may lead to feelings of vulnerability or they may experience stress due to a lack of classroom time. From the literature review there was also research supporting that teachers believe that they serve as role models to their students. If teachers do serve as role models then it is important to investigate if implementing healthy school initiatives into their daily classroom activities creates any further stresses or feelings of vulnerability.

As I worked from a constructivist perspective, I attempted to represent the voices of the participants while acknowledging that it is my interpretation of their words that is ultimately shared within this document. By conducting an analysis of the narratives of the teachers' experiences and my field notes, I sought to gain insight into some general themes that may be applicable to teachers' experiences across other school divisions.

3.4 Researcher's Role and Reflexivity

Throughout this research, I was cognizant of my biases and interpretations when attempting to identify commonalities and differences within the data. Moreover, some of the threats to the trustworthiness of qualitative research were questioned throughout my own analysis: 1) difficulty in keeping personal experiences separate from the participants' experiences; 2) elite bias, which is the use of subjects who are more willing to participate; and 3) holistic fallacy, which refers to drawing conclusions by identifying patterns or making

generalizations by excluding certain collected data (Sandelowski, 1986). These important considerations were attended to throughout the analysis process. As Taylor (1998) warns, it is impossible to exclude personal bias in research: “Rather than to act as though you have no point of view, it is better to own up to your perspective and examine your findings in this light” (p. 161). As I used social constructionism in this research, I was embedded in the construction of phenomena, and it is for this reason that I was cognizant about my own biases and experiences throughout the research process. Gall, Gall, and Borg (2005) regard “this focus on the researcher’s self as a constructor of social reality” (p. 14), referring to this focus as reflexivity. They claim that the researcher’s role becomes complex as you are part of the study, it is your “personal observation, empathy, intuition, judgement, and other psychological processes” that are used to both construct and interpret phenomenon (Gall, et al., 2005, p. 314).

Taylor (1998) expresses it is essential for researchers to exercise reflexivity to monitor their own feelings and assumptions. Krueger and Casey (2000) caution researchers to not make judgments about participants; moreover, they recommend being cognizant of one’s own negative body language and verbal cues. As I was conducting each of my interviews I was very aware of my body language and facial expressions; and during the interviews I maintained a smile when appropriate, shared moments of humour with laughter, and attempted to maintain open and engaged body language. After each interview, when making field notes, I reflected on how I responded in words, facial expression, and body language as my personal contact with each participant could potentially influence the participants’ responses. As I worked through my data analysis I was cautious to remain focussed on the interview questions, the themes that I initially identified prior to data collection, and the themes that were revealed after the analysis of the data.

3.5 Summary

Through a constructivist paradigm the goal of this research was to allow the voices of the teachers to be heard, to identify their experiences and concerns, and to provide more information and insight into the potential impact that healthy school initiatives may be having on a sample of eight early-years generalist teachers' identities. Using an interpretative stance to give voice to the participants does have limitations when reconstructing people's experiences. The difficulty exists in that the interpretation is in how the researcher hears and gives meaning to what the participants have shared; and because of this difficulty I have chosen to use two theoretical perspectives in an attempt to address these limitations of analysing and synthesizing the participants' experiences acknowledging that I will not and cannot capture truth. In this study individual semi-structured interviews and field notes were used. The individual semi-structured interviews were transcribed verbatim, and both the interview transcripts and field notes were coded, following which a thematic analysis was used to better understand the current status of health promotion in general, but more specifically the impact of health promotion in school environments and its relationship with teachers' identities on both a professional and personal level.

Chapter 4: Findings

4.1 Data Analysis

This chapter reviews the data collected and describes the thematic analysis conducted using both an interpretative and a critical analysis lens. Through the use of thematic analysis I attempted to identify any similarities and/or contradictions of my findings with the research literature reviewed in Chapter 2, while searching for similarities and overlap between the teachers' identities through the experiences they shared with me. I have attempted to represent the voices of the teachers in my interpretations, but acknowledge that what follows is my interpretation of their words throughout my data analysis.

As a researcher embedded in the interview process, I must acknowledge that I am using my own filter of interpretation when hearing the teachers' narratives and observing their body language. Also by conducting seven of the eight interviews in the teachers' professional work place, I have entered into their environment, or as Bourdieu would refer to as their habitus and their field of practice. By entering into their habitus a professional barrier is crossed and a relationship is established. Regardless of the minimal contact with the teachers, a relationship was established with each one of them by asking them to share both professional and personal information with me. It was therefore important that when interpreting the data that I participated in reflexivity during my analysis, to recall how I asked the questions, how I verbally responded to the teachers' answers to the questions that I had asked, and the impacts of my body language during the interview. Even with the incorporation of reflexivity, construction of meaning still exists as I am drawing on my own interpretation and understanding of the teachers' responses, their body language, and with the field notes that I made directly after the interviews. A critical

analysis of the data revealed the generalities, inconsistencies, and contradictions within each school and between schools within the same school division.

4.1.1 Initial themes identified prior to data collection.

As discussed in Chapter 3, I utilized a symbolic interactionism's interpretative lens to analyze data collected in this project. I began with a template style approach which involved identifying initial themes based on my semi-structured interview guide (Appendix A). These questions evolved out of the identification of gaps of knowledge in the literature. The following are the priori themes that I identified that guided the semi-informal interviews:

- 1) Knowledge of healthy school initiatives
- 2) Time needed to implement healthy school initiatives in the classroom
- 3) Engagement with healthy school initiatives
- 4) Role model/influencer
- 5) Empowered/vulnerable (at a professional and/or personal level)

4.2 Data Content and Themes

The semi-informal interview guide questions (Appendix A) were asked during the interviews with the eight teachers. I have included quotes provided by the teachers to assist in strengthening my interpretation of their responses in an attempt to address the themes that I have identified. My coding and analysis of the transcripts rendered the following expanded list of themes:

- 1) Knowledge of healthy school initiatives
- 2) Time needed to implement healthy school initiatives in the classroom
- 3) Engagement with healthy school initiatives

- 4) Role model/influencer
- 5) Empowered/vulnerable (at a professional and/or personal level)
- 6) External judgements experienced
- 7) Mental health
- 8) Professional and personal identities interconnect and overlap
- 9) Impact of demographics
- 10) Lack of training/resources

Each theme will be discussed and analyzed in the subsequent sections.

4.2.1 Knowledge of healthy school initiatives.

From the responses of the teachers it became evident that the knowledge and implementation of healthy school initiatives differed between the teachers sometimes within the same school as well as among teachers of the different schools represented in this study. The knowledge ranged from being very informed to knowing very little about what was in place at their schools. The teachers' knowledge of what healthy school initiatives were and also what their schools offered in the way of programs and initiatives varied fairly significantly.

Michelle and Anne, the two teachers who were in the early stages of their teaching careers, had very little knowledge of what each of their schools offered. They attributed this lack of information possibly to the expectation of them focusing on the core curriculum of literacy and mathematics as they were just beginning their careers. Anne was finishing her first year of teaching and Michelle was completing her second year of teaching. Michelle was aware that the school division has something that each school is to follow regarding healthy eating, but admits "I should know more but I don't." No information was provided to her by the school regarding any healthy school initiatives being offered at the school beyond the basic curriculum. Anne

shared that her school participates in an Active Start program three times a week for 10 minutes, but that is all that she was aware of for healthy school initiatives, and there was no information given to her about healthy school initiatives.

I discovered that a difference in knowledge regarding healthy school initiatives existed between teachers within the same school. Michelle and Susan worked at the same school, but their knowledge base differed. Susan was acutely aware of what the school's healthy school initiatives included, but Michelle was not. Susan shared that for a small school they are very busy; the school offers before school, lunch hour, and after school programs devoted to promoting healthy activities. She explained that intramurals are open to all grades except the grade one and two students who still like to go outside and play. Each morning the school starts the day with a 15-minute Active Start program that all grades participate in as well as all of the staff. Susan noted, "we are trying to be an example for the kids." She explains, "we are fortunate the way our school is set up – it's a big loop so we walk through the hall and run in the gym and then walk the hall, run in the gym – we do that for 15 minutes every day." This school environment supports daily physical activities for all grades.

Ms. Bindergarten was also very knowledgeable about the variety of healthy school initiatives at her school. Her school was just as busy offering numerous and similar programs as Susan's school. Wendy, too, was excited about what her school is doing in regards to reacting to the school division's healthy food policy. At Wendy's school there is a strong emphasis on the healthy foods policy, and she indicates that she was aware that the school division has a healthy food policy, which she interprets as "really trying to get children to be eating healthier and making healthier choices." For example, her school's "deli" offers options such as fruit cups, yogurt, salads, granola bars, and fruit drinks that are available for the students to purchase. She

admits that not all the unhealthy choices have disappeared from the school, but she has seen lots of positive change towards making healthy choices. As she acknowledges, “it is a large ship to turn and I have seen a lot of forward steps with healthy initiatives.”

Ms. S, who holds two part-time appointments at different schools – one which she describes as lacking healthy school initiatives and the other as having a very strong healthy school initiative that provides a variety of activities. She describes her school that she works at in the morning as encouraging healthy snacks, but lacking health initiatives. She does mention that there is a strong emphasis on being an allergy aware school, and because the school is multi-cultural, messages regarding food allergies are sent home to parents in a variety of languages to ensure there is a clear understanding of the concerns regarding certain food allergies. She states, “I wouldn’t say like we have a healthy living or a sports-based vocabulary or language that we use with the kids that’s consistent throughout the school – I think that it depends on the individual teacher.” With a lack of physical activity vocabulary, the strength of this school context in relation to health is focused on food safety. Ms. S notes, “it’s interesting to see the differences between schools in the same school division.” At the school that has no healthy school initiative program, Ms. S incorporates movement within her classroom, and she also encourages the children to take equipment outside to play with or to go play on the monkey bars during recesses and the lunch hour – she encourages them in free play. She is very enthusiastic about the healthy school initiatives at the school that she works at in the afternoon, and because of her physical educational background is comfortable about adding movement into her classroom and into her curriculum. Ms. S is confident with incorporating movement into her teaching as she received her education degree in the United Kingdom where physical education

is part of the university curriculum, and each teacher learns how to teach physical education classes as there are no physical education specialists.

Kelly and Shirley, who work at the same school, each commented that their school does not have any specific or clearly identifiable healthy school initiatives. That said, Kelly notes that the school tries to promote healthy snacks and healthy eating but that it does not occur in every classroom. Because she has worked at other schools that encourage a snack time, she explains that she has decided to continue this initiative at this school, so she encourages children to bring a healthy snack for after the morning recess, and she notes that this provides “an easy way to talk about, you know, healthy foods.” Shirley, who works in the same school as Kelly, admits that there is not “a huge emphasis” and she believes that the reason may be related to the demographics of the school. She explains that there is more emphasis placed on respect and that this is nurtured by the school, but “yeah I don’t see a ton of initiatives (referring to healthy food choices or incorporating physical activity into the curriculum) necessarily.”

4.2.2 Time to implement healthy school initiatives in the classroom.

Some of the teachers felt that they did not have enough time to incorporate healthy school initiatives into their classroom, as their schedules were very full already having to navigate through the heavy demands of the legislated curriculum. Others found ways to work in healthy school programming amongst their other daily curriculum requirements. For example, Wendy focussed daily on healthy eating in her classroom and had a “Cook of the Month” activity where either a parent or grandparent came in and cooked or baked a healthy snack for the class. The recipes were shared with the whole class so that they can go home and cook with their families. She often would bring food to her classroom, mostly fruit, and has the children all have a taste of whatever she brings. She explained that by talking throughout the day with the students about the

importance of healthy eating she is trying her best to incorporate messaging wherever it will fit into her daily curriculum.

Ms. S. explains that the only healthy school initiative is the awareness of food allergies, and because the school is multi-cultural they ensure that the information that is sent home to the parents include all the languages represented in the school. The school is seeing that the students born and raised in Canada are the ones bringing highly processed foods, such as hot dogs, lunchables, chips and pop, and the immigrant children are bringing mainly homemade hearty natural foods that someone, most often their mothers, have made. The school tries at the beginning of the year to explain that there has to be a balance between healthy eating and junk food, to ensure that there is a healthy balance and that the children are growing up healthy. Ms. S sends home monthly newsletters that include reminders of what healthy snacks can be sent and the purpose for these snacks. She explains in her newsletters “that it is important as it helps fuel them for the day and helps their brain to work well.”

Anne who is in her first year of teaching was not asked to include anything regarding healthy school initiatives into her curriculum, but she does take the time to talk about what healthy eating looks like and during snack time with her class she also has a healthy snack with them. She wondered aloud if the expectation is for her to focus on literacy and numeracy in her first year of teaching more than the healthy initiatives happening in the school.

Wendy and Anne focussed on incorporating messaging of healthy food choices; however, the other teachers talked about implementing physical activity as well into their daily curriculum. Susan includes movement in her classroom by having her students get involved with leading physical activities in the classroom. Each week one of the children is chosen to be the VIP, the helper, and she explains that the student is treated as the star for the week. The helpers have

chosen to demonstrate yoga and boot camp activities for the rest of the class. Susan said she recognizes when the children start to get restless, and that they need to move which then helps them to refocus. She also talks to her class about things that they can do outside the classroom like ride their bikes or walk to school, as ways to build on the activity that they get at school. Ms. S also incorporates movement into her daily curriculum to ensure that her students are not always sitting while they are learning. She described one lesson where her students were studying Antarctica. The students enjoyed learning about the penguins, so she focussed her lessons more on the penguins and took them into the gym one day and had the students pretend that they were penguins by sliding around on their stomachs on flat boards with wheels. She said the students also tried walking like penguins. While they were physically moving they were also learning through kinesthetic style teaching.

Ms. Bindergarten incorporates both healthy eating and physical activity into her daily curriculum. Her class includes a morning snack every day during story time. She also provides a note to the parents at the beginning of the year outlining what are healthy snacks and that there will be a morning snack time. She has noticed that over the years the snacks are getting healthier, and she is not sure if it is because more thought is put into snack time or through the sharing of ideas via social media such as Pinterest. Ms. Bindergarten also incorporates movement into her class. She explains how she talks with her class about the importance of moving their bodies, and by moving they are getting their bodies and brains ready to learn. She explains to them, “before we learn we have to get our bodies ready.” She is enthusiastic regarding her school’s healthy school initiatives and the teaching style that she has adopted in her classroom.

Besides teaching her own class, Michelle also teaches the health education curriculum for grades one and two. Her class has been working on a program called Kids in the Know, which is

a series of lessons that describe different safety scenarios, and how children can keep themselves safe. She explained that the physical education teacher has created a variety of programs for the classroom teachers to select from and to incorporate into their daily curriculum. Michelle chose from those programs what she would like to include in her class, and is comfortable in doing this as she has a physical education degree. With her physical education background she recognizes the importance of movement and so she ensures that a lot of movement is incorporated into her classes. She and her class also participate in the Active Start program each morning at the school. She noted that she can see that the children come back more rested and relaxed and are ready to start their day.

Kelly attempts to make time to incorporate healthy school initiatives into her daily curriculum, but admits that she finds it difficult to incorporate any type of healthy initiatives into her class activities, saying, “quite often health programming kind of takes a back seat.” During her literacy or story time she will include snack time and she will include some time to talk about what healthy snacks look like and what the four food groups are in the Canada Food Guide as well as the daily requirements for each food group. She talks about healthy lifestyles in her class using a more holistic approach that includes physical activity, nutrition, and mental health. In the mental health piece she includes discussions with her class about respecting others and friendships. Shirley also approaches health from a holistic perspective by talking to her class about healthy lifestyles which encompasses physical education, nutrition, mental health and discussions about friendships and respecting one another. She includes Go Noodle¹, in her classroom as a way of incorporating physical activity into her curriculum, but she notes that

¹ Go Noodle tracks the amount of activity that each child completes. Each child has a little character that grows with the more activity that he/she completes, and then each child gets a certificate printed out a designated time chosen by the teacher

“there is just not always time” as there are so many things to cover. Kelly indicates, too, that there is a lack of time and that there is always something new that they are asked to include, and for this reason “it can be challenging.”

4.2.3 Engagement with healthy school initiatives.

The idea of engagement, that is, the teachers’ understanding of healthy school initiatives and how they respond to these initiatives, emerged from the interviews. During their interviews, I asked the teachers how their colleagues talk about or perceive the implementation of health-related initiatives. Their responses indicated a continuum from very engaged to very little engagement on the part of their colleagues. Susan was very enthusiastic about all the healthy school initiatives that their small school offers, and it was apparent from speaking with her that all of the staff responded very positively, and were not only engaged but supportive of the programs and each other.

From the interviews with the eight teachers in this study, Susan and Michelle’s school was the only school where there appeared to be a complete engagement by all staff. That is, the staff responded positively and through a supportive school environment they were motivated and engaged with all the programming offered at their school. Susan says that she and her colleagues talk about different things, like what diet they are starting and if they are going to the gym. She shares that her colleagues all support one another and she feels “lucky” as not every school has that level of engagement. The staff at her school are fully engaged with the Active Start program as they recognize the benefits and they are also fully supportive of the other the programs created by the physical education teacher. Susan shares that there is more “buy in” by the staff if it is a school initiative or if a staff member initiates it and that there is scientific proof of the benefits. Ms. Bindergarten also believes that the staff at her school are engaged, and even staff members

who are close to retirement recognize the importance of healthy living and for the “most part our conversations are pretty positive. You know as long as it’s something that it’s easy to work into the million and one things that we are already doing.”

Wendy indicated that her colleagues were very health conscious, and talked amongst themselves about healthy food choices and the latest food crazes and diets. She sees that her colleagues are young and are “healthy individuals.” She observes that they are very careful about what they eat and she is inspired by them; she considers them as a new generation of teachers who are eating healthier. Ms. S sees her colleagues as being conscious about healthy eating, and observes the majority of them demonstrate a physically active lifestyle by going to the gym or out to their cottages. “I know that everyone is on the same page here regarding healthy eating in front of the children and making sure that they are promoting healthy eating.” Michelle also feels that the teachers at her school support one another: “I think very positively, everybody here really works together, if one person is gung-ho about something the rest will be – there is not much of a divide on that, everybody works together.”

There appears to be less engagement regarding healthy school initiatives in Kelly and Shirley’s school. Kelly admits that there is not much talk in her school amongst her colleagues. The teachers are aware that there are issues with some of the students and that some of the parents are not able to provide healthy food options, and they are sympathetic to this and do what they can to help. She shares that some teachers are critical of parents in regards to not sending healthy lunches to school for their children, yet they are all not in agreement regarding having treats as part of a reward system in the classroom. Shirley echoes Kelly’s opinion in stating, “it does not seem to be a huge priority” and therefore she has not heard a lot of conversation amongst her colleagues. However, in the staffroom they talk about working out and sharing

recipes, but this personal conversation does not transfer into her professional identity. In her school Anne finds that it is difficult to get the “buy in” from all the teachers regarding participating and seeing the benefits of the Active Start program. She would like the school to offer the Active Start five days a week, but not all teachers have an understanding or are recognizing the benefits of such a program, and some simply are just not interested in participating. Anne was planning an Active Start presentation where all teachers were going to be asked to participate on their last in-house PD day, and she was hoping some teachers’ minds would be changed.

4.2.4 Role model/influencer.

All eight teachers revealed that they considered themselves either role models or a person of influence to their students. As I worked through their responses to the question of how they negotiated the various health-related initiatives that may exist in their schools, and whether they transfer any of the initiatives into their personal lives, it became evident that for some of the teachers these initiatives impact their perceptions of self and their constructions of themselves. Part of the construction of this sense of self emerges through the idea of being a person of influence or role model. All eight teachers participating in my study firmly stated that they believed they had a specific and special role to play in positioning themselves as healthy role models for their students.

Wendy, Anne, and Ms. S, for example, focus on the importance of healthy food choices, modeling healthy food choices by letting their students see what they eat for snacks, and in Ms. S’s case what she eats for breakfast. Wendy shared that she is health conscious, and although she does not teach health to her class as it is taught by another teacher, she believes that it is her responsibility to teach about healthy eating, and so she talks a lot during the day about how

important it is to eat healthily. She admits that she is very health conscious and is always modeling to her students healthy eating by eating a healthy food during the morning snack time. By her participating in snack time, her students now ask her if their snacks are healthy and what snacks options might be healthier for them. Anne likes to ask her class what they have brought for snack to help feed their brains. She says they love to share, and they are very proud of themselves. She always eats her snack with them during their snack time, as she wants to “model a healthy snack.”

Ms. S notes that she is aware that her students are watching because if they see her with a Starbucks cup they will ask her if she is drinking a latte. She shared that she is usually finishing her breakfast as her class is arriving in the morning, so they see what she is eating for breakfast, which is often fruit and yogurt. She is modeling to them what a healthy breakfast looks like. She also plays with the children when they go outside at recess and runs around with them. “It is good for them to see you running around having fun as well – and they love it when you get involved.”

Ms. S, Susan, and Shirley share activities from their personal lives with their students to model a healthy lifestyle. For example, Susan believes it is because of her own personal lifestyle that she sees the benefits of making healthy foods choices and having physical activity as part of her lifestyle rather than the healthy school initiatives having an impact. She states that “I try to be a role model – set the example for them.” By sharing with her class different activities that she participates in, such as taking the dog for a walk or going swimming at the lake she hopes that this is encouraging them, and she hopes she is making them aware of what other people do. She is aware that what she talks about with her class does impact them, and explains, “for me personally, professionally and in my own personal life yeah I like to be the model of a good

example.” It is important to her to be a healthy role model and show the children how to live a healthy life by incorporating balance and moderation. She explains that teachers may not have asked to be put in a position where they are emulated, but she believes “that is just the reality of being a teacher, and being a parent.” She does see how some teachers may not want to take it on, but she believes that it takes a village to raise a child and as teachers “we may just have the attitude that we are here to teach math, reading and then I am done, but really it is about relationship with the kids.”

Shirley also does a lot of sharing in her class, so her class knows a lot about her family. Every Monday all the children share what they did that weekend. She is aware of her privilege and living conditions that differ from her students’ home life. With this acknowledgement she continues to share her stories in hopes that they will want to try some of things that she does with her family. As she explains, “I feel that my attitude towards healthy living is just something that I bring into the class – so I try to influence them positively on a regular basis as often as possible.” She does not hesitate to share her personal understandings of what healthy living is to her and how she lives her life.

Michelle acknowledged that she has always been an athletic person and she shares that she likes “to lead by example, I think it is important for them because a lot of them – like a lot of the girls in the room they wouldn’t have played hockey but now one does – she thinks that is super cool.” Michelle plays hockey in her personal time and teaches boot camp classes to her colleagues at the school. When I asked if she saw herself as a role model to her class, she replied that she works “hard to stay healthy and I hope that it rubs off on them.”

Not all of the teachers felt comfortable with the idea of serving as healthy role models for their students, including Ms. Bindergarten and Kelly. Ms. Bindergarten stated that she tries to

practice what she preaches, but is not always successful. She talks about healthy snacks with her class, and she is now more aware at home of what she is reaching for as an evening snack. As she describes, “I do try to be more active – go to yoga a couple times a week – go for walks with friends around the neighborhood. So like I try to practice what I preach – I try to be responsible – if I am telling the kids they should be eating healthy I should be eating health too.” She shares that she tries to be a good role model and teach the kids to love themselves for who they are.

Kelly does not feel that she is a good role model at present. She shared that she finds that she eats healthier at school than at home. She presently does not feel good about herself as she has gained weight as a result of events that have occurred in her personal life, and notes that “I should be doing what I tell my kids [students].”

4.2.5 Perceptions of empowerment/vulnerability.

Ms. Bindergarten and Kelly both experience feelings of vulnerability and external judgement as a result of their perceptions that they are not aspiring to be healthy role models for their students. Ms. Bindergarten explains that she struggled with body image when she was growing up, as everyone idolized “Kate Moss and those waif-like models.” She found it difficult growing up and attending an all girls’ school, as it seemed people consistently passed judgement about how you looked. When she was a teenager she became very sick and was diagnosed with diabetes. This caused her to become quite thin and it was at this time that she had people coming up to her telling her how wonderful she looked. She shared that she found that very hard to live with; the fact that she was ill and people told her how good she looked bothered her. Her sister, who is petite, is always talking about how much she is working out, and is very focused on her looks which makes it difficult for Ms. B to spend time with her. Ms. B is “learning to love” her body the way it is and to be happy with who she is; moreover, she does her best to impart this

message to her class. Ms. B believes that the media has a role to play on how a person should look: “I think in the media that very much it has been portrayed as this is how you have to look – and it is starting to change but I try to say to kids you know everyone is beautiful, everyone is wonderful, everyone is special.”

Kelly shared that she has experienced feelings of vulnerability and guilt because of her present state of health and added weight gain. Presently she does not consider herself a healthy role model for her students and suspects that her students are judging her. She feels like a hypocrite when talking about healthy food choices to her class with her present weight gain. Susan discussed how she felt that her school was fully supportive of the healthy school initiatives that have been implemented, and fully participated in the variety of programs offered at the school. She suggested that there was more “buy in” if it was implemented by the school or one of the staff then from outside of the school. Even though she did not use the word empowerment she stated that staff was supportive of one another. Michelle who works at the same school as Susan also shared that she felt supported. Ms. S and Michelle with their physical education backgrounds appeared to be more confident with incorporating physical activity into their curriculums which could contribute to feelings of empowerment when having to implement healthy school initiatives. The remaining teachers did not share any feelings of vulnerability or of support from fellow colleagues, except Wendy did say that she learned about healthy eating options from her younger colleagues.

4.2.6 External judgements experienced.

Literature reviewed in Chapter 2 revealed that with bio-pedagogy and bio-citizenry surveillance and external judgement exists. Bio-citizenry calls for individuals to be responsible for their own health, which entails self-monitoring, but it also creates an environment of self-

surveillance, surveillance of others, and external judgements of others. As ideas about health are foregrounded in society, the call to be 'healthy' is associated with being a good person contributing to the productive aspects of society. Susan confided in me that she has experienced external judgement from the parents in the school: "I can see how some parents around here – just knowing the parents – certain parents that I know – say as when I walked in as a new teacher 'well what is this skinny blond doing here' – you know it's that sort of thing. I think that with some parents – physical appearance – people make judgements right away right – so with certain parents maybe I had to sort of prove myself as a teacher and others would just say oh okay she seems to know what she's talking about." Kelly also recalled experiences of feeling like she was being judged by her students as a result of not feeling good about her physical appearance because of her weight gain. Ms. Bindergarten, too, has experienced external judgement when she was attending an all girls' school and she talks about how she did not fit into the ideal "Kate Moss" body that all the girls in school were striving for. She explains that she has always been larger, and finds it sometimes hard time to spend time with her sister who is smaller than her and is constantly talking about working out. The ways in which bodies are read suggests that dominant ideas of what a healthy body is and looks like continue to shape teachers' sense of identity. Teachers' past and present relations with their bodies are talked about in the study and illustrate how health is constructed in a broad sense, yet people seem to individually scrutinize their own bodies in narrow and limited ways. Ms. Bindergarten feels that media plays a role in promoting what the ideal body should look like. The remaining five participants did not share that they had experienced any external judgements, nor did they share that they had observed this occurring.

4.2.7 Mental health.

Emotion plays a role in the formation of teacher identity as indicated in Chapter 2. To gain a better understanding of the teachers' experiences in the classroom, I asked each of them if they had seen any changes in the way they teach from when they first started teaching to how they presently teach. This question was left vague in order to not lead the teachers and to ensure they had the freedom to respond to how they perceived changes in their teaching careers. I had three prompt questions ready that asked what their experiences were thus far, if their experiences were different from what they envisioned, and if they had seen changes as in how they taught over the years. In response to this question, some of the teachers also shared the increased challenges that they are experiencing in the classroom, and in the process revealed various emotions. Some of the teachers shared the stress that they had experienced as a teacher was due to heavy curriculum load, behavioural issues with their students, cultural differences, vulnerability, and external judgements. According to existing research, increased regulation of curriculum and a decrease in autonomy in the classroom are other factors that create stress for teachers. By asking teachers if they had seen any changes from when they started teaching, I was seeking evidence of the stress participants may experience and how this impacts their identities on both a professional and personal level.

Wendy and Ms. S shared that they had not seen many changes in teaching during their careers. Wendy, who has been teaching for 30 years, said that she has the same expectations of the children that she had when she first started teaching and treats the children as she would her own children. Ms. S, like Wendy, does not believe that teaching has "changed that much." Unlike Wendy, Ms. S does see children coming to school hungry, and they are the same children who come to school with no breakfast, no lunch, or have candy for lunch. She always makes sure

that she has juice boxes and graham crackers that she quietly hands out to these children to ensure that they have something to eat. She recognizes that these may not be the healthiest options, but these are things that she can keep on hand in her classroom to hand out when required. She said by providing the children with something to eat, everyone has a better day. Neither of these teachers expressed that they were experiencing stress.

Ms. S, Kelly, Susan, and Ms. Bindergarten, on the other hand, have seen changes that can create behavioural problems in the classroom resulting in teachers potentially experiencing more stress in their jobs. Susan shares: “I had this idea you know that you have this nice little class and there is these little couple of ones that kind of pop and give you a little more of a challenge than other students, but I find now there are more challenging students and for different reasons.” She indicates that the issues are a little bit with student attitude, but now there are language issues, and behaviour issues due to children coming to school unfed and circumstances in their home lives that are out of the children’s control.

Susan does more “mothering” than she originally had, and finds herself spending more time teaching children basic skills or abilities that she would expect would be taught at home by their parents. She also noted that the greatest benefit to her teaching was having her own children. Susan now recognizes the “value of family time.” She now will send less homework home, and recognizes when negative behaviours occur in the classroom it may be due to a low blood sugar level. “You know now I can see where somebody might be getting grumpy and acting out around recess time, well it’s snack time, their blood sugar has dropped and just realizing why kids behave the way they do in certain cases, it’s not just because they are trying to be difficult.” Shirley also shares concern for her students who are not eating healthy: “it upsets

me but I don't know that I lose sleep over it but it is something in my life that I don't feel is right – it's difficult to see.”

Ms. Bindergarten and Kelly have adjusted their teaching style to a “hands-on” and interactive learning to assist in keeping the students engaged in the classroom. Ms. Bindergarten recognized that she cannot teach the way she was taught, that is, the teacher talks and the student learns by listening and memorizing; but rather she realized, “that it has to be hands on. It needs to be interactive, and everyone needs to be involved.” She also is now more comfortable pushing her kindergarteners a bit more as she has discovered that they are quite bright and capable of more than she first thought when she began teaching. Although she loves teaching, she acknowledges that “it is a lot harder than I ever imagined.” Kelly has also seen changes in behaviour in the classroom. To keep the students' attention she has become more focused on “hands-on learning.” She believes that stimulating video games has created a need to provide more activity and movement for the students in the classroom.

Both Michelle and Kelly noted that mental health is very important to them. Michelle explained that being physically active helps to combat the stress she experiences in her job. She also notes the importance of eating healthy. For Kelly mental health is key and “part of that is healthy eating and exercise.” In her personal life she had experienced a difficult time, and she recognized that she needed to work on feeling good about herself. She was learning not to worry about what others would think of her. She is discovering by doing things for herself and others makes her feel good and others feel good. “I think it is really important...umm...you know for mental health and physical health.”

Kelly talked about feeling overwhelmed, noting: “I don't really feel like an expert in that area [healthy eating options and incorporating physical activity into the daily curriculum] and

sometimes I feel a tad bit hypocritical because I know that I don't look my best right now." In speaking about health, Kelly seems to focus on the visual or external representation of health, weight gain and health status. Given the circumstances of her personal life, she admits that things are impacting her on both a professional and a personal level. The pending feelings of responsibilities and expectations create additional pressures and inundates her with stress and a sense that not everything can be accomplished, thus feelings of being overwhelmed proliferate. As a teacher generally, she feels like, "you just feel you can't get it all done – so you never do."

As Anne was just completing her first year of teaching, she felt she could not really comment on any changes in teaching. She thought that she was probably more prepared for what to expect as both her parents were teachers, and quite a few of her parents' friends were teachers as well. They had all shared with her their experiences which she felt helped her to be better prepared for the classroom, and she has "not had any surprises yet."

4.2.8 Professional and personal identities interconnect and overlap.

Segalls and Fries (2011) conclude that "rather than forming an overall health lifestyle, health behaviour is multi-dimensional" (p. 211). They argue that social determinants cannot be separated into "material or cultural factors" (p. 213) as they "influence each other and affect health outcomes" (p. 213). I suggest that this understanding of health maps onto teachers' identities working from the viewpoint that health is found in the "intersectionality of biological, social, and psychological factors" (p. 226). As part of my research I asked the teachers if they considered that the education-focused initiatives impacted their sense of identity and sense of professionalism and, if so, could they elaborate on how they were impacted. Not all of the teachers were certain their identities were impacted by healthy school initiatives, but each

revealed some aspect that suggests that both on a professional and personal level their identities interconnect and overlap.

In Wendy's case, she did not believe that her sense of identity was impacted, but she is happy that the school is focussed on healthy eating. She shared that the health-related initiative has impacted her sense of professionalism as the healthy school initiative is always at the forefront of her mind and she sees this as a positive: "How can healthy eating and teaching those healthy choices not be a positive thing, absolutely?"

Ms. S finds that there is far less paperwork in Canada than in her home country, and for this reason she has found a much better work/life balance. Because she does not have to stay up late doing paperwork, she has more time in her personal life for herself. Until I had asked her this question, she admitted "I never really thought about that until now," referring to bringing her professional into her personal life. She does not bring a lot about her personal life into the classroom, but will share from time to time pictures with her class. For example, if she and her husband go surfing or snowboarding she will share pictures and talk briefly about these activities, but she does not talk about what she does outside of class on a regular basis with her students but she declares in our interview to enjoy physical activity. Ms. S believes that her personal habits transfer into her professional life. It was the way that she was raised, that is in a home with a stay-at-home mom that cooked healthy meals. She is not a fan of fast foods and enjoys eating natural foods, not processed foods. Ms. S does not believe that healthy school culture impacts her as it is already part of her personal life, so she would promote it on her own initiative. She believes that it does impact her on a personal level, as she wants to ensure that she is doing her job well, and as she explains, "you are supposed to be meeting the needs of all different styles of learning and one of those styles is kinesthetic so we would be moving."

When interviewing Michelle it became quite evident that her professional and personal life interconnect and overlap as she builds relationships with her colleagues and her students. She shares with her students the different physical activities that she does in her personal time, like playing hockey. She values physical activity and health as part of her personal life and shares this passion with her fellow teachers by running boot camps for the teachers, and she enjoys the team building and friendships that develop out of these activities. Shirley believes that she brings her personal self into the classroom by sharing with her students. Shirley embraces it as part of her professional philosophy to practice a healthy lifestyle and sharing with her students how she lives her life. “I am one of their biggest influences in their life for this one year that they are with me that that will have an impact on them for the long run.” She feels even if she reaches one student that she is doing her job as a professional. Bringing her “own personal identity in terms of influencing” feels natural to her; and she sees this as a positive.

Ms. Bindergarten was not sure how to respond, but she does believe that everyone can be healthy, but healthy looks different for every person. In Anne’s case, she felt that she could not respond as she was just finishing her first year of teaching, and admitted that she has not really considered if her professional identity has been impacted in any way.

I also considered it important to examine what role health plays in the participants’ personal lives by understanding how the teachers navigate through the various healthy school initiatives and discovering how this may impact their sense of identity. Six of the eight teachers shared that their personal and professional lives overlapped to some degree, and in that process their beliefs and values relating to health were expressed as important in their personal lives as well as their professional lives. Ms. Bindergarten spoke about being more aware of what she was snacking on at home in the evenings from the messages on healthy choices she is sharing with

her students in the classroom. Anne shared that she would participate in having a healthy snack with her kindergarten class when they ate their snacks. Each of the eight teachers had her own definition of health, and what that looked like to her. Some shared a belief that health was important but healthy school initiatives did not necessarily impact their personal lives, but rather their personal lives impact their professional lives in regards to health.

Many of the teachers defined health as being holistic or as living a balanced lifestyle. For example, Wendy considers health as living a balanced life. She describes health as a balance between friends, fun, walking, eating three meals a day, and limiting her Coca-Cola consumption. At school she does her best to demonstrate a positive attitude. She said that some teachers grumble about going out for recess, but she tries to look at it in as positive way as possible by looking at it “as a health break and fresh air and being outside and playing with the kids.” Shirley places importance on living a balanced life. Exercise is very important to her, but she does not always find it easy to fit in time for herself. “I feel that I am a big believer of mind/body balance and to have a healthy body for me means to have a healthy mind.” She had experienced some difficulty in her personal life recently, and she found it was very important to maintain this balance in order to remain healthy. Anne shared that healthy eating and daily exercise plays an important role in her life, and Ms. Bindergarten noted it plays a very important role in maintaining her health. Ms. Bindergarten also shared that when she was 19 she was diagnosed with diabetes and she found it terrifying, and to talk about it still makes her feel like crying. She had to learn how to live with the disease and found it very isolating. After watching someone else she knew with the disease and who did not take care of himself die, it made her realize that she needed to better monitor what she ate, and to try to find a balance. She now is much more conscious of what she is eating and attempts to work out several times a week.

Ms. S and Susan share a more holistic conception of health. Ms. S believes that it is not only just about physical activity and eating healthy but also spending time outdoors. She mentions studies that show that people are not getting enough sunlight, and she enjoys being outdoors. She and a colleague support one another by exercising together and also share a friendship. For Susan health is more than just the physical, as she equally values the emotional and spiritual. She explains, “that’s part of the reason why I personally like to have a healthy lifestyle. Just because of the emotional impact that it has...umm you know, getting to a certain age the hormones are all fluctuating but it’s also the kids in my class – you can see how that they have mood swings.” She also values spending time outdoors as she believes that it “really impacts your soul.” As a result, she noted that she often tells students, “Eating junk food all day long – you are not going to feel good about yourself and that is going to reflect in everything that you do.” Susan also shares with her students her belief “If you start seeing yourself as a healthier person – mind, body, soul then you will project that and it is all about the social dynamics – if you are a happy person you will have lots of friends.” Susan thus approaches health from a holistic perspective sharing, “So it’s the whole person, it’s not just the food or the activity, but it’s incorporating everything into the person.”

4.2.9 Impact of demographics.

From examining how teachers navigate and set priorities in relation to implementing healthy school initiatives into their daily curriculum, I was curious as to how they position themselves to meet the needs of the diverse backgrounds of the children in their classrooms. I wondered about if they take into consideration the socio-economic factors of the children in their classes, and if they consider themselves privileged compared to the children in their classrooms. The schools in my study had students who were from lower-income to upper-middle class

families. Several of the teachers shared that with the range of socio-economic conditions of their students it was not always easy to see what was happening with their students; in particular those students coming to school unfed and/or without a lunch.

Wendy, Ms. B, and Anne worked in schools where the demographics ranged from middle-class to upper-middle class and they therefore did not experience some of the issues, such as coming to school unfed or not having a lunch, that the other teachers working in a school where the population was ranked in the lower to middle-income demographics. They shared that the majority of their students all had healthy lunches and snacks sent with them to school. Wendy believes that although her school is multi-cultural there are no socio-economic factors that are of any issue at her school, noting: “These are parents that have finances, have time, have energy, and know the value of sending really healthy food to school for their children from morning till they get picked up.” When working with the diverse cultures represented in the school, she uses the Canada Food Guide to ensure that all the daily requirements of each of the food groups are taught. She is happy to see the children bringing a variety of healthy options. Anne, who works in a middle to upper-middle class school, is in her first year of teaching, and thought that she would have to have “a big chat about what is expected for snack” but she said that she cannot recall one incident where a child has come to school with an unhealthy snack and does not see it being an issue.

Ms. Bindergarten shared that her school is located in an upper-middle class neighborhood, the families are “fairly well off, and there is a very low immigration population in the school.” She notes that during morning running club the moms show up in their “matching Lululemon outfits and nice runners.” Although the children come from upper-middle class families, when talking to the children about physical activity, though, she emphasizes that they do not need

anything to be physically fit or active, they can just go out and play, run, jump, or skip. Ms. Bindergarten explains to me, “It does not matter what class or how much or little you have everyone can go out and play, everyone can go out and run – be healthy – it does not matter who you are.”

Ms. S, Michelle, Kelly, Shirley, and Susan worked with students for the most part who would fall between lower-income to middle-income demographics. For Susan, she found it difficult in her school seeing what some of the students brought in their lunches. She believes that “a lot of the parents find it hard to give healthy snacks and healthy food to their children while they are at school.” When children come to school without a lunch she has “a little stash of food put away” to give to them. One of the challenges she explains is that “it’s easier to get the children on board I find, than it is for some parents.” She also finds it difficult to explain to new immigrant parents the reason and importance for sending a healthy snack to school with their children. Susan shares that the school takes care of the children to ensure they all have something to eat. “And if anyone is without we will provide for them. No questions asked just so everyone can have a good day.”

Michelle and Kelly work to build relationships with their students by getting to know their families and any cultural traditions that are celebrated. Michelle explains that to get to know her students and their families she has them do a project at the beginning of the year, and then they each make an individual presentation to the class. By doing this she is able to learn “where they are from, some of their values, what they believe in at home;” it was her way of getting to know her students’ families. She also attends her students’ sporting events on her own personal time as way of getting to know the children and their parents more.

Kelly has seen an increase in the number of students at her school for which English is an additional language, which brings a whole new dynamic that she sees as both great and difficult. Kelly thinks that it is “wonderful being in a culturally diverse community. I think it broadens your experiences and knowledge,” but she explains that certain difficulties arise; the first is in communicating with the parents who do not speak English and second a lack of funding for the students requiring an English as an Additional Language (EAL) specialist. She explains that EAL specialists have limited time, which potentially creates difficulties for the students and the teachers. She shares that “students and their families are not always aware of many of the day to day things we do here in Canada (for example writing cheques, our school schedule). They require support to help them with their transition yet as teachers we do not always know their needs or knowledge.”

Ms. S explains that to address the socio-economic challenges within her school there is a free breakfast program available to all children that is offered between 8:30 am and 8:50 am, but unfortunately because of parents’ work schedules not all children have access to this program, and therefore there are children still coming to class without having had breakfast. Ms. S. notes that the school attempts to build community relationships between the parents and the school by offering a free family night, where families gather at the school over an evening of food and activities. She divulges that the food served is not necessarily healthy, but the focus is more on building community and less on encouraging healthy food choices.

Like Ms. S, Shirley and Kelly work in a very multi-cultural school where the socio-demographic is ranked between low and middle-income. Kelly is sensitive to the different cultures within her class, as she explains: “what one child does might be different from what someone else does.” She includes a “celebrations around the world. So we can see and we try

and get the kids to teach – you know what they do at home.” To address the diverse socio-economic backgrounds of the children, she also includes discussions during class time that “not everyone has money for everything and I don’t even have money for everything that I want – sometimes moms or dads have to decide – sometimes we have money for things and sometimes we don’t and that’s ok. We can’t have everything.” She is careful not to identify that some people do not have money, and encourages the children by giving examples such as saying that it is okay to go out and organize a game of soccer with your friends or to play soccer at recess time. Kelly also encourages the children to join the different free clubs offered at the school.

Shirley feels that “demographics are a huge influence” and from working as a substitute teacher in various school divisions within the city she has seen how different schools “really push for healthy lifestyles in a different way.” She said that in terms of her present school the idea of healthy school initiatives has not come up as a topic at staff meetings. In an attempt to address the diverse cultures within her class she uses the Canada Food Guide’s four food groups when having discussions with the children about what they eat at home. She does her best to talk about fruits and vegetables that she thinks are common to everyone and the basic intake per day of what is required from each group for the children. She also does her best to share information on affordable programs with the parents regarding various clubs and after school programs that the children can attend. The school has a board in the hallway advertising the different summer programs available and the school also sends a Leisure Guide home with each child.

4.2.10 Lack of training and resources.

With the initiation of healthy-school program messaging, I asked each participant what training and resources they received to support them in being successful in the implementation of these initiatives. All eight teachers responded that they had not received any training related to

healthy school initiatives to assist them in implementing the initiatives into the daily classroom activities. Some teachers shared that their physical education teachers create different programs that they can use in their classrooms, but this was not the case for every participant's school. Susan commented that the physical education teacher in her school does a lot for them, all of the staff are very supportive of the programs offered by the physical education teacher, and they show their support by signing up to help. She said the staff even go out after school and are seen outside playing soccer with the kids. Susan indicated that "It's up to the teachers to go get themselves educated," but no training is offered to them.

Wendy could not think of any training that was offered. She has learned from other teachers modeling healthy lifestyles. She shared with me:

No, but just talking with you has made me realize that we need to have shared beliefs in our school on healthy choices and on the things that we have been talking about – priorities of food across the grades, and we need to have those discussions, and maybe we need more initiatives. Maybe we need to be talking more about this across the grades, because like I said I am the only one now that no matter how much modeling I have done, has a cook to come in to give us some fun options of things, and wouldn't it be neat if everyone was doing that?

Kelly could not think of any training offered at her school that is made available to any of the generalist classroom teachers for healthy school initiatives.

Ms. Bindergarten and Michelle shared that they thought the university curriculum could do more to address training. Ms. Bindergarten remembered there was a component offered within the university curriculum, but she believes that overall there is a lack of content within the university curriculum related to healthy school initiatives. Michelle could not recall having a

class while at university on how to teach health education. She feels that “university could probably be a better tool for that or professional development.” She notes that there is no training at her school, other than a two-day training course on restitution that all new teachers are required to attend. Shirley, in contrast, found university courses to provide training and provide resources, but noted there is nothing offered by the school she teaches at other than the two-day respect training that all new teachers are required to attend. This difference in the participants’ perceived emphasis in their Bachelor of Education degrees may stem from them undertaking their teaching education at different universities. Participants were not asked where they completed their teacher training in this study.

Beyond training as part of their formal education, Shirley had obtained through the Dairy Farmers of Manitoba a program called the Power to Play. However, this program is not movement based, but rather the children watch a video and answer work sheets. Shirley remarks that “curriculum wise – I guess as a school I don’t see it as much – in my own classroom I certainly have my own program.” Besides the Power to Play program, she also incorporates yoga into the classroom activities as well.

Ms. S and Anne shared that there is a lot of training available, but mostly for physical education teachers. Ms. S explained to me that each teacher is allotted a certain amount of money per year for professional development courses and the emphasis is placed on writing, math, and science. She says that “there are things available but you really have to search them out and hunt for them yourself.” This takes time, and teachers lack the time to conduct extensive searches. She also shared that there are also financial constraints and a teacher has to present a case to the principal as to how it would benefit his/her teaching and fit his/her portfolio. She explains the push is for math and literacy as the priorities; “It’s just reality unfortunately.” She

also believes that more could be done in encouraging teachers to participate in more training. Ms. S believes “everybody needs a refresher and a reminder of what they should be doing” and believes that “it would be beneficial to push it a little bit more” or includes it as part of an in-house PD day.

Ms. Bindergarten appreciates the physical education teacher at her school who provides a variety of programming, like the physical education teacher at Susan and Michelle’s school. She describes her school’s physical education teacher as “amazing” and “incredible,” but the programs offered are not resources available to the teachers to incorporate into their classrooms. There are numerous programs available to the students, such as running club, Jump Rope for Heart, skipping club, and intramural clubs. She shares that the physical education teacher had just begun a program for the kindergarten class called “box kids” which is offered through Reebok. The students come to school at 8:15 am on the even days and do a variety of activities, anything from yoga to running as well as a combination of cooperative games. During classroom time, Ms. Bindergarten provides movement by using singing and dancing, as well as Go Noodle. She also explains that the physical education teacher provides an option “for the little guys” that they like to call “jungle gym,” but the physical education teacher refers to it as “climbing structure” but the students insist on calling it “jungle gym”.

4.3 Discussion

Consideration of the drawbacks and benefits of physical education teachers championing aspects of the healthy school initiatives should not be overlooked. From the literature review in Chapter 2, research suggests that the healthy school discourses are based in biopedagogies calling upon individuals to be healthy for personal and population health reasons (Gard, 2011;

Evans & Rich, 2011; and Shilling, 2010). However, the focus on body and performance often become conflated with emulating the ideal body or normative ways of doing and being healthy. Within my literature review, research suggests that the physical education curriculum is focussed in bio-pedagogy, taken up and accepted as the norm, and not challenged by student teachers during their time at university. This may be seen as a drawback to have physical education teachers who have been taught to address health through bio-pedagogical messaging that healthy food choices and physical activity is the way to achieving health. On the other hand, the benefits to having a physical education teacher involved with the healthy messaging is that they are the teachers who are receiving continuous training and resources for health and physical education, which could be seen as a benefit rather than having generalist classroom teachers drawing on their own personal knowledge to develop health messaging.

Each of the teachers in my study expressed interest in healthy school initiatives and recognized the benefits of incorporating healthy programming into their daily curriculum. They were all supportive of healthy school initiatives being incorporated into the curriculum, but not all of them felt that there was enough time in their day to do so effectively, and for the two teachers who were in their first years of their teaching career, they were unfamiliar with what their schools offered for healthy school initiatives, and were given no direction to incorporate any initiatives into their daily curriculum. All eight teachers indicated that they had no training or resources given to them to implement healthy school initiatives. Two of the eight teachers took physical education courses as part of their education degree, but the others did not. It is an interesting point of departure to note that all teachers talked about health in the context of physical activity and healthy eating, but only a few talked about holistic concepts of health. Some of the teachers did not feel knowledgeable or comfortable with the incorporating of

physical activity and nutrition into their daily curriculum, which for some created feelings of vulnerability, stress, and external judgement. Segall and Fries (2011) discuss how health opportunities or constraints can contribute to the shaping of individuals' identities. Teachers experiences of working within an institutional system where complex and complicated factors shape their understandings and experiences of health. Thus to make the promotion of healthy eating, increasing physical activity, and learning to take care of one's self as additional parts of schooling, beyond curriculum requirements, these new and albeit important initiatives are challenging with the existing demands of teaching. Evidence from the data collected in this research study suggests that the personal experiences of health and ideas about healthy bodies exist for teachers both inside and outside the classroom thus impacting their professional experiences in the classroom.

Several of the teachers shared that students' backgrounds and demographics influenced how the healthy school initiatives were implemented and what type of emphasis was placed on them; they also shared how the diversity in the classroom can contribute to feelings of being overwhelmed, and an increase in stress levels. As the teachers who worked in a multi-cultural classroom shared their classroom experiences teaching students with diverse socio-economic and cultural backgrounds, it become apparent how these factors can impact the teachers' classroom time and potentially contribute to experiencing increased stress levels.

Having hungry children in their classrooms created behaviour issues, which created concerns for their students. Ms. S talked about her school offering a free breakfast program prior to the start of school; however, it does not reach all the children that could benefit from such a program, so children are still starting school without breakfast. Susan, Ms. S, Kelly, and Shirley talked about children coming to school with no breakfast and/or lunch, so the children would be

either tired and/or experience disruptive behaviour because the children are tired and/or their blood sugar levels have dropped because of a lack of food. As Ms. S explains, it is always the same children in her class who act disruptively as a result of being hungry. All four of these teachers shared that they have juice boxes and some form of a snack that they can give to their students to help them to have a better day. This is concerning for Shirley, in particular, and it is hard for her to see this happening to her students.

Susan, Ms. Bindergarten, and Michelle were excited to share that the staff at their schools were engaged and supported the healthy school initiatives that have been implemented. These teachers regarded health as important on a personal level, and their sense making of the importance of including healthy school initiatives into their daily curriculum was apparent. Despite the recognition of the benefits and interest for healthy school initiatives shared by all of the teachers interviewed, two teachers shared an expressed concern for a lack of time in their daily schedules to successfully incorporate healthy school programming. Kelly expressed that it was difficult to “get everything done” and both Kelly and Shirley wished they had more time. Ms. Bindergarten also communicated that they are “asked to do a million and one things,” which suggests that she too finds teachers to have very busy schedules.

Susan explained that she does more “mothering” as children are coming to school not knowing basic life skills that she would expect to be taught at home, which detracts from the time for the academic curriculum she is assigned to teach. The term ‘mothering’ can be directly linked to female educators and especially for early-years teachers. With the compelling feeling to ‘mother’ along with the multitude of tasks teachers are required to complete in a day, teachers can experience an increased workload. DeVries and Zan (1994) indicate that there is an “implicit relationship between caring and teaching” (p. 522) and see preschool and elementary teachers

with being “tasked with attending to very young children’s social, moral and emotional development in preparation of later life” (as cited by James, 2010). James’ (2010) research has revealed that teachers see “mothering” as part of their job description. If teachers are seeing an increased need for “mothering” but a decrease of autonomy in the classroom there must be consideration for how this impacts teachers on both a professional and personal level. Day (2002) shares Hargreaves’ (2000a) belief that with a decrease in a teacher’s autonomy in the classroom and an increase in governmental control on curriculum, teachers are experiencing more and more being asked of them, leaving them with a lack of time to accomplish all that is requested.

Evans and Rich (2011) suggest that through Foucault’s bio-power an ideal body type is privileged, and this ideal body contributes to a consumer culture of health. These ideal body narratives are part of the creation of a societal bio-pedagogy that is taken up in the discourses of healthy school bio-pedagogies. These discourses are presented to early-years generalist teachers without training, prompting the teachers to draw upon their own personal knowledge and values of health, which they present to their students. All of the teachers in my study stated that they had not received any specific training or resources to assist them in implementing healthy school initiatives, leaving each teacher to draw on their own knowledge and experiences, which can contribute to their stress level if they are not comfortable with incorporating these initiatives into their daily curriculum. The drawing from personal knowledge also contributes to inconsistent health messaging.

Some teachers in this study described events in their lives that caused stress, which has led to feelings of vulnerability, concerns for their mental health, or dealing with external judgements posed upon them. Susan, Michelle, Kelly, and Shirley talked about experiencing stress that they

had either experienced in their professional and/or personal lives, and how this stress impacted either their professional or personal lives. Michelle finds her job stressful at times, and to deal with this stress she ensures that she makes healthy food choices and works out on a regular basis. Ms. Bindergarten also shared that she never realized how hard teaching would be, but also how rewarding it is. Kelly and Shirley had experienced stress in their personal lives, and for Kelly it had impacted her professional life. Events in Kelly's personal life had led to weight gain and she now feels self-conscious standing in front of her class. Presently, she does not feel that she is a good example of a healthy role model and feels somewhat hypocritical standing in front of her class talking about being healthy. She also feels that she is being judged by her class and others outside of the classroom, which contributes further to feelings of increased vulnerability and stress. Shirley found that she had to ensure that she ate healthily and worked out to maintain a healthy balance between physical and mental health. She found this difficult working full-time, being a mother of three, and with her husband working evenings. She struggles to find time in her personal life to maintain a healthy mind/body balance. Apple (2000) warns of "a growing scarcity of resources both emotional and physical" (p. 20) which is reflected in a majority of the narratives from the teachers in this study. James (2010) also discusses the aspect of "mothering" consuming teachers' time within and outside the classroom, and when teachers would put their own needs above their students they were negatively judged by their colleagues and labelled as "'uncaring' and 'selfish'" (p. 532). It is therefore important to conduct further research on how this growing scarcity of resources is impacting early-years generalist teachers on both a professional and personal level.

The incorporation of healthy school initiatives into their daily curriculum has caused some teachers in this study to experience vulnerability due to internal and external judgements leading

to negative emotions which can further contribute to increased stress levels both on a professional and personal level with each impacting the other. Chapter 2 highlighted Evans and Rich's (2011) caution that teachers are being judged by these ideal body norms, and within my research it was evident that the teachers' understanding of health was based on this ideal body norm, and some experienced surveillance and judgement based on this ideal body norm. Susan, Kelly, and Ms. Bindergarten shared their experiences of surveillance and external judgement. When discussing perceptions of self, Kelly showed signs of beginning to cry, but she was trying to hold back the tears. When sharing about an illness that she lives with, Ms. Bindergarten also showed signs of beginning to cry; she found even now that it was difficult to talk about how when she was her sickest, people told her how great she looked because of the drastic weight loss she had experienced. She recognizes that she will never be slim like her sister, but she has learned to like the body that she has. Susan, who appeared physically fit, felt that she had to prove that she knew what she was talking about before being accepted by her students' parents. She talked about feeling that she did not initially feel accepted by her students' parents, which invoked emotions from external judgement.

Reio (2005) identifies an interrelationship between emotion, identity, and change and that "risk taking, emotions and professional vulnerability significantly contribute to teachers' identity formation" (p. 986). Fraser, Maher, and Wright (2010) warn that emotion should not be ignored as emotion plays a central role in the construction of the obesity epidemic, and emotion is found embedded in the obesity discourse. The stories shared by participants in this study contribute to affirming the existence of this interrelationship between identity, emotion, and change, and thus it is important to not ignore the emotion embedded in the virtuous discourses that is contributing to the emotions experienced by the teachers described in this study.

4.4 Summary

Upon completion of the interviews with each of the teachers in this study, it became apparent that all of the participants felt it was part of their responsibility to serve as healthy role models. The literature reviewed in Chapter 2 suggested that teachers use their bodies as a tool and thus may be more aware of their bodies. Also, research suggested that teachers may see teaching in general and the need to demonstrate an ethic of care for their body and the bodies of others, as a moral duty to serve as a healthy role model and a healthy citizen. Health surveillance, which is linked to a performative culture, also contributes to pressure felt by teachers to serve as healthy role models. With teachers working with children five days a week, it may be difficult for teachers to avoid not serving as a role model in their students' lives; students not only watch teachers when they are teaching, but many of the activities that occur outside those formal education experiences, like consumption practices no matter how mundane or explicit, are part of the teaching professional that are intricately linked with personal practices as well. The health surveillance expressed by teachers is not solely linked with physical activity or eating, but the tensions surrounding body image that may begin when individuals are young, perhaps in elementary school, continue to impact how teachers perceive themselves. This individual feeling, as well as feelings of external judgement by others, created stress and vulnerability for some teachers.

All teachers in this study shared that they bring their personal self into their professional lives to some degree, with some sharing more openly about their personal knowledge and values regarding health with their students, and others being more reserved about how much they shared with their students. However, the commonality is that they all shared their personal knowledge and values in the classroom. As the teachers described their personal knowledge and values it

was clear that they considered their professional and personal identities were not separate identities, but rather interconnecting and overlapping. Beauchamp and Thomas (2009) refer to teacher identity as being “mirror images of one another” (p. 180); that they are ‘entangled’ or interrelated and cannot be separated. From my interviews with the teachers in this study, their narratives confirm this interrelationship.

In response to whether they had received any training or resources to support the implementation of healthy school initiatives into their daily curriculum, all teachers in this study responded that they had not received any training and had not been given any resources relating to healthy school initiatives. Some of the teachers did experience support from their co-workers, Reio (2005) states for success to occur there must be formal and informal training provided on a continuous basis, and also an environment where there is collaboration between colleagues. From this study the stories shared by these eight teachers reveals that there has been no training provided and inconsistency exists regarding collaboration between teachers within the same school and between schools.

The teachers’ narratives that formed this analysis must be kept in perspective; that is how the participants framed their answers, and in what context they were formed needs to be acknowledged. It is also important to remain cognizant of how I heard and interpreted their responses. As Gibbs (2007) states the ‘how and why’ are important when considering the responses. Working from a constructivist paradigm it is crucial to remain aware that we all experience the world differently creating varying realities bringing in our own version of what we believe to be reality. As a researcher, I must not ignore these interpretations of reality but instead examine them for context and for comprehensive descriptions of their professional and personal experiences. The results of this study substantiate existing research that teachers’

identities do interconnect and overlap, with each impacting the other. My research contributes to the dearth of existing research that healthy school initiatives do impact teachers' identities both on a professional and personal level.

In the following chapter I will present my conclusions from the analysed data, discuss the contributions from my study, make recommendations as a result of my findings, and propose topics for future research.

Chapter 5 – Contributions, Conclusions, and Recommendations

5.1 Contributions

The themes identified from the interviews with early-years teachers in Chapter 4 were viewed through the lenses of both Bourdieu and Foucault's theoretical frameworks. Specifically, framing the resulting themes with a Foucauldian power knowledge and biopedagogical perspective, as well as a Bourdieusian perspective of teachers' professional and personal habitus, demonstrates how both theorists' ideas can be applied to physical education and health education research. As characterized in Chapter 2, human life is complex, and by applying two theoretical lenses this expands my capacity for analysing the narratives collected; it also allows for the examination of the interrelation of culture and power that Schlosser (2012) argues exists between the two theoretical perspectives. The results of this study contribute to an enhanced theoretical perspective of how early-years generalist teachers construct health as it relates to their identity and how healthy school culture impacts teachers on both a professional and personal level.

5.1.1 Viewing the data through a Foucauldian lens.

As Evans and Rich (2011) explain, Foucault's term of bio-power describes the privileging of the 'ideal body,' which in turn can promote an enhanced focus on "surveillance, analysis, intervention and correction" (p. 365) of populations. This study reveals that this focus has entered into the school bio-pedagogy through what Shilling (2010) refers to as a "complete homology between schools and other sectors" (p. 156) because of an increased concern for childhood obesity. Through this increased concern for childhood obesity a relationship linking societal and school bio-pedagogies creates a proliferation of implicit and explicit messages whereby individuals and populations are called upon to take greater responsibility for their health. This call has reached teachers and they are taking up the call to be responsible for not

only themselves but their students that they teach. This aligns with Kickbusch's (2007) claim that "health is everywhere" affirming that health is found in every corner of our habitus and that health promotion is a form of self-governance leading to normalization with rules that every responsible citizen is to follow.

The results of my study indicate that early-years generalist teachers contribute to privileging a conception of the ideal body, which can be seen in their narratives explaining how they define health. Their stories suggest that they embody the health messages found in the virtuous discourses. For example, Kelly described herself as having gained weight and because of this weight gain she felt uncomfortable in front of her class as she did not see herself as serving as a healthy role model. She saw herself as not meeting the requirements of the ideal body described in the virtuous discourses. The remaining teachers in this study also expressed the need to serve as role models or influencers for their students and believed that it was part of being a teacher. The teachers shared their personal experiences within their professional lives; as an example they modeled healthy eating by drawing on their personal life experiences to share with their students, and it is therefore important to consider how they influence and share knowledge relating to health. With this example of teachers drawing on their personal beliefs to use in their professional life it is essential to examine how teachers embrace health and how they interact with the biopedagogies perpetuating the ideal body. External judgements about their own bodies and the association with ideologies of health circulate amongst the teachers and within the school environment. Teachers talk about experiencing judgements from fellow staff members about what they eat, how they exercise, and what they may or may not do in terms of their own health practices. These external judgements and surveillance were experienced inside and outside of the classroom by some of the teachers in this study, resulting in them speaking about feelings

of vulnerability. These feelings of vulnerability were in the context of not serving as healthy role models. This concern was two-fold, as teachers were concerned about being good teachers by being healthy, but they were also concerned about being healthy for their own personal reasons. As a result, the teachers experienced what they defined as increased stress and subsequently talked about their own mental health.

Knowing that virtuous discourses are constructed, I analysed how individuals (teachers) and populations (the elementary school context) are being called to take up healthy school initiatives. Healthy school initiatives, regardless of teachers' intimate knowledge of programs or school initiatives make teachers complicit in taking up healthy ideals. Feelings of empowerment, engagement, and vulnerability impact teachers differently, and collectively these emotional responses shape teachers' identities on both a professional and personal level. Foucault explains these collective differences are part of power relations, where power is found within the relationships between government and the institution, and in the case of my study, within healthy school initiatives and the teachers. The results of this study contributed to confirming that emotion plays a role in shaping teachers' identities; emotion in this study was expressed in the form of stress and vulnerability. As I noted in my literature review Day (2002) indicates that professional and personal values and aspirations are intimately linked, and he uses Kelchtermans' (1993) description of how the professional and personal selves evolve over time to describe this evolution. Day (2002) believes that teachers' professional identities are formed in part by how they feel about themselves, and it is therefore crucial to examine to what extent emotion plays a role in the formation of a teacher's identity.

An example of how biopedagogies are working within elementary schools is in the healthy school initiatives themselves. Within schools that have implemented healthy school initiatives,

concerned teachers are supporting the initiation of healthy food choices and the elimination of foods that have been identified as unhealthy. These initiatives include a variety of physical activity programs available to the students to participate in prior to school, during the lunch hour, and after school. These examples of healthy food choices and increased physical activity programs are part of the ‘managing of life’ in the attempt to achieve what they consider the ideal body. Teachers want to be good teachers, and several participants provided examples of taking up health practices uncritically as these relate to their own personal lives. Teachers also recognize the challenges that students and families face in relating to some of the healthy ideas shared. Petherick and Beausoleil (2016) argue that, “Teachers are positioned in difficult territory, as they both willingly desire to shape future health contexts of Canadian children and must navigate educational expectations and the diverse realities of their students’ lives” (p. 326). The school serves as a site to share valuable information about health, but how this information can be used for moral purposes is illustrated by the early-years generalist teachers who explained that they feel vulnerable about their own health practices. As an example, Ms. Bindergarten taught her students to like themselves for who they are, and she shared with me that she has learned to like her body by coming to terms with knowing she will never be thin like her sister. Although Ms. Bindergarten goes for walks with her friends and practices yoga, there is underlying hints that she does not see herself as being healthy, as she still compares herself to her thin sister, which implies she perceives the ideal body of the normative discourses as part of being healthy even though she says that she has learned to like her body. Thinness comes with moral worth and from dominant discourses that circulate within the biopedagogical frameworks that call upon individuals to take up health practices and embrace the moral undertones of body ideals.

The normative discourses with foundations in Foucault's biopower and consumer culture produce norms that exist within healthy school discourses. It is these discourses that affect teachers' identities on both a professional and personal level. These normative and dominant discourses of consumption and biopedagogical teachings impact teachers' identities as teachers see themselves as role models who must maintain a healthy body, so they succumb to the pressures of a performative culture. Biocitizenry, which is a result of this performative culture, creates an environment of self-governance and self-surveillance on both a professional and personal level for teachers. Thus teachers who do not live a self-disciplined life by controlling their weight and exercising are not adhering to but "ignoring the interests of the common good needed for a well-ordered society" (Wright & Hardwood, 2009, p.51) and therefore are not good bio-citizens. There are pressures to be healthy circumventing teachers' lives. Using Foucault's theoretical perspective provided an opportunity to examine how sovereignty and governance affect individuals (teachers) and populations (all teachers). The two schools in this study that had an Active Start program required all staff and students to participate. This requirement by the school administration created an environment of sovereignty and governance, thus promoting the idea of bio-citizenry by making participation in the Active Start program mandatory.

Teachers in this study were compelled to take up the normative discourses that promote the ideal body and these discursive practices are taken up by teachers as they engage with these dominant body ideals." All of the teachers embraced the understanding of health as defined in normative discourses, that is, eating healthy and being physically active. This embracement originated from a personal desire to be healthy and a good role model for their students; therefore health was self-regulated within a highly governed system.

5.1.2 Viewing the data through a Bourdieusian lens.

Bourdieu suggests that through our fields of practice our beliefs, values, and attitudes are formed. Our interaction with these fields creates our habitus, and we in turn affect our habitus, creating a cyclical relationship. Garrett and Wrench (2008) suggest that the cultural norms within the teachers' habitus are worked and reworked through the logic of practice, and may or may not resist norms in health promotion located within healthy school initiatives. Through the logic of practice the process of normalization may continue rather than being resisted, which allows disparities to continue to exist. The data from my study suggest that teachers' professional and personal selves interconnect and overlap. Bourdieu's relational theory describes our fields as being interconnected and overlapping, but also multi-dimensional, which contributes to the acknowledgement of the complexity of humans and thus the complexity of the interrelationship of the spaces where teachers live. Participants drew on their personal knowledge of health and identified how they used this knowledge in the classroom. Within this knowledge they describe health as consisting of making healthy food choices and participating in physical activity to maintain a healthy lifestyle, both physically and mentally. This description of health accepts that it is the individual's responsibility for health which supports the discourses of bio-citizenry, and continues to be perpetuated through the logic of practice. This way of understanding of health is accepted by the teachers in this study and is reproduced in both their professional and personal lives.

This reproduction of health in the teachers' professional and personal lives can be described by Bourdieu's field of practice. The interconnection and overlapping of the teachers' professional and personal lives continues to reproduce this understanding of health. Within the teachers' fields of practice, which according to Bourdieu include family, school, and work there

are an overlapping of experiences shaping individuals' identities. The exchanges occurring within these spaces, suggests that what is constructed in one field may affect, interconnect, and overlap what is constructed in another. This overlapping of fields involves constructions from within the personal field being reconstructed in the professional field, and the reflection of knowledge, values, and attitudes contributing to their identities being found in both.

Due to a lack of training and resources, teachers drew on their personal experiences, which created an inconsistency of the knowledge of health and healthy school initiatives. In some instances the lack of knowledge meant teachers experienced tensions around a lack of knowledge yet the expectation was that they personally feel to be experts. Subsequently, conveying of this knowledge to the students, created stress, vulnerability, environments for external judgements, and mental stress for some of the teachers. In their role as teachers the idea of embodying a habitus that in many ways is 'all knowing' creates internal pressures about being able to share important information and skills to students. The expectation of being an expert but having a lack of knowledge continues to perpetuate this cyclical relationship of not knowing but desiring to be seen as an expert continuing the feelings of vulnerability, stress, and judgement all of which has an impact on teachers' mental health. It became evident from the narratives shared by the teachers in this study that teachers' personal and professional lives interconnect and overlap as they draw upon their personal experiences and apply them in their professional practice. This aligns with Bourdieu's ideas that fields of practice are difficult or impossible to separate. As a result, the habitus and the field of practice contribute to the construction of a teacher's identity.

Dependent on their professional habitus (i.e. years teaching, experience teaching various grades, experience in different schools) the teachers in this study were either empowered in their professional practice or experienced vulnerability. Through my literature review it was revealed

that sense making is dependent on the working conditions of the school, and these conditions are crucial to the teachers' sense making (Kelchterman, 2005). Two of the teachers had a background in physical education and felt comfortable including physical activity into their daily curriculum. Another teacher described how all of the staff embraced the school's healthy initiatives, for example all staff joined the students in the Active Start program that took place every morning. These three teachers seemed to be empowered in their professional practice due to either knowledge of health or the supportive environment of the school by full participation of the staff in the Active Start program in the school or both. A fourth teacher expressed not only a lack of knowledge but that she did not feel good about herself, which led her to feel vulnerable as she did not feel that she was a good role model, nor did she feel good carrying the extra weight that she had gained. The information shared by the participants in their interviews suggests that the personal affects the professional, and the professional impacts the personal.

The cultural habitus of being a 'healthy' person continues to be constructed and was relevant to teachers in this study. From a personal vantage point a personal habitus or the personal context teachers use to understand health comes from what they have learned about their habitus from family beliefs and values, their culture. From these experiences the teachers have formed their own knowledge, attitudes, beliefs, and values and in combination with their professional habitus they develop a sense of identity that shapes their everyday life. Teachers then draw upon the personal context within their professional lives, creating interconnecting and overlapping fields of practice that shape their professional and personal lives which contributes to the formation of their identities. The healthy school initiatives subtly convey meanings of health that encourage ever so gently but persuasively how to be an appropriate teacher and person who is concerned about health. Definitions of health and health promotion messages have

shifted from one of pathogenesis to salutogenesis. However, the teachers in this study are feeling stressed and concerned about their mental health. The dominant cultural processes within the cultural habitus are re-created in and through these 'healthy' school initiatives, resulting in complex relations emerging in school contexts. Teachers are the frontline workers attempting to create healthy contexts for everyone. Given that teachers are seen as knowledge experts, this task of being a biocitizen and a good educator calls upon teachers' emotional scarcity (Apple, 2000) which can lead to further stress and unhealthy tensions for them.

These tensions are not just between teachers' spheres of identity. The results of this study suggest that the social determinants of health also impact teachers' identities on both a professional and personal level. The teachers in this study talked about various things that impacted how they thought about health such as how they were raised as children affected how they thought about health, what their parents did for a living affected their career choices, and their own personal health affected how they thought and approached health. These complexities found in the social determinants of health require a school health model that aids in the examination of these social structures, social interactions, and intersectional relationships. The salutogenic model of health promotion considers these complexities residing within the social structures, social interactions, and intersectional relationships. Researchers are able to use this model to frame an in-depth analysis of the complexities that exist within these social structures and interpersonal interactions by observing the interconnectedness and overlapping relationships. This model of health takes into consideration the interconnecting and overlapping of the fields found in the teachers' habitus. This model creates an opportunity to examine the relationships between the individual and agency and the social and biological environments that exist within the habitus. Within the structures this model can be used to discover the relationships that social

and cultural capital has with health, and how social and cultural capital can affect the position of teachers differently within their habitus. Also by looking at health promotion through a Bourdieusian lens allows for the consideration that health is socially constructed, and through this social construction creates the opportunity to examine how through different habitus and fields of practice that health may be constructed differently.

By viewing these relationships through Bourdieu's logic of practice and relational theory these relationships can be analysed for how they are constructed and reconstructed to produce the teachers' identities within a professional and personal context in turn forming their habitus. The cultural practices within the field are taken up in the logic of practice, created, and recreated in the teachers' habitus. The relational theory examines the relationship at the intersection of structure and agency, and is useful when looking at the interconnectedness and overlapping of the teachers' identities and their habitus. It also provides a means to identify if the social determinants as they relate to the salutogenic model impact teachers' identities on both a professional and personal level by examining the relationships that are constructed. With the vertical and horizontal relationships that exist within the salutogenic model there are relationships that affect one another, and it is important to consider how these relationships are constructed, and if there is free choice or if there is power relations that affect the relationships. The relationships may be constrained by a lack of free choice due to, for example, administrative policy, authority and/or workload but also by culture, beliefs and values. We all live and work within a culturally diverse world that contains similarities and differences to our own habitus. Some teachers felt that they were privileged over their students as they as teachers could afford to go away on spring break to somewhere warm or go downhill skiing. They also spoke about having a cottage to go to in the summer. One spoke about paying off a loan incurred when going

to university and could not afford to always buy all the healthy food choices for her family as she would like and could empathize with her students who could not afford healthy food options.

This study revealed that not all teachers lived in the same social class as their colleagues. Within our professional and personal habitus exists not only similarities and differences but different hierarchies within a habitus that influences the relationships. The intersectional model of Segall and Fries (2011) assists in describing these intersectional relationships creating different health opportunities and constraints that shape teachers' identities on both a professional and personal level.

As indicated in Chapter 2, there is a push and pull that happens between agency and structure in which teachers may not have complete free choice but rather work within certain constraints that exist due to workload, administration, and policy. As Janzen (2013) explains, this push and pull results in an opportunity for reflexivity whereby the teachers can choose to push against the constraints of agency, and in the case of this study potentially pushing against the virtuous discourses found in healthy school initiatives. By applying Bourdieu's theoretical perspective I was able to examine how teachers pushed against or pulled the discourses of health produced within contemporary schooling contexts. The teachers in this study embraced the virtuous discourse, and pulled in the 'ideal body' rather than pushing or resisting against this ideal.

The occurrence of this embracement is explained by Apple (2000) who claims through Bourdieu's logic of practice individuals unconsciously incite the reproduction of the conditions of their own habitus. With the unconscious reproduction of these conditions these conditions become the norm for their habitus. This reproduction through the logic of practice leads to the creation of normalization, which is an example as Schlosser (2012) suggests of how the

theoretical perspectives of Bourdieu and Foucault are interrelated. This research contributes to the need indicated by Sima, Tinning, and Rossi (2010) to examine the habitus shaping teachers' identities on both a professional and personal level.

In summary, my study contributed to the understanding of how teachers engage with discourse and the body, and how they either participate in or resist and even subvert current health-focused initiatives. The discourses contained the language of healthism contributing to bio-citizenry, which was reproduced by the teachers in both their professional and personal lives. The study acknowledged the complexity of human nature and teaching, and for this reason two theoretical perspectives were used to examine the data. The teachers' narratives revealed the complexity of teaching and how each of them navigated the virtuous discourses indicating how this impacted them on both a professional and personal level, either in a negative or positive sense. The study revealed how teachers interpreted, translated, and communicated health discourses both in their professional and personal lives. It was revealed that for some teachers in this study that the virtuous discourses created vulnerability and stress if they did not ascribe to being a healthy role model and thus impacted their confidence in implementing healthy school initiatives in their classrooms.

5.2 Conclusion

The teachers' experiences that they shared during the in-depth interviews during this study suggests not only an inconsistency and range of understandings of healthy school initiatives, but in their responsibilities for implementing healthy school initiatives within their classrooms teachers attempted to be 'good' biocitizens and do the best they could to advance the health of others. Some teachers were uncertain as to what their schools offered or did not call the activities

offered in a school a healthy school initiative. Also the interviews revealed that the effects and the effect of healthy school initiatives call into question teachers' sense of identity and at times challenges their professional responsibilities. In trying to be good teachers, and as a result of dominant health discourses teachers are attempting to empower others, yet find themselves in vulnerable positions. The desire to do no harm and encourage healthiness threatens their roles as teachers and existence as knowledgeable and caring professionals. Through the interviews with eight early-years teachers, I discovered overlap in their experiences of not being adequately trained and feeling unprepared to implement healthy school initiatives. All eight teachers indicated that there is no professional development training provided relating to healthy school initiatives. Some of the teachers in this study indicated that their school physical education teachers created programs that they could use within their classroom as an educational resource, but not every school that participated in my study had this type of resource made available by their physical education teachers.

Due to lack of training and knowledge of healthy school initiatives, not all of the teachers felt comfortable incorporating these initiatives into their daily classroom activities. In the sample of eight teachers, two felt that they did not have enough time to implement healthy school initiatives, another commented that more and more was being asked of them, and a fourth teacher commented that she spends more time 'mothering' than she used to as children are coming to school unfed and lacking basic life skills. The unfed children exhibit behavioural issues as a result of being hungry, which negatively impacts teachers' time in the classroom as they respond to the various behaviorally issues. Also one teacher shared that working in a multicultural school presented challenges in the classroom, such as addressing the cultural differences to ensure inclusion, and to provide support to students whose first language is not

English. These complex circumstances were discussed in ways that were not intended to place children in places of deficit, although having access to basic social supports is needed for some students, nor to suggest the teachers in this study were not committed to inclusive teaching, moreover these lived experiences highlight the teachers' shared and perpetual sense of vulnerability.

The teachers perceived being a healthy role model as part of their responsibilities of being a teacher, which may be a result of the pressures felt as part of the culture to contribute to healthy school initiatives. Each of the teachers in this study either shared that they considered being a role model or serving as an influencer to their students as part of the culture of being a teacher. However, in being a role model to their students, some teachers experienced external judgements, often associated with their bodies and health behaviours that continued to increase stress levels and vulnerability. One of the teachers also shared that due to personal circumstances she was not as healthy as she would like, and had gained weight which made her uncomfortable being in front of her class talking about healthy school initiatives. Another shared that when she first started at her school she felt judged by the parents, and felt that she had to prove to them that she knew what she was talking about. She shared that she now has the acceptance of the parents. Teachers shared that stress and vulnerability shifts and changes, depending on their interactions and the social conditions of the school. Also the impact of the health imperatives or so called health concerns and ideal body related expectations impacted teachers' responses. The health surveillance through the external judgements that originate from the virtuous discourses leading to the privileging an 'ideal' body is embedded in the school health discourses and found within the teachers' habitus. These external judgements about bodies become internalized for teachers in this study. In addition, without knowledge, resources, training, and time some of the

teachers experienced increased feelings of vulnerability, leading to stress which is impacting their mental health. Due to circumstances within their personal lives some of the teachers also experienced stress and vulnerability when implementing or supporting the healthy school initiatives. For example, Shirley had experienced some difficulties in her personal life that left her feeling tired and felt challenged at times to maintain a healthy lifestyle that included eating right and having time to exercise. Additionally as she was still paying off loans due to her university education she understood that it was not always easy to purchase healthy foods due to a limited income, and when talking about healthy food choices in her classroom she had empathy for her students who were from a lower income and perhaps could not afford healthier food choices. Another teacher had also experienced some negative circumstances in her personal life that contributed to her gaining weight, and when having to discuss eating healthy and exercising she felt overwhelmed and uncomfortable in front of her class. From circumstances occurring in their personal lives some teachers shared that these external circumstances impacted them in their professional lives within the school. Other teachers shared that the stresses of being a teacher impacts their personal lives with feelings of tiredness, being overwhelmed, and/or mental stress. The impacts of negative comments and outside personal stresses that cross into the school context of a teacher's life creates certain emotions; emotions invoked by stress, vulnerability, and tiredness as described by certain participants in this study. From the narratives shared in this study it is evident that identities of teachers do interconnect and overlap on both a professional and personal level.

5.3 Recommendations

School divisions must first focus on providing breakfast and/or lunch programs before any other forms of healthy school initiatives. Teachers should not be expected to be personally responsible for ensuring that their students have something to eat, nor should they be expected to assume the financial costs for the food they are providing. Two of the teachers in this study reported children that were coming to school hungry and/or had no lunch, so creating breakfast programs could alleviate some of the behavioural problems exhibited in the classroom due to hunger and assist in addressing some of the inequities that exist due to socio-economic disparities.

As noted in Chapter 4, only one of the eight participants worked in a school that offered a breakfast program. To improve the breakfast program in place at this school, I suggest implementing a similar program that is offered in another school in a different school division. This school makes the food available at each entrance to the school. Food is prepared by volunteers made up of parents and teachers, and is placed on food carts that are located at every school entrance where children can help themselves as they enter the school each morning. There are no questions asked and any child is permitted to take food ensuring that no student in need is missed. Some teachers know that certain children come late to school due to circumstances out of the children's control, and these teachers will take food for these children who always come to school unfed and miss the food cart. This type of program relieves the teachers from the responsibility of purchasing food for their students and provides a planned, systematic way of providing food for students in need. Shared communication between schools and school divisions is required to identify what needs are not being met and what programs have been implemented that are seeing success in response to these needs. These types of breakfast and/or

lunch programs need to be implemented to remove the onus from the teachers to personally supply food for their students.

If healthy school initiatives are to remain as part of teachers' responsibilities schools must make it a priority to organize their own professional development training for healthy school initiatives as a minimum to create an environment where there is better communication, training, and resources for teachers within the same school and between schools within the same school division. This type of in-house professional development could ensure support, engagement, collaboration, and a better understanding of the initiatives as well as the benefits and risks.

Communication should also be made a priority and be initiated between the principals of the various schools by the superintendent of the school division, opening up an opportunity for an exchange of ideas. Creating dialogue amongst superintendents of different school divisions creates an opportunity to share what initiatives have worked and not worked, provides an exchanges of ideas, and promotes collaboration. Consistent information conveyed to students and fellow teachers with opportunities to build collaborative initiatives between teachers and administration would be beneficial in addressing some of the insecurities and vulnerabilities teachers expressed in this study. Addressing these concerns provides an environment where teachers feel supported and empowered, decreasing feelings of vulnerability, stress, and external judgement, and in turn contributing to a positive sense of self and a salutogenic approach to health promotion.

The development of effective communication, in the form of open dialogue that is supportive and mentoring, from the school administration and the school division regarding healthy school initiatives could help reduce some of the stress felt by some teachers and encourage collaboration between teachers within the same school and the schools within the

same school division. At the moment there appears to be a lack and in some instances a complete void of communication between teachers, and between teachers and administration, on the topic of healthy school initiatives. Developing effective communication regarding healthy school initiatives creates the potential to increase feelings of empowerment of the early-years generalist teachers who are required to implement these initiatives in their classrooms as there would be clearer understanding of what the initiatives are, their purpose, and the benefits of implementing such initiatives.

From the initial attempt to recruit participants for my study I quickly learned how difficult it was going to be to have teachers participate as the principals informed me how busy their teachers were. After managing to meet with eight teachers I gained first-hand knowledge as to how busy their daily schedules actually were with all the educational and extra-curricular expectations they were required to fulfill. With the stories shared by the teachers in this study it is evident that some of the teachers are experiencing increased stress levels which is impacting their mental health.

The results of this study revealed that teachers' mental health is being impacted by stress due to external judgements, feelings of vulnerability, lack of class time, and student behavioural issues resulting from complex socio-economic factors. Cultural diversity as a result of new immigrant families creates stress on the demands for teaching assistants for students who require help with English and also depending on the circumstances there are socio-economic issues that create issues for families being able to afford healthy food for children, and sometimes to even provide breakfast and/or lunch for their children. The teachers' classrooms have become very complex and demanding work environments. It is apparent from the findings in this research study that the demands/requirements of teachers need to be examined to determine how the

existing expectations can be changed, removed or at the very least adjusted to create a more manageable set of expectations. Requiring teachers to include healthy school initiatives without training and/or resources is not only an unfair and unreasonable expectation, but can be considered unprofessional and irresponsible as teachers are already feeling overwhelmed. With scarcity of both emotional and physical resources available to teachers, consideration must be made as to whether these healthy school initiatives should really be part of a teacher's professional responsibilities.

5.4 Future Directions

From this case study it is evident that more research is needed not just in the area of how healthy school initiatives impact early-years generalist teachers' professional and personal identities, but in the habitus within the school environment that contributes to this impact. Research is needed to identify what supports, training, and resources are needed by early-years generalist teachers. It is important to provide early-years generalist teachers with supports, training, and resources as they are given the responsibility of forming the foundations of knowledge and understanding of early-years students.

With the knowledge that teachers' identities interconnect and overlap, both on a professional and personal level, it is imperative to think critically about how social capital shifts within the processes associated with healthy school initiatives. Samuelson and Steffen (2010) state that social capital consists of the formal and informal relationships within the habitus and are "the sum of existing or potential resources" (p. 5) and further they state that, "positions in a field are thus dependent of the kinds and strengths of capital possessed" (p. 5). It is within the habitus where cultural norms are worked and reworked. It is vital to consider the types of

cultural capital produced through the logic of practice, when examining how healthy school initiatives impact early-years generalist teachers' identities. It is within these fields of practice that identities are formed shaping teachers' health.

The data collected from this study points to the need to create an environment where shared communication between teachers within the same school and the inter-school dialogue within the school division can create a culture of collaboration to foster a support system to aid the teachers in navigating the discourses of the healthy school initiatives. Implementing this type of communication and collaboration may decrease the negative impact of the healthy school initiatives on early-years generalist teachers' identities and responsibilities. It is important to be aware that by opening up dialogue and creating opportunity for collaboration that there may be potential for increased external surveillance and pressures experienced by early-years generalist teachers. By fostering an environment of mutual respect and consideration of the diverse socio-economic factors while being conscious of the moralism that can surface when talking about health a cultural shift might occur in schools in relation to the healthy school initiatives. Being mindful of the push and pull involved in thinking about and enacting health practice open conversations may deflate any potential increase in negativity that can arise from external judgements and pressures that are common when individuals talk about health and the body.

Further research is required to identify the affects of constant health surveillance and how teachers embody health, taking into consideration that they seem to embrace the virtue discourses within the culture of their professional and personal habitus. Virtuous discourses are components of dominant social institutions and these are further shaped by interactions with the social, cultural, and institutional environments in relation to contemporary concerns related to child and youth health. Knowing that health is complex and in the process of shaping child and

youth health my research demonstrates how health discourses in schools reinforce factors that perpetuate body norms and value judgements on early-years generalist teachers. This impacts teachers both on a professional and personal level; thus it is also important to challenge the virtuous discourses that are found embedded with the healthy school discourses.

It is also important to examine how teachers make sense of the healthy school initiatives through a professional and personal context, how they interpret and translate this knowledge, and how this impacts their identities. Through past research and from this study there is evidence that emotion plays a role in the formation of teachers' identities. Emotion therefore must be a considering factor in teachers' sense-making, as well as how these initiatives may undermine the teachers' own knowledge, values, and morals that may lead to vulnerability. The role emotion plays within the shaping of teacher identities is beyond the scope of this project but it is an area that could be undertaken to learn more about the effects and affects of 'healthy' initiatives in the school. In addition, as Webb and Quennerstedt (2010) state the affects of surveillance are under-researched, and thus further research is needed to investigate how teachers' professional and personal identities are impacted.

As Susan shared during her interview it takes a village to raise a child, and teachers are part of that village. Teachers spend five out of the seven days of the week with students, and therefore have a significant amount of influence over their development. There is more and more that is being asked of teachers in addition to the provincial curriculum requirements. As indicated in the literature review, Bandura (2004) and Segall and Fries (2011), do not believe that all onus should be placed on the teachers to respond to social conditions, like the 'so-called' childhood obesity epidemic, but rather this is the responsibility of all members of society. That said, with the present concern for childhood obesity or children's inactivity, teachers increasingly

feel pressure to now play a role in serving as a healthy role model for their students. Based on these internal and external pressures it is therefore imperative to examine how healthy school initiatives are impacting early-years generalist teachers on both a professional and personal level. There is a large gap of knowledge as to how healthy school initiatives, or programs that are linked to health initiatives in the school, are impacting teachers, many of whom are women in the elementary areas of school. More research in general is needed in this area and in particular more research about the emotional work female educators undertake or withstand in the elementary school system is urgently needed. At the moment there is a growing but limited pool of research in these important areas of study, but is necessary important for further research to be conducted to ascertain how healthy school culture is impacting early-years generalist teachers' lives.

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Appendix A - Questions for Semi-Structured Individual Interviews

1. Tell me a little about yourself
 - a. Prompts: what were your reasons for choosing a career as a teacher, what has been your experience thus far, has your experiences been different from what you envisioned teaching to be, have you seen changes as to how you teach over the years?
2. What health initiatives and programs are in place at your school?
3. How are you navigating from a professional standpoint the health programming or project development in your school? How do you set priorities?
4. How do you position yourself to both provide education and health information to that meets the diverse backgrounds (i.e. social class, education, culture, family) of your students' lives?
 - a. Prompts: Consider the determinants of health, such as social class, economic status, and educational background, which shape children and youth's current and future health status and how these impact how you position yourself
5. Do you negotiate the various health-related initiatives of your school into your teaching or health messaging as you teach? If so in what way(s) or how do you negotiate these initiatives? Do the school programs or initiative transfer into you own life? Does the message impact your perception of self? How do you see yourself?
6. Do health-related but education-focused initiatives impact your sense of identity?
 - a. Prompts: Please explain? Do health-related but education-focused initiatives impact your sense of professionalism? Please explain.

7. Can you tell me what role health plays in your own life? What would you say are the key components?
 - a. Prompts: How else do you think about health?
8. How do your colleagues talk about or perceive the implementation of health related initiatives?
 - a. Prompts: Your sense of identity from a social, emotional and physical perspective? (Does it have any impact on your personal health? With your social and educational status as a teacher do you perceive yourself as being privileged leading to more opportunity for healthy options.)
9. Is there any training provided for teachers connected to the health initiatives provided in the school? If yes, can you recall what training was provided and what it entailed, if you participated in the training?

Appendix B – Superintendent Information Letter and Consent Form



Project Title: Teachers' Professional and Personal Identities: How Does Healthy School Culture Shape Teachers' Professional Personal Identities

Researcher:

Ms. Janice Tilly, MA Candidate

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leanne.petherick@umanitoba.ca

Dr. Sarah Teetzel

Faculty of Kinesiology and Recreation Management, University of Manitoba

112 Frank Kennedy Centre, Winnipeg, MB, Canada, R3T 2N2

Phone: (204) 474-8762

Sarah.Teetzel@umanitoba.ca

Dear :

I am writing to seek your permission to carry out a research study in your school division. This study is examining the health-related initiatives offered at early-years schools and the impact that these initiatives may or may not be having on the early-years teachers' professional and personal identities within and outside of the school environment. Knowing that the determinants of health shape children and youth's current and future health status, this study seeks to determine how teachers position themselves to both provide education and health information in relation to the social, economic and material conditions of their students' lives. The study is concerned with how the teachers negotiate the various health-related initiatives into their teaching or health messaging as they teach and in their own lives, and if this has any impact on their image of self.

The participants in this study will consist of a maximum of 12 early-years generalist teachers, that is, teachers who teach kindergarten to grade four. All participants will be from within early-years schools located within the same school division located in Winnipeg, Manitoba, Canada. Teachers working at-schools within your school division will be invited to participate in an individual interview. Once approval has been received from your office a letter will be sent to the principals of all schools within your school division requesting their assistance in recruiting early-years generalist teachers to participate in my study. Once a minimum of five schools (working with the assumption that the maximum of 12 teachers will be able to be recruited from these five schools) have agreed to participate as recruitment sites, a letter of invitation will then be sent to the teachers asking if they wish to participate in my study. I will ask the principals or their designates to assist me by placing the teachers' letters of invitation in the teachers' mailboxes. I will also include in the letter to the principals a request to have a recruitment poster posted on the staff bulletin boards. Once a teacher has contacted me to say he/she will participate in my study, I will email them a copy of the informed consent form and the short demographical information form for their review. The teachers will not have to print this information out as both copies will be made available to them at the time of the interview.

Two recruitment posters have been created and the principals will be allowed to choose which one they would like to post. One includes a cartoon sketch of a female teacher as a "super teacher hero" and the other poster includes only the recruitment information related to my study. Both posters include the identical information the only difference is the cartoon sketch. I have included one with a cartoon sketch on the recommendation of some of my friends who are elementary school teachers; they each have said as a teacher their eyes were drawn to the one that includes the cartoon sketch. Therefore the poster with the cartoon sketch is included to potentially provide more attraction to my poster and increase my recruitment of teachers.

A maximum of twelve early-years specialist teachers are invited to participate in a 40-minute individual interview. If during the interview with the teacher, a teacher either refers to or shows an artifact that he/she relates to the healthy school initiative I will ask if I can document the referral and/or have a copy or keep the example of the artifact. Some possible examples of school artifacts could be curriculum information on implementing the healthy school initiative given to the teacher by perhaps the principal to implement in the teacher's classroom, classroom posters for teachers to use as teaching tools with their students, or perhaps a certain game/physical activity that the teacher uses in the classroom to incorporate some physical activity, etc. The interviews will be recorded using a digital audio recorder, and then transcribed verbatim by me personally. Participants will be asked to select a pseudonym to be used in all forms of dissemination, which include my MA thesis, and any subsequent publications and presentations. After I have transcribed the recordings, I will then contact the participants again to ask them to read and review the transcript of their personal interview and to make any changes, clarifications, or additions. This step will take approximately 30 minutes, for a total of 70 minutes participation time. A private room will be required to conduct the interviews with the teachers. This room must be completely enclosed and have a door to ensure complete privacy and confidentiality.

All participants will be asked to sign an informed consent form that states that they understand that all information collected during the semi-structured individual interview will be used for the purpose of this research project. During the interview process the participants are free to refrain from answering certain questions without prejudice or consequence.

Risks and Benefits:

There are no perceived risks to the participants of this study. They will be informed that effort will be made to protect their identities at all times and at no time will their identities be shared or revealed. The participants are also able to withdraw from the study at any point with no negative repercussions and at the time of the withdraw from the study all data collected to that point on that participant will be deleted from the study using the same process for deletion as described in the above paragraph.

Some benefits that could be identified by participating in the study are that the teachers have a chance to share some of their concerns and/or issues and learn from the results of other concerns shared by their colleagues that made may lead to sharing resources, ideas, and create/provide support systems for each of them.

Additional Information:

All paper and audio-visual data will be stored in a locked filing cabinet in my home office. All electronic files will be password protected. Once the research project is completed all data

collected **will be kept until December 2020 at which time all data** in paper form will be shredded and in electronic form will be deleted with the hard drive being wiped clean of all data collected.

A copy of the informed consent form and letter to principals are attached for your review.

The University of Manitoba Research Ethics Board(s) and a representative(s) of the University of Manitoba Research Quality Management/Assurance office may also require access to your research records for safety and quality assurance purposes.

This research has been approved by the Education and Nursing Research Ethics Board at the University of Manitoba. If you have any concerns or complaints about this project you may contact any of the above-named persons or the Human Ethics Secretariat, Maggie Bowman, at 474-7122 or Maggie.Bowman@umanitoba.ca.

Sincerely,

Janice Tilly, BRMCD
Masters Candidate

Attach.

Appendix C – Principal Information Letter and Consent Form



Project Title: Teachers' Professional and Personal Identities: How Does Healthy School Culture Shape Teachers' Professional Personal Identities

Researcher:

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112 Frank Kennedy Centre, Winnipeg, MB, Canada, R3T 2N2

Phone: (204) 474-8762

Sarah.Teetzel@umanitoba.ca

Dear Principal ,

I am writing to seek your permission to carry out a research study in your school. This study is examining the health-related initiatives offered at early-years schools and the impact that these initiatives may or may not be having on the early-years teachers' professional and personal identities within and outside of the school environment. Knowing that the determinants of health shape children and youth's current and future health status, this study seeks to determine how teachers position themselves to both provide education and health information in relation to the social, economic and material conditions of their students' lives. The study is concerned with how the teachers negotiate the various health-related initiatives into their teaching or health messaging as they teach and in their own lives, and if this has any impact on their image of self.

If you should grant me approval to contact your teachers, I would like to request your assistance or a designate's assistance in placing letters of invitation in each teacher's mailbox . The study requires each teacher to complete (at the time of the interview) an informed consent form, a short demographical information form and to participate in a 40-minute individual semi-formal interview. If during the interview with the teacher, a teacher either refers to or shows an artifact that he/she relates to the healthy school initiative I will ask if I can document the referral and/or have a copy or keep the example of the artifact. Some possible examples of school artifacts could be curriculum information on implementing the healthy school initiative given to the teacher by perhaps yourself to implement in the teacher's classroom, classroom posters for teachers to use as teaching tools with their students, or perhaps a certain game/physical activity that the teacher uses in the classroom to incorporate some physical activity, etc. A maximum of twelve early-years specialist teachers are required for this study. The interviews will be recorded using a digital audio recorder, and then transcribed verbatim by me personally. Participants will be asked to select a pseudonym to be used in all forms of dissemination, which include my MA thesis, and any subsequent publications and presentations. After I have transcribed the recordings, I will then contact the participants again to ask them to read and review the transcript of their personal interview and to make any changes, clarifications, or additions. This step will take approximately 30 minutes, for a total of 70 minutes of participation time. A private room will be required to conduct the interviews with the teachers. This room must be completely enclosed and have a door to ensure complete privacy and confidentiality.

I also would like to request your permission to place a recruitment poster on your staff bulletin board or in another area that provides maximum exposure to the early-years teachers. Two recruitment posters have been created and you are welcome to choose which one you would like to post. One includes a cartoon sketch of a female teacher as a "super teacher hero" and the other poster includes only the recruitment information related to my study. Both posters include

the identical information the only difference is the cartoon sketch. I included one with a cartoon sketch on the recommendation of some of my friends who are elementary school teachers; they each said as a teacher their eyes were drawn to the one that includes the cartoon sketch. Therefore the poster with the cartoon sketch is included to potentially provide more attraction to my poster and increase my recruitment of teachers.

All participants will be asked to sign an informed consent form that states that they understand that all information collected during the semi-structured individual interview will remain strictly confidential and used for the purpose of this research project. During the interview process the participants are free to refrain from answering certain questions without prejudice or consequence. A copy of the informed consent form is included with this letter for you to review.

Risks and Benefits:

There are no perceived risks to the participants of this study. They will be informed that their identities will be protected at all times and at no time will their identities be shared or revealed. The participants are also able to withdraw from the study at any point with no negative repercussions and at the time of the withdraw from the study all data collected to that point on that participant will be deleted from the study using the same process for deletion as described in the first paragraph under Additional Information.

Some benefits that could be identified by participating in the study are that the teachers have a chance to share some of their concerns and/or issues and learn from the results of other concerns shared by their colleagues that made may lead to sharing resources, ideas, and create/provide support systems for each of them.

Additional Information:

Please also note that all paper and audio-visual data will be stored in a locked filing cabinet in the researcher's home office. All electronic files will be password protected. Once the research project is completed all data collected will be kept until December 2020 at which time all data in paper form will be shredded and in electronic form will be deleted with the hard drive being wiped clean of all data collected.

The University of Manitoba Research Ethics Board(s) and a representative(s) of the University of Manitoba Research Quality Management/Assurance office may also require access to your research records for safety and quality assurance purposes.

This research has been approved by the Education and Nursing Research Ethics Board. If you have any concerns or complaints about this project you may contact any of the above-named persons or the Human Ethics Coordinator (HEC) at 474-7122 or by email at Maggie.Bowman@umanitoba.ca. A copy of this consent form has been given to you to keep for your records and reference.

Principal Signature: _____ Date: _____

Principal Name: _____(print)

Appendix D – Teacher Information Letter



Project Title: Teachers' Professional and Personal Identities: How Does Healthy School Culture Shape Teachers' Professional Personal Identities

Researcher:

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Sarah.Teetzel@umanitoba.ca

Dear Teacher ,

I am writing to seek your participation in a research study in your school division. This study is examining the health-related initiatives offered at early-years schools and the impact that these initiatives may or may not be having on the early-years teachers' professional and personal identities within and outside of the school environment. Knowing that the determinants of health shape children and youth's current and future health status, this study seeks to determine how teachers position themselves to both provide education and health information in relation to the social, economic and material conditions of their students' lives. The study hopes to learn from teachers themselves how health and healthy living initiatives are shaping their classroom practices as well as how health impacts their personal lives as it relates to teaching (i.e. shaping their consciousness, influencing their interactions with students).

Please review all information provided below and *if you are interested in participating in this study you can contact me at Janice.Tilly@umanitoba.ca or by phone at (204)791-3525* to set up a time to meet. My schedule is flexible and I am therefore able to meet with you at a time that best suits you.

Research Study Details:

A maximum of twelve early-years specialist teachers are being invited to participate in a 40-minute individual interview. The interviews will be recorded using a digital audio recorder, and then transcribed verbatim by me personally. An informed consent form and short demographic questionnaire will be emailed to you for your review prior to your scheduled interview. A copy of each document will be available for you to complete at the beginning of the interview and it is therefore not required that you print these documents out. Participants will be asked to select a pseudonym to be used in all forms of dissemination, which include my MA thesis, and any subsequent publications and presentations. After I have transcribed the recordings, I will then contact the participants again to ask them to read and review the transcript of their personal interview and to make any changes, clarifications, or additions. This step will take approximately 30 minutes, for a total of 70 minutes of participation time.

All participants will be asked to sign an informed consent form that states that they understand that all information collected during the semi-structured individual interview will be used for the purpose of this research project. During the interview process the participants are free to refrain from answering certain questions without prejudice or consequence. You are also allowed to withdraw at any time from this study with no negative repercussions by telling the

researcher, Janice Tilly (or either of her Master's program supervisors, LeAnne Petherick or Sarah Teetzel) in person or using the contact information at the top of this form. At the time of your withdrawal from the study all data collected to that point from you will be deleted from the study using the same process for deletion as described in the first paragraph under Additional Information.

All data collected in paper form will be shredded and in electronic form will be deleted with the hard drive being wiped clean of all data collected.

Risks and Benefits:

There are no perceived risks to the participants of this study. They will be informed that their identities will be protected at all times and at no time will their identities be shared or revealed. The participants are also able to withdraw from the study at any point with no negative repercussions and at the time of the withdraw from the study all data collected to that point on that participant will be deleted from the study using the same process for deletion as described in the above paragraph.

Some benefits that could be identified by participating in the study are that the teachers have a chance to share some of their concerns and/or issues and learn from the results of other concerns shared by their colleagues that made may lead to sharing resources, ideas, and create/provide support systems for each of them.

Additional Information:

Please also note that all paper and audio-visual data will be stored in a locked filing cabinet in the researcher's home office. All electronic files will be password protected. Once the research project is completed all data collected will be kept until December 2020 at which time all data in paper form will be shredded and in electronic form will be deleted with the hard drive being wiped clean of all data collected.

This consent form, a copy of which will be left with you for your records and reference, is only part of the process of informed consent. It should give you the basic idea of what the research is about and what your participation will involve. If you would like more detail about something mentioned here, or information not included here, you should feel free to ask. Please take the time to read this carefully and to understand any accompanying information.

The University of Manitoba Research Ethics Board(s) and a representative(s) of the University of Manitoba Research Quality Management/Assurance office may also require access to the research records for safety and quality assurance purposes.

This research has been approved by the Education and Nursing Research Ethics Board. If you have any concerns or complaints about this project you may contact any of the above-named persons or the Human Ethics Coordinator (HEC) at 474-7122 or by email at Maggie.Bowman@umanitoba.ca. A copy of this consent form has been given to you to keep for your records and reference.

Thank you for considering my letter of invitation and if you are interested in participating in this study you can contact me at Janice.Tilly@umanitoba.ca or by phone at (204)791-3525.

Sincerely,

Janice Tilly, BRMCD
MA Candidate

RESEARCH STUDY

CONDUCTED BY JANICE TILLY, MASTERS STUDENT

Faculty of Kinesiology & Recreation Management, University of Manitoba



UNIVERSITY
OF MANITOBA

ADVISORS: DR. LEANNE PETHERICK & DR. SARAH TEETZEL

**TEACHERS' PROFESSIONAL & PERSONAL IDENTITIES:
How does healthy school culture shape teachers'
professional & personal identities?**

This study:

- is interested in investigating the ways in which healthy school initiatives shape teachers' professional and personal identities,
- will examine how teachers embody health, and will explore teachers' experiences working within the healthy school environments, and
- may provide some insight for the participants in how healthy school culture is navigated by others and provide alternatives to be implemented in their own professional and personal lives.



This research has been approved by the Education and Nursing Research Ethics Board.

If you have any concerns or complaints about this project you may contact the Human Ethics Coordinator (HEC) at 204-474-7122 or margaret.bowman@umanitoba.ca

SEEKING PARTICIPANTS

To participate in a study that involves taking part in a one-on-one interview that will last approximately 40 minutes, and then reviewing a typed transcript of your interview to verify its accuracy and alter any statements you would like to change. Total participation time is approximately 70 minutes.

Must be an early-years generalist teacher.

Interviews will be arranged around each teacher's schedule.

If you are interested

please contact

Janice Tilly

at

(204) 791-3525

or

Janice.Tilly@umanitoba.ca.

RESEARCH STUDY

CONDUCTED BY JANICE TILLY, MASTERS STUDENT

Faculty of Kinesiology & Recreation Management, University of Manitoba



UNIVERSITY
OF MANITOBA

ADVISORS: DR. LEANNE PETHERICK & DR. SARAH TEETZEL

TEACHERS' PROFESSIONAL & PERSONAL IDENTITIES: How does healthy school culture shape teachers' professional & personal identities?

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If you are interested

please contact

Janice Tilly

at

(204) 791-3525

or

Janice.Tilly@umanitoba.ca.

Appendix F - Informed Consent Form



Janice Tilly, MA Candidate, Faculty of Kinesiology and Recreation Management, University of Manitoba

Contact details: Janice.Tilly@umanitoba.ca or 204-791-3525

Project title: How Healthy School Culture Shapes Teachers' Professional & Personal Identities

Supervisors: Dr. LeAnne Petherick and Dr. Sarah Teetzel

LeAnne.Petherick@umanitoba.ca Sarah.Teetzel@umanitoba.ca

(204) 272-1699

(204) 474-8762

Brief Description of the Project:

This study examines the health-related initiatives offered at several early-years schools located in one school division and the impact that these initiatives may or may not be having on the early-years teachers' professional and personal identities within and outside of the school environment. Knowing that the determinants of health shape children and youth's current and future health status, this study seeks to gain insight into how teachers position themselves to both provide education and health information in relation to the social, economic and material conditions of their students' lives. The study hopes to learn from teachers themselves how health and healthy living initiatives are shaping their classroom practices as well as how health impacts their personal lives as it relates to teaching (i.e. shaping their consciousness, influencing their interactions with students).

What does participation involve?:

Early-years specialist teachers like yourself are invited to participate in a 40-minute individual interview. The interviews will be recorded using a digital audio recorder, and then transcribed verbatim by me, Janice Tilly. If you agree to participate, you will be asked to select a pseudonym to be used in all forms of dissemination, which include my MA thesis, and any subsequent publications and presentations. A short demographic questionnaire will also be available for you to complete. After I have transcribed the recordings, I will send the transcript to you and ask you to read and review your transcript and to make any changes, clarifications, or additions. This step will take approximately 30 minutes for a total of 70 minutes participation time. After making any changes, I request you to return the revised transcript to me by email or in the mail. The only individuals that will have access to the data will be me, and my two supervisors, Dr. Sarah Teetzel and Dr. LeAnne Petherick.

All paper and audio-visual data will be stored in a locked filing cabinet in my home office. The informed consent forms and the collected data will be stored separately in different locked filing cabinet drawers. All electronic files will be password protected. Five years after the research project is completed, in approximately December 2020, all data collected in paper form will be shredded and in electronic form will be deleted with the hard drive being wiped clean of all data collected.

Risks and Benefits:

There are no perceived risks to any of the participants volunteering for this study. The risks do not exceed those experienced in everyday life. Some benefits that could be identified by participating in the study are that the teachers have a chance to share some of their concerns and/or issues and learn from the results of other concerns shared by their colleagues that may lead to sharing resources, ideas, and create/provide support systems for each of them.

Consenting to Participate:

I understand that all information collected during the semi-structured individual interview will remain strictly confidential and used for the purpose of this research project only. I understand that the researcher, Janice Tilly, will make every effort to protect my anonymity by using a pseudonym and removing all potentially identifying information, but understand that there is no absolute guarantee. I understand that at any time I am able to withdraw from this study with no negative repercussions by telling the researcher, Janice Tilly (or either of her Master's program supervisors, LeAnne Petherick or Sarah Teetzel) in person or using the contact information at the top of this form. At the time of my withdrawal from the study I acknowledge that all data collected to that point from me will be deleted from the study using the same process for deletion as described in the above paragraph.

Your signature on this form indicates that you have understood to your satisfaction the information regarding participation in the research project and agree to participate as a subject. In no way does this waive your legal rights nor release the researchers, sponsors, or involved institutions from their legal and professional responsibilities. You are free to withdraw from the study at any time, and /or refrain from answering any questions you prefer to omit, without prejudice or consequence. Your continued participation should be as informed as your initial consent, so you should feel free to ask for clarification or new information throughout your participation.

This consent form, a copy of which will be left with you for your records and reference, is only part of the process of informed consent. It should give you the basic idea of what the research is about and what your participation will involve. If you would like more detail about something mentioned here, or information not included here, you should feel free to ask. Please take the time to read this carefully and to understand any accompanying information.

The University of Manitoba Research Ethics Board(s) and a representative(s) of the University of Manitoba Research Quality Management/Assurance office may also require access to your research records for safety and quality assurance purposes.

This research has been approved by the Education and Nursing Research Ethics Board at the University of Manitoba. If you have any concerns or complaints about this project you may contact any of the above-named persons or the Human Ethics Secretariat, Maggie Bowman, at 474-7122 or Margaret.bowman@umanitoba.ca. A copy of this consent form has been given to you to keep for your records and reference.

I understand what I have read above and am in full agreement with the written information.

Signature

Date

Researcher's Signature

Date

- I would like a copy of the results by email or mail (please circle your preference)
- I would like my transcripts sent to me by email or mail (please circle your preference)

Please provide the mailing/email address at which you would like to receive the results of this study and your personal transcript:

Appendix G - Artifacts Identified by the Teachers During Their Interviews

Artifacts	Wendy	Shirley	Ms. S.	Susan	Michelle	Kelly	Ms. Bindergarten	Anne
1) Power Play (classroom only)		X						
2) Go Noodle (classroom only)		X	X		X			
3) Manitoba Dairy Producers (classroom only)		X						
4) Active Start								X
5) Smart Board (classroom only)								X
6) Exercise DVD (Sweating to the Oldies) (classroom only)						X		
7) VIP or star of the week/helper (classroom only)				X				
8) Kids in the Know (classroom only)					X			
9) Reebox Fitness (classroom only)					X			
10) Box Kids through Reebox for Kindergarten (classroom only)							X	
11) Active Kids, Active Minds				X	X			
12) Jungle Gym							X	
13) Alphabet Yoga (classroom only)			X					
14) Yoga (classroom only)		X						
15) Health Curriculum (classroom only)	X				X	X		